KZN
MUNICIPAL PENSION FUND
Together We Grow Your Wealth

WITHDRAWAL AND RETIREMENT BENEFIT CLAIM

The completed form together with the required supporting documents (refer to Checklists) are to be sent by the Employer to:

FAIRSURE ADMINISTRATION | kznmunicipalpensionfund@fairsure.co.za | PO Box 8417, Roggebaai, 8012

1 Important notes

- This form consists of 4 pages.
- Complete sections 3-8 & 10 in respect of a **Withdrawal claim**.
- Complete sections 3-7 & 9-10 in respect of a **Retirement claim.**
- The completed form (i.e. ALL sections), together with the required supporting documents, as stipulated in the Checklist and form hereinafter, are to be submitted to KZN Municipal Pension Fund/Fairsure Administration by the Employer.
- KZN Municipal Pension Fund/Fairsure Administration will only assess the claim upon receipt of ALL the required documentation.
- This claim form is to be completed in its entirety – applicable parties are to complete all questions (i.e. if a question is not applicable, please mark "N/A" or "Unknown")
- The KZN Municipal Pension Fund is not able to pay your benefit due to you, until you have made a decision and inform us. Furthermore, the fund is obliged to provide you access to retirement benefits counselling to assist you with making a decision.
- Distortion of information could delay the payment of this claim.
- Information can be completed by hand or electronically.
- For any queries, please contact Fairsure Administration on ☎ 086 000 4400 or kznmunicipalpensionfund@fairsure.co.za

Retirement Reform Changes (known as "T-Day") came into effect on 1 March 2021. This means that from 1 March 2021, your member share will consist of two portions: a vested member share and a non-vested member share. The vested member share reflects all your savings as at 28 February 2021 (plus interest thereon). The non-vested member share reflects all your savings from 1 March 2021 (plus interest thereon). If you are 55 years or older on 1 March 2021, you make take all your retirement savings in cash when you retire. Please refer to the T-Day Member Alert for more information.

2 Protection of Personal Information (POPI) Act Notice

- Personal Information received through this form, by KZN Municipal Pension Fund/Fairsure Administration shall be treated as confidential and protected information and will not be disclosed unless required by law or in the ordinary course of the proper performance of KZN Municipal Pension Fund/Fairsure Administration's duties.
- We may share your information for further processing with third parties, to which third parties have an obligation to keep your Personal Information secure and confidential.
- KZN Municipal Pension Fund/Fairsure Administration shall comply with the Protection of Personal Information Act, 2013 (POPIA), regulations, its Data Protection Policies and all other laws and procedures relating to the storage, privacy, processing, handling and the destruction of Member's and Claimant's Personal Information.
- All applicable laws, regulations, policies, and procedures will be complied with, even as they change with time.
- The appropriate and reasonable technical and organisational measures to prevent the loss of damage to or unauthorised destruction of Data and the unlawful access to or Processing of Data will be taken by KZN Municipal Pension Fund/Fairsure Administration.
- Industry Best Practice for the protection, control, and use of Data standards of compliance will be met, even as they change with time.
- Once the personal information received, has been processed for the purpose it was obtained, it will be kept secure, in accordance with the retention policy and thereafter destroyed in accordance with all Data protection laws.
- KZN Municipal Pension Fund/Fairsure Administration warrants that its agents and any other person/s accessing Personal Information on its behalf are reliable and trustworthy and have received the required training on POPIA relating to the Protection of Personal Information.

3 Checklist

DOCUMENTS REQUIRED

Supporting documents – not older than 3 months:

➢ Original certified copy of the identity document.	Yes ☐	No ☐
➢ Copy of application/proposal form for transfers to a Preservation fund/Retirement annuity fund.	Yes ☐	No ☐
➢ Proof/Confirmation of banking details (stamped).	Yes ☐	No ☐

4 Member's Personal Details

Fund name:

Particular employer:

Title: Initial(s): Surname:

First name(s): Gender: Male ☐ Female ☐

Date of birth (YYYY/MM/DD): RSA ID: Yes ☐ No ☐ ID/Passport number:

Employee number: Member number: Income tax number:

Contact number: Work contact number

Residential address:

Code

Postal address:

Code

Email address:

Alternative contact person

Surname & Full name(s):

Relation to member:

Contact number:

5 Banking Details (to be completed if you are taking the full benefit or a portion of the benefit in cash)

Bank name:

Account holder:

Account number: Branch code:

Type of account: Cheque ☐ Savings ☐ Transmission ☐

Please note the following:

- Payments cannot be made to credit card or bond accounts.
- Payments cannot be split into different bank accounts.

