

DIVORCE CLAIM – NON-MEMBER SPOUSE

Please complete and email the Divorce Claim-form plus the documents listed at the end of this form to SURFAdmin@srf.sygnia.co.za. Should you have any queries regarding your divorce claim, please contact your financial adviser/legal representative.

FUND DETAILS

Fund: Sygnia Umbrella Retirement Fund (hereinafter referred to as SURF).

☐ Pension section ☐ Provident section ☐ Managed Pension section ☐ Managed Provident section

Fund name: _____

Branch/Paypoint: _____

MEMBER DETAILS

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

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

Cellphone number: _____ Email address: _____

NON-MEMBER SPOUSE DETAILS

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

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

Postal address: _____

_____ Code: _____

Residential address: _____

_____ Code: _____

Home telephone number: (____) _____ Work telephone number: (____) _____

Cellphone number: _____ Email address: _____

Employee number: _____ Member number: _____

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

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

Income tax number: _____

OPTIONS

I want the portion of the member's pension interested awarded to me under the divorce granted on _____ / _____ / _____ to be:

☐ **transferred to another fund, in which case there will not be any tax payable on the transfer, and the transferred benefit will be split across the different components in my chosen fund in the same way as it was split in the member's fund.**

OR

☐ **paid into my bank account, after the tax calculated on the lump sum retirement withdrawal tax table has been deducted from it.**

SYGNIA UMBRELLA RETIREMENT FUND (PENSION SECTION) FSCA REGISTRATION NO. 12/8/35776

SYGNIA UMBRELLA RETIREMENT FUND (PROVIDENT SECTION) FSCA REGISTRATION NO. 12/8/35801

SYGNIA UMBRELLA RETIREMENT FUND (MANAGED PENSION SECTION) FSCA REGISTRATION NO. 12/8/37769

SYGNIA UMBRELLA RETIREMENT FUND (MANAGED PROVIDENT SECTION) FSCA REGISTRATION NO. 12/8/37771

CENTRAL QUERY LINE: T +27 21 446 2440 | E SURFAdmin@srf.sygnia.co.za

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JOHANNESBURG: Unit 40 | 6th Floor | Katherine & West Building | West Street | Sandton | 2196 | T +27 10 595 0550 | F +27 86 206 5173

DURBAN: Office 2 | 2nd Floor | Ridgeview | 1 Nokwe Avenue | Ridgeside | Umhlanga Ridge | 4319 | T +27 31 001 0650 | F +27 86 206 4421

surfquery@srf.sygnia.co.za | www.sygnia.co.za

Sygnia 

TRANSFER TO AN APPROVED FUND

Your divorce benefit may be transferred to a retirement annuity, preservation or your employer's pension or provident fund.

PLEASE INDICATE WHICH FUND YOUR DIVORCE BENEFIT WILL BE TRANSFERRED TO:

Type of Fund: ☐ Pension ☐ Provident ☐ Retirement annuity ☐ Pension preservation ☐ Provident preservation

TRANSFeree FUND DETAILS

Registered name of transferee fund and participating employer (if the fund is an umbrella arrangement) or insurer: _____

FSCA registration number: 12/8/ _____

TRANSFeree FUND BANK DETAILS

Account holder: _____

Bank: _____ Account number: _____

Branch: _____ Branch Code: _____

Type of account: ☐ Current ☐ Savings

PAYMENT INTO BANK ACCOUNT

No payments will be made to third parties or to credit card or investment accounts.

Bank: _____ Account number: _____

Branch: _____ Branch Code: _____

Type of account: ☐ Current ☐ Savings

FINANCIAL ADVISOR DETAILS

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

Company: _____ Work telephone number: (____) _____

Cellphone number: (____) _____ Email address: _____

NON-MEMBER SPOUSE DECLARATION

I, the undersigned non-member spouse, acknowledge, understand and accept the following:

- The detail provided in this form is accurate, true and correct and I indemnify the Fund against any loss suffered directly or indirectly if that is not the case.
- 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.

Signature of non-member spouse: _____ Date: _____ / _____ / _____

CHECKLIST

- ☐ Original certified copy of the non-member spouse's identity document attached
- ☐ Original certified copy of Divorce Order and Settlement Agreement
- ☐ Completed and signed payment option section(s)