



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

KZN MUNICIPAL PENSION FUND | divorceclaims@kzmpf.org | PO Box 8417, Roggebaai, 8012

1 Important notes

- This form consists of 3 pages.
- All sections must be completed by the non-member spouse in the event of a divorce settlement 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.
- 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”)
- Distortion of information could delay the payment of this claim.
- Information can be completed by hand or electronically.
- For queries, please contact Lulu Ndlovu 031 322 9002 or divorceclaims@kzmpf.org.

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 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 three months:

- Original certified copy of non-member spouse identity document.
- Original certified copy of the Divorce Court Order/ Divorce Decree.
- Original certified copy of marriage certificate.
- Original certified copy of any Settlement Agreement that has been made an order of court.
- Application forms for transfer to another approved fund.
- Proof/Confirmation of banking details (stamped).
- Proof of SARS income tax number

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Administered by:



Fairsure Administration (Pty) Ltd is an authorised financial services provider (FSP No. 19023)

4 Member's Personal Details

Fund name:

Employer name: Employee number:

Title: Initial(s): Surname:

First name(s): Gender: Male Female

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

5 Non-Member/Member Spouse Personal Details

Title: Initial(s): Surname:

First name(s): Gender: Male Female

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

Date of marriage Date of divorce: Income tax number:

Residential address:
 Code

Postal address:
 Code

Contact number: Alternative contact number

Email address:

6 Payment Options

Notes:

- The divorce award may be taken in cash or transferred to another approved pension, provident, pension preservation, provident preservation or retirement annuity fund. Transfer of benefits to a preservation fund can only be to one preservation fund and cannot be split amongst more than one. 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.
- As from 1 March 2012 the non-member is the taxpayer when claiming a divorce award - this applies to all divorce orders, irrespective of the date of divorce. All applicable laws, regulations, policies, and procedures will be complied with, even as they change with time.
- Where the divorce order was granted before 13 September 2007, the award is tax-free, whether taken in cash or transferred to another fund. If you transfer the divorce award to another fund, this tax-free award will be taxed when you eventually leave such fund.
- It is strongly recommended that you preserve your benefit. To ensure that you make an informed decision, you should talk to a financial adviser. If you do not have your own financial adviser, contact the Brenda Mnuu from Optimate Financial Solutions at brenda@ofs.co.za.

Select one of the benefit options below:

1. **Transfer full benefit to another approved Fund.** Attach copy of proposal/application form.

Full Name of Approved Fund:

Transfer Fund Contact Person Details

Surname:

Full name(s):

Email address:

Contact number:

2. **Cash Lump Sum.** If selected, complete the payment option below.

Name of account holder:

Bank name:

Branch name:

Account number: Branch code:

Type of account: Cheque Savings

7 Declaration

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;
- That I understand the options given to me and that tax may be deducted in terms of the Income Tax Act;
That I understand the divorce benefit payment is the full and final payment;
- Distortion of information could delay the payment of this claim;
- That I have an obligation to inform KZN Municipal Pension Fund/Fairsure Administration should any information change, or any new information become available.
- That by signing this form the fund nor Fairsure Administration are liable for any lose or damages resulting in a delay in processing your instruction.

Signed at:

Signature:

Date (YYYY/MM/DD):