



BENEFIT CLAIM FORM – UNCLAIMED BENEFIT

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]
- Transfer Fund Application form, with contact details of the broker or the administrator of the fund.

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 Salary at exit (pm) : R _____
 Employment Period From: DD / MM / YYYY To: 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 Withdrawal

Resignation : Dismissal : Retrenchment : 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

Complete Sections

1. Full benefit cash lump sum [provident fund only]

F: Banking Details

Or

2. Full benefit to purchase a monthly annuity*

G: Transfer Details

or

3. Part cash lump sum, and part to purchase a monthly annuity*

Both F & G

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

➔ Capture the amount to be transferred 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: 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.