Title: Initial(s): Surname:

6 Broker/Intermediary Details

Name of Broker/Intermediary:

Email address:

Broker code: Contact number:

Type of account: Cheque ☐ Savings ☐ Transmission ☐

Please note the following:

- Payments cannot be made to credit card or bond accounts.
- Payments cannot be split into different bank accounts.

7 Claims Against The Member's Benefit

Housing Loan Surety (if applicable) YES ☐ NO ☐
(The Fund will request the final settlement amount from the relevant financial institution)

Amount owing to employer YES ☐ NO ☐
(The only amounts that may be deducted are housing loans/guarantees or damages as a result of theft, fraud, dishonesty or dishonest misconduct.
Please attach the original certified copy of the court order obtained against the member or the signed acknowledgement of liability)

8 Withdrawal Claim

Type of withdrawal: Resignation ☐ Dismissal ☐ Retrenchment ☐

Withdrawal date: Last contribution date:

If last contribution date differs from exit date, please provide reason

Please select one of the payment options below: **PENSION FUND**

1. **Leave benefit in the Fund** ☐
2. **Transfer full benefit to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund.** ☐
   Please provide the application forms of the applicable receiving Insurer separately
3. **Pay a portion of the benefit in cash and transfer the balance to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund.** ☐
   Please provide the application forms of the applicable receiving insurer separately

   Indicate the % or R amount to be paid in cash %
   (The % or R amount will be the gross amount before tax): OR
   R

   OR

   Indicate the R amount to be transferred: R

4. **Pay full benefit in cash** ☐
   The benefit will be subject to tax.
5. **No payment instructions available yet** ☐

9 Retirement Claim

Type of retirement: Normal ☐ Early ☐ Late ☐ Ill-Health ☐ Phased ☐

Retirement date: Last contribution date:

Please select one of the payment options below: **PENSION FUND**

1. **Pay a portion of the benefit in cash and use the balance to:** ☐

   Receive an Out-of-Fund annuity

   - Your vested member share (all your savings as at 28 February 2021 plus interest thereon) may be taken in cash.
   - Your non-vested member share (all your savings from 1 March 2021 plus interest thereon) - if the benefit is less than R247 500, you may take the full benefit in cash. If the benefit amount is more than R247 500, then only one-third of the benefit can be taken in cash. The balance must be used to buy a pension.
   - Please provide the application forms of the applicable receiving insurer separately.

   Indicate the % or R amount to be paid in cash %
   (The % or R amount will be the gross amount before tax): OR
   R

   OR

Indicate the R amount to be transferred: R

2. **Leave benefit in the Fund** ☐

3. **Transfer full benefit to receive an Out-Of-Fund Annuity** ☐
Please provide the application forms of the applicable receiving insurer separately.

4. **Transfer full benefit to a Preservation fund** ☐
Please provide the application forms of the applicable receiving insurer separately.

5. **Pay full benefit in cash** ☐

- Your benefit statement indicates the amounts in your vested and non-vested member shares.
- Your vested member share (all your savings as at 28 February 2021 plus interest thereon) may be taken in cash.
- Your non-vested member share (all your savings from 1 March 2021 plus interest thereon) - if the benefit is less than R247 500, you may take the full benefit in cash. If the benefit amount is more than R247 500, then only one-third of the benefit can be taken in cash. The balance must be used to buy a pension.

10 Declaration by the member

Declaration by the member

I, _____, hereby declare:

- That all details furnished in this form, and accompanying documentation, to the best of my knowledge, is true and correct, and that no material information has been omitted or withheld; ☐
- Distortion of information could delay the payment of this claim; ☐
- That I have an obligation to inform Fairsure Administration should any information change, or any new information become available. ☐

Signed at:

Date (YYYY/MM/DD):

Signature:

11 Declaration by the employer

Declaration by the employer (or tracing agent in case of an unclaimed benefit)

I, _____ in my capacity as _____, hereby declare:

- That all details furnished in this form, and accompanying documentation, to the best of my knowledge, is true and correct, and that no material information has been omitted or withheld; ☐
- Distortion of information could delay the payment of this claim; ☐
- That I have an obligation to inform Fairsure Administration should any information change, or any new information become available. ☐

Signed at:

Date (YYYY/MM/DD):

Signature of Authorised:

Employer stamp: