



Retirement Claim Member Form

In the event that you are retiring from service with your employer, please complete this form indicating your decision regarding the payment of your benefit. Return the completed form plus the documents listed at the end of this form to **SURFadmin@srf.sygnia.co.za**.

The Fund will only be able to process your claim when all the information requested below has been provided. The Fund requires a completed Retirement Claim - Member form as well as a Retirement Claim - Employer form to proceed with the processing (including disinvestment) of any claim.

Fund Details

Fund name: _____

Participating employer: _____

Branch/Paypoint: _____

Member Details

First name(s): _____ Surname: _____

ID or Passport number (if foreign national): _____ Date of birth: _____

*Cellphone number: _____

Home/alternative phone number: (_____) _____ *Email address: _____

Postal address: _____

_____ Code: _____

Residential address (if different from above): _____

_____ Code: _____

* Contact details MUST be your personal contact details, in case we need to contact you about your claim after you leave employment.

South African ("SA") resident: ☐ Yes ☐ No If no, specify country of residency _____

Registered as a SA taxpayer: ☐ Yes ☐ No If no, a manual tax application may need to be completed.

Tax reference number: _____

Was any period of service during which contributions were made to the Fund performed outside of SA? ☐ Yes ☐ No

Sygnia

Sygnia Benefit Administrators (Pty) Ltd
Registration No. 1967/008174/07

Cape Town: 7th Floor, The Foundry, Cardiff Street, Green Point, 8001
Johannesburg: Unit 40, 6th Floor, Katherine & West Building, West Street, Sandton, 2196
Durban: Office 2, 2nd Floor, Ridgeview, 1 Nokwe Avenue, Ridgeside, Umhlanga Ridge, 4319
13B Licence No. 24/80
Telephone: 086 000 0156 | Email: surfquery@srf.sygnia.co.za | www.sygnia.co.za

Country	Period from	Period to

Retirement Details

Date of retirement: _____ / _____ / _____ Month of final contribution: _____

Note: The final contribution is due by the 7th of the following month, but contributions may be received in the exit month depending on the employer's internal practice. The claim process will not commence until the final contribution has been received by the Fund and allocated to your record. If received earlier than the date of retirement, the claim process will not commence until the date of retirement.

Type of Retirement:

☐ Normal
 ☐ Early
 ☐ Ill-health
 ☐ Late

Retirement Benefits Counselling and Financial Advice

- The Fund's board of trustees recommends that you obtain benefit counselling and/or financial advice before completing and submitting this retirement claim form.
- You are encouraged to familiarise yourself with the various options available to you at retirement. The Fund provides access to retirement benefits counselling to assist you with deciding.
- Retirement benefits counselling is not financial advice but instead a channel of communication through which to educate, empower and enable you to make informed financial decisions. Financial advice cannot be replaced by retirement benefits counselling.
- The Fund's retirement benefits counsellor can be contacted on 086 000 0156 or surf@srf.sygnia.co.za or you can request a callback via USSD by dialing *120*794642#

Retirement Options

Please select your retirement option(s) below and complete the relevant option section:

Option 1: Preservation

- ☐ Deferred retirement in the Fund
- Your retirement savings remain in the Fund. You can then retire from the Fund later by selecting any of the options that follow. Your retirement savings will remain invested in your current investment portfolio and may be switched at any time by submitting an investment switch form to the Fund.
- ☐ Transfer to the following Fund:
- ☐ A Pension Preservation Fund
☐ A Provident Preservation Fund
☐ A Retirement Annuity Fund
- All your retirement savings will be transferred. You are not allowed to take a portion in cash and transfer the balance.

Transferee Fund Details

Registered name of transferee fund: _____

FSCA registration number: 12/8/_____

Please attach the completed and signed application form to your retirement claim form.

Option 2: Cash

You are entitled to take your total savings component, plus your *vested benefit in your vested component, plus one-third of your non-vested benefit in your vested component in cash. If the sum of the remaining two-thirds of your non-vested benefit in your vested component and your full retirement component is less than R165 000, you may also take that in cash. This is referred to as the de minimis-rule in the rest of this document.

