



BENEFIT CLAIM FORM – RETIREMENT

Employer : _____
Fund Name : _____
Member Number : _____

Document Requirements:

- All appropriate sections of this document must be completed in full
- Copy of ID/Passport
- Proof of banking details [bank confirmation letter / statement – not older than 3 months]
If account is not in the name of the member, the following additional documents are required:
 - Third party indemnity form [sent on request – email claim1@ebsafrica.co.za]
 - Certified copy of third party's ID document
 - Recent Bank Statement with bank stamp of third party [Not older than 3 months]
- Annuity Product Application form, with contact details of the product broker or administrator.
- Medical statements and other required evidence when retiring due to ill health

Note: If all documents requested are not submitted [or are in the incorrect format] it will delay the processing of your claim

A: Member Details

Surname : _____
First Names : _____
Employee No. : _____ Income Tax No. : _____
ID/Passport No. : _____ Date of Birth : DD / MM / YYYY
Date of Exit : DD / MM / YYYY

B: Contact Details

Residential Address : _____ Postal Address : _____

Cell No.* : _____ Email Address* : _____

*Your claim process status will be sent to you if the above information is provided.

C: Exit Details

Type of Retirement

Early Retirement : Normal Retirement : Late Retirement : Ill Health Retirement :



D: Deduction Details

The fund may only make deductions in terms of Section 37D the Pensions Fund Act.

Court Orders: If yes, please provide a certified copy of the court order. Order must be in the name of the fund.

Is there a **divorce court order** issued that could affect the payment of fund benefits? Yes : No :

Is there a **maintenance court order** issued that could affect the payment of fund benefits? Yes : No :

Amounts Owed:

Is there an amount outstanding for a **housing loan**? Settlement will be done with bank. Yes : No :

Is there an amount **due to the employer**? [Theft, dishonesty, fraud, misconduct] Yes : No :

Please provide the SAP case number to allow the fund to withhold payment of the benefit.

Please provide a copy of the court order or member's admission of liability to allow the fund to deduct the amount due.

E: Payment Details

For more information on your options at Retirement, please consult your fund guide. Complete Sections

Would you like to defer exiting from the fund? Yes F: Deferred Retiree Details

No See below

If NO, then please select one option below:

Complete Sections

1. Full benefit cash lump sum [provident fund only] G: Banking Details

Or

2. Full benefit to purchase a monthly annuity* H: Annuity Product Details

or

3. Part cash lump sum, and part to purchase a monthly annuity* Both G & H

→ Capture the cash lump sum amount[▲] R _____ or _____ %

→ Capture the amount used to purchase an annuity R _____ or _____ %

**Please attach a copy of the signed annuity application form.*

▲ If you belong to a pension fund, the maximum cash lump sum payment allowed is 1/3 of your total benefit.

F: Deferred Retiree Details

Only complete this section if you would like to DEFER your date of exit from the fund.

If you have reached your Normal Retirement Age, you have the option to DEFER the date you exit from the fund.

I elect to invest my Fund Credit into the following investment portfolio: _____

I have selected to defer my retirement date. As I am now over normal retirement age, I understand that I will no longer be contributing to the fund, and I will no longer enjoy the insured benefits of Group Life Assurance, Disability Income Protection or Funeral Cover. However, my benefit will remain invested, as per my instruction listed above.

I am aware that monthly fund expenses will be deducted from my benefit. I am also aware that it is my responsibility to inform the Fund of any changes to my contact details.



G: Banking Details

Only complete this section if you want the full amount or a partial amount paid into YOUR bank account.

An electronic transfer of your benefit will be paid into the bank details provided in in this section.

The details must match exactly to your bank statement, otherwise the payment will be rejected.

Account Holder

Name : _____

Bank : _____

Account No. : _____ Type of Account : _____

Branch Name : _____ Branch Code : _____

NOTE: If banking detail provided is for someone other than the member, additional documentation is required.

H: Annuity Product Details

Only complete this section if you want the full amount or a partial amount to be used to purchase a monthly annuity product.

Name of Fund : _____

FSB Registration No. : _____ SARS Approval No. : _____

Fund Administrator : _____ Email : _____

Broker Name : _____

Broker Cell No. : _____ Broker Email : _____

Please provide contact details so that the fund can arrange for the purchase of your annuity product.

I: Member Declaration

I, _____ hereby claim the benefits of the above contract and declare the following:

- The answers and statements I have made are true to the best of my knowledge and I have withheld no information from EBS Africa Fund Administrators.
- I agree that the written statements submitted in support of this claim will form part of this claim.
- I agree that the benefits for this claim may require further investigation, if I or any person acting on behalf with my consent have withheld any information or submitted any false information for this claim.

The payment made shall constitute a full and final settlement of the amount due and this authority discharges the Fund from any subsequent liability. I warrant that the bank account details on the form are certified as the correct bank account details of the member / beneficiary/ transferee fund and that the fund, the trustees, the fund officers, and EBS Africa Fund Administrators will not be held liable in any manner whatsoever for any claims arising out of payment being made to the said bank account.

I hereby consent to the exchange of information, including medical information between EBS Africa Fund Administrators and any other third party authorised to receive the information.

Member's Signature : _____ **Date** : _____ DD / MM / YYYY



J: Payroll Details [to be completed by payroll]

Date of Employment	: <u>DD / MM / YYYY</u>	Date of Termination	: <u>DD / MM / YYYY</u>
Last Contribution	: <u>DD / MM / YYYY</u>	Last Contribution	: <u>R</u>
Date of Fund Exit	: <u>DD / MM / YYYY</u>	Salary at exit (pm)	: <u>R</u>

K: Employer Declaration

I declare the following:

- The member has left or is leaving the employment of DSV.
- All information on this form is correct and complete. The fund, the trustees, the fund officers, and EBS Africa Fund Administrators will not be held liable in any manner for any loss suffered by anyone because you have given incorrect or incomplete information in this form.

Name (Print)	: _____	Signature	: _____
Date	: <u>DD / MM / YYYY</u>	Company Stamp	: <div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">OFFICIAL COMPANY STAMP</div>
Designation	: _____		
Telephone No.	: _____		
Email Address	: _____		

L: Contact Information

Administrator Details:

Name : EBS Africa Benefits Department
Telephone : 010 822 5056
Email : claim1@ebsafrica.co.za
Address : P O Box 4973
Halfway House
1685

Fund Details:

Name : DSV Flexi Retirement Fund
Telephone : 082 850 7843
Email : ZA.SHA.Retirement@za.dsv.com
Address : P O Box 412181
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2024
Website :