

SAVINGS WITHDRAWAL CLAIM - MEMBER

Please complete and submit this Savings Withdrawal Claim form and the documents listed at the end of it to the Funds' administrator at SURFAdmin@srf.sygnia.co.za. The Fund will only be able to process your claim if you provide all the information requested below. Additional general information about the two-pot system and about withdrawals from your savings pot can be found on the Sygnia website: www.sygnia.co.za. A savings withdrawal benefit tax calculator is also available on our website, or you can use the SARS eFiling tax calculator on the SARS website (www.sars.gov.za).

FUND DETAILS

Funds: Sygnia Umbrella Retirement Fund (referred to on this form as "SURF" or "the Fund")

Section: ☐ Pension ☐ Provident ☐ Managed Pension ☐ Managed Provident

Employer's name: _____

Branch/Paypoint: _____

MEMBER DETAILS

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

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

Member number: _____ Employee number: _____

Postal address: _____

_____ Code: _____

Residential address: _____

_____ Code: _____

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

Cell phone number: _____ Work email address: _____

Personal email address: _____

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

Registered as SA taxpayer: ☐ Yes ☐ No If no, please provide reason/s for non-registration: _____

Annual remuneration: R _____

Note: This field must be completed: you cannot use zero in this field unless your annual remuneration is zero. If you insert an amount lower than your actual annual remuneration, too little tax may be deducted from your benefit, which SARS will recover from you at the time of your annual tax assessment. Where your employer has provided current salary information to us, the higher of the two numbers will be used for the tax directive application.

Tax reference number: _____

Note: Without a tax reference number, the Fund will not be able to process your savings withdrawal benefit. SARS requires that you have a South African tax reference number even if you are not a South African tax resident.

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

CAPE TOWN: 7th Floor | The Foundry | Cardiff Street | Green Point | 8001 | T +27 446 4940 | F +27 86 680 8045

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



RETIREMENT BENEFITS COUNSELLING AND FINANCIAL ADVICE

- SURF's Board of Trustees recommends that you obtain benefit counselling and/or financial advice before completing and submitting this Savings Withdrawal claim form.
- Retirement benefits counselling is not financial advice but is information 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 010 595 0574/021 446 5357 or at surf@srf.sygnia.co.za.

SAVINGS WITHDRAWAL DETAILS

Please confirm the amount or percentage of your savings component you wish to receive as cash:

☐ R: _____

☐ %: _____

☐ Total value of savings pot

Is a maintenance order in effect whereby the Fund has been ordered to deduct a maintenance amount from your retirement benefit in favour of a maintenance claimant, or is a maintenance or interim maintenance order pending?

☐ Yes ☐ No

If yes, please provide a copy of the maintenance order (not applicable to pending maintenance orders).

Is a divorce order in effect whereby the Fund has been ordered to make a deduction from your retirement benefit in favour of a non-member spouse, or is a divorce order pending? (If a divorce order is pending, we will need consent from your spouse to effect this claim.)

☐ Yes ☐ No

If yes to an existing divorce order, please provide a copy of the divorce order (including the settlement agreement) and complete the divorce order form.

IMPORTANT:

- You may only make one savings component withdrawal per tax year (i.e. from 1 March of the first year to the last day of February of the next year).
- You may not withdraw less than R2 000 (before fees and tax).
- If you selected a rand value greater than the value available in your savings component at disinvestment date, the withdrawal amount will be limited to what is available in your savings component (less tax and any other deductions).
- Your access to a savings withdrawal benefit may be limited, suspended or prohibited under certain circumstances as allowed for under section 37D of the Pension Funds Act – for example, if you have a pending divorce or maintenance case or you caused damages to your employer. Any applicable section 37D deduction may be made from your benefit before it is paid to you.
- Your savings withdrawal benefit will be taxed at your marginal rate and tax will be deducted from the benefit. SARS instructs the Fund how much tax to deduct from your benefit.
- Completing a simulated tax directive through SARS e-filing will give you an indication of the tax payable on your savings withdrawal claim.
- SARS may charge additional amounts if your tax affairs are not in order, and these will be deducted from your savings withdrawal benefit. These additional amounts may not reflect on the simulated tax directive referred to above.
- Contact SARS or check your tax liabilities on the SARS e-filing website before submitting a savings withdrawal claim should you wish to check whether SARS will claim additional amounts over and above the marginal tax. If you believe that such a deduction was made in error, it is your responsibility to resolve this with SARS.
- The process cannot be reversed once a tax directive has been applied for. A tax directive issued by SARS cannot be cancelled.
- You will be charged a fee of R350 (excluding VAT) when you submit this form. If you choose to submit your claim through the EPIC portal instead, the fee will be R250 (excluding VAT).
- If you submit your claim through the EPIC portal but manual intervention is subsequently required (due to a divorce or maintenance claim, for example), the fee will be R350 (excluding VAT). This fee is payable whether you cancel the claim or not. The fee may change from time to time – the current fee will appear on this form and on our website.
- The Privacy Notice on our website, www.sygnia.co.za, is part of the terms and conditions of this agreement.

BANK DETAILS

The bank account details must be in the member's name and will be used for all future banking transactions until such time as SURF is notified, in writing, of any changes.

Account holder: _____

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: ☐ Current ☐ Savings ☐ Transmission

MEMBER DECLARATION

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

- I am aware of the impact of this savings withdrawal on my retirement planning, in particular the fact that it may substantially reduce the benefit that I will be entitled to when I retire, as well as reduce the amount of my retirement benefit that I may take in cash.
- I am aware of the tax implications and fees payable on this transaction, which will be deducted from the benefit payable to me and will reduce the amount of the benefit.
- The details provided in this form are accurate, true and correct, and I indemnify the Fund against any loss suffered directly or indirectly should that not be the case.
- The Fund may use the information I have provided in this form and the related supporting documentation to effectively process this transaction, 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.
- The claim may be rejected and returned to me to be completed in full if information is omitted on this Savings Withdrawal Claim form.
- Upon receipt of my Savings Withdrawal Claim form, the requested amount will be disinvested from my savings component and held in the Fund's bank account until such time as payment of my savings withdrawal benefit is made.
- No payments will be made to third parties or to credit card or investment accounts.
- The Fund executes all payment instructions electronically. No payments will be made by cheque.
- I agree to the terms and conditions set out in this Savings Withdrawal Claim form and in the Fund's rules.

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

Signature of member: _____

CHECKLIST

- ☐ Completed and signed Savings Withdrawal Claim form
- ☐ Recent bank statement or proof of bank details of member (not older than three months)
- ☐ Certified copy of the member's identity document and/or passport