



Withdrawal Claim - Employer

Please complete the Withdrawal Claim - Employer and email the documentation to **SURFadmin@srf.sygnia.co.za**.

The Fund will not be able to continue processing the claim if any of the information requested below has been omitted. Sygnia requires a completed Withdrawal Claim - Member form as well as a Withdrawal Claim - Employer form in order to proceed with the processing (including disinvestment) of any claim.

Fund Details

Employer: _____

Branch/Paypoint: _____

Member Details

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

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

Employee number: _____

Postal address: _____

_____ Code: _____

Residential address: _____

_____ Code: _____

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

Cellphone number: _____ Email address: _____

Member number: _____ 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: _____

Tax reference number: _____

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

Exit Details

Date of exit: _____ / _____ / _____ 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 the member's record. If received earlier than the date of exit, the claim process will not commence until the date of exit.

Withdrawal

Withdrawal Type

☐ Resignation ☐ Dismissal ☐ Qualifying Retrenchment ☐ Non-Qualifying Retrenchment

Note: By selecting "Qualifying Retrenchment", the member's termination or loss of employment is due to the employer having ceased to, or intending to cease to, carry on the trade in respect of which the member was employed; or that the member's position having become redundant, in consequence the employer having effected a general reduction in personnel, and that the member at any time did not hold more than 5% of the issued share capital or member's interest in the company.

Note: By selecting "Non-Qualifying Retrenchment", the member's termination or loss of employment is due to the employer having ceased to, or intending to cease to, carry on the trade in respect of which the member was employed; or that the member's position having become redundant, in consequence the employer having effected a general reduction in personnel, and that the member at any time held more than **5% of the issued share capital or member's interest in the company**.

Ill-Health Retirement

Note: If "Ill-health retirement" is selected, please provide evidence that the member is permanently incapable of efficiently discharging his duties due to ill-health.

Section 37D Claim Details

Section 37D of the Pension Funds Act ("the Act") provides for certain scenarios where the Fund may reduce the member's retirement savings for third party payments.

Please indicate if any of the below scenarios apply for payment from the member's retirement savings:

- ☐ **Not applicable** - there are no claims in terms of Section 37D of the Act.
- ☐ **Housing loan(s)** - the member has an outstanding amount on a housing loan for which the Fund issued a guarantee in favour of a housing loan provider.
- ☐ **Divorce and/or maintenance order(s)** - a copy of the court order must be attached to the withdrawal claim.
- ☐ **Indebtedness to participating employer** - loss due to an employee's theft, dishonesty, fraud or misconduct with an element of dishonesty. The participating employer has obtained a court order or the employee has admitted liability, in their own handwriting, on an Acknowledgement of Liability form. A copy of the court order or the member's admission of liability for the loss must be attached to the withdrawal claim.

Please confirm the indebtedness amount to be withheld from the member's retirement savings in terms of Section 37D of the Act:

R _____

Date: _____ / _____ / _____ Initial: _____

Employer Declaration

I, the undersigned authorised signatory, acknowledge, understand and accept the following:

- The member has left the service of the employer and the details provided in this form are accurate, true and correct.
- The Fund may use the information I have provided in this form and the related supporting documentation, to effectively process the required 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.
- The Fund's employer has deducted and paid over the required contributions to the Fund.
- The details provided in this form may be used to update the member's particulars captured by the Fund.
- The authorised signatory may access the member's personal information the Fund has on record and correct this information (if applicable). I acknowledge that where information has been omitted on the claim form, the claim may be rejected and returned to the employer.
- The employer hereby indemnifies the Fund from any loss incurred, directly or indirectly, from erroneous information provided.
- I am authorised, as an authorised signatory, to act on behalf of the employer with regards to transactions between the Fund and the employer.
- Sygnia requires a completed Member Claim Form as well as an Exit Claim - Employer form in order to proceed with the processing (including disinvestment) of any claim.

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

Designation: _____

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

Email address: _____

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

Signature of authorised person: _____

Checklist

- ☐ Details and proof of indebtedness in accordance with the requirements of Section 37D of the Act (if applicable)
(Please include a recent bank statement of the account that is required to be credited by the indebtedness amount)
- ☐ Copy of the member's identity document and/or passport (if foreign national)
- ☐ Confirm that the relevant member form has been submitted to the member for completion
- ☐ Medical evidence of ill-health, if applicable
- ☐ Divorce order, if applicable
- ☐ Maintenance order, if applicable

Date: _____ / _____ / _____ Initial: _____