*Your vested benefit is that part of your benefit in a provident fund as at 28 February 2021, or if you were 55 and older and a member of a provident fund on 1 March 2021, that part of your benefit in that fund that was transferred to the Fund, plus the growth thereon. Your non-vested benefit is the balance of your benefit in a provident fund as at 31 August 2024.

That part of your savings component and your vested component that you do not take in cash will automatically be allocated to your retirement component, which you must use to purchase an annuity.

Savings Component

☐ Partial withdrawal. Withdrawal amount: R _____.

☐ Full withdrawal.

Vested Component

☐ Vested benefit: partial withdrawal. Withdrawal amount: R _____.

☐ Vested benefit: full withdrawal.

☐ Non-vested benefit: partial withdrawal. Withdrawal amount: R _____.

☐ Non-vested benefit: full withdrawal (limited to one-third, unless the de minimis-rule applies).

Retirement Component

☐ Full withdrawal (only available if the de minimis-rule applies).

Bank Details

The bank account details must be in your name.

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: ☐ Current ☐ Savings ☐ Transmission

Option 3: Annuity

☐ Living annuity

☐ Guaranteed life annuity

Are you purchasing more than one life or living annuity? ☐ Yes ☐ No

If "Yes":

Allocation to annuity 1: R _____ / _____ %

Allocation to annuity 2: R _____ / _____ %

Allocation to annuity 3: R _____ / _____ %

Please attach the completed and signed application form(s) to your retirement claim form.

Annuity 1 Details

Name of the registered insurer: _____

Name of the product: _____

Contract number: _____

Contact person name: _____

Contact person telephone number: _____

Contact person email address: _____

Bank Details

Account holder: _____

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: ☐ Current ☐ Savings ☐ Transmission

Annuity 2 Details

Name of the registered insurer: _____

Name of the product: _____

Contract number: _____

Contact person name: _____

Contact person telephone number: _____

Contact person email address: _____

Bank Details

Account holder: _____

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: ☐ Current ☐ Savings ☐ Transmission

Annuity 3 Details

Name of the registered insurer: _____

Name of the product: _____

Contract number: _____

Contact person name: _____

Contact person telephone number: _____

Contact person email address: _____

Bank Details

Account holder: _____

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: ☐ Current ☐ Savings ☐ Transmission

Financial Advisor Details (If Applicable)

Title: _____ First name(s): _____ Surname: _____

Company: _____ Work telephone number: (_____) _____

Cellphone number: _____ Email address: _____

Signature of member: _____ Date: _____ / _____ / _____

Signature of financial advisor: _____ Date: _____ / _____ / _____

Member Declaration

I, the undersigned member, acknowledge, understand and accept the following:

- I have retired from service with my employer and the details provided in this form are accurate, true and correct.
- I am aware of all the options available to me on retirement, including the tax implications thereof, and am making an informed choice, after having obtained financial advice from an accredited financial adviser, or if I have not obtained such advice, I accept the risk of making this decision on my own.
- I am aware that claim processing can only take place once the employer and member claim forms have been received. The date the claim process starts is the latter of; the member's exit date, the day the administrator receives the employer / member form and when the final contribution has been invested and priced.
- I understand that my claim may take between six to eight weeks to process.
- I hereby indemnify the Fund from any loss incurred, directly or indirectly, from erroneous information provided.
- The Fund may use the information I have provided, in this form and the related supporting documentation to effectively process my transactions, detect and prevent fraud, comply with auditing and record-keeping requirements, comply with legal and regulatory requirements, verify my identity and/or share information with service providers with whom the Fund has a business agreement to process such information on the Fund's behalf, or to those who render services to the Fund.

Signed at: _____ on this _____ day of _____ year _____

Signature of member: _____

Checklist

- ☐ Completed and signed retirement claim form.
- ☐ Certified copy of identity document.
- ☐ Recent bank statement or proof of bank details of retiree (if a portion will be requested in cash).
- ☐ Completed and signed transfer application form, if applicable.
- ☐ Completed and signed annuity application form, if applicable.