

TRANSPORT SECTOR RETIREMENT FUND



RETIREMENT / WITHDRAWAL NOTIFICATION



TYPE OF CLAIM (Mark with "X")

Retirement	
Ill-Health Early Retirement	
Abscondment	
Dismissal	
End of Contract	
Involuntary Retrenchment	
Liquidation	
Resignation	
Section 14 Transfer Out	
Transfer to an approved Fund	
Partial Transfer to an Approved Fund	
Voluntary Retrenchment	

**THIS DOCUMENT HAS TO BE COMPLETED IN FULL.
REFER TO SECTION F FOR DOCUMENTS TO ATTACH**

EMPLOYER STAMP

A. CURRENT EMPLOYER INFORMATION

Name of Employer				Levy Number	
Employer Address					
Region		Contact Person's Cell No			
Contact Person's Name		Contact Person's Tel. No			
Contact Person's Email Address		Contact Person's Fax No			

B. MEMBER DETAILS

Surname of Member																					
Full Names of Member																					
Member's Physical Address											Country		Code								
											Country		Code								
Member's Postal Address											Country		Code								
											Country		Code								
Employee No											System Number										
Gender (Female/Male)											ID / Passport Number										
Date of Birth	D	D	M	M	Y	Y	Y	Y			Date Joined Fund			D	D	M	M	Y	Y	Y	Y
Date of Last Contribution	D	D	M	M	Y	Y	Y	Y			Member's Last Contribution Amount	R	0	0	0	0	0	0	0	0	0
Date of Exit from Fund	D	D	M	M	Y	Y	Y	Y			Member's Email Address										
Member's Tax Number											Member's Tel. / Cell No										

C. PAYMENT DETAILS (Please select either option C.1, C.2 or C.3)

C. 1 MEMBER TRANSFERRING FUND DETAILS

Your benefit will be transferred via a recognition of transfer form to the below institution's bank account

Name of Account Holder		Name of Bank	
Name of Branch		Type of Account	
Account No		Branch Code	
Fund name		Fund Type	
FSCA Registration number		Name of Institution	
Contact Person's Email address		Contact Person's Tel. No	

C. 2 DEFER PAYMENT OF EXIT BENEFIT UNTIL REQUEST IS MADE FOR PAYMENT

YES

NO

Your Member Share will remain in the Fund until you instruct the Fund's administrator to either pay it to you in cash or transfer it to another approved retirement fund in terms of the Fund's rules. You will be issued with a Deferred Membership Certificate

C. 3 MEMBER CASH PAYMENT DETAILS

Name of Account Holder		Name of Bank	
Name of Branch		Type of Account	
Account No		Branch Code	

Please note that the benefit will be paid into the above bank account and authorisation is hereby irrevocably given to the Fund and /or the Fund Service Providers to pay such benefit by Electronic Fund Transfer (EFT). Neither the Fund nor the Fund Service Providers will be held liable for any errors, omissions or incorrect details in the information provided. The onus lies with the Member.

D. PERMISSIBLE DEDUCTIONS

Answer "YES" OR "NO" should any of the following deductions be applicable and provide the relevant supporting documentation, i.e. final divorce and or maintenance order, court order obtained against the member or a signed acknowledgement of debt by the member

Divorce order(s) against the Fund in respect of the member	YES	NO
Maintenance order(s) against the Fund in respect of the member	YES	NO
Housing loan against the Fund in respect of the member	YES	NO
Any pending claims in respect of fraud, misconduct or theft against this member?	YES	NO

E. MEMBER DECLARATION

I, _____, (full name) a member of the Transport Sector Retirement Fund (Fund) ID / passport number _____, hereby confirm my exit from the Fund and declare that: All information provided in this Claim Notification, together with all supporting documents / information, is true and correct. This Claim Notification was completed by me personally, or with the assistance of another person with my approval. I understand the information provided and confirm that same is true and correct. I have not withheld any information that will have relevance to the acceptance / declining of this claim. Should any documents / information be found to be fraudulent, the Fund and / or Fund Service Providers reserve the right to proceed with the appropriate action against me as the liability to provide accurate and complete information rests with me. In the event of any loss suffered as a result of any details provided on this Claim Notification and supporting documents been inaccurate, incorrect, incomplete or fraudulent, neither the Fund nor the Fund Service Providers will be liable for such loss. I understand that the benefit may be subject to tax in terms of the applicable tax legislation.

Signature of Member: _____ Date Signed: _____

F. DOCUMENTS TO ATTACH

	Cash	Transfer	Liquidation / Section 14 Out
CERTIFIED COPY OF ID / PASSPORT FOR MEMBER (BOTH SIDES)	X	X	X
STAMPED BANK STATEMENT NOT OLDER THAN THREE MONTHS FOR MEMBER	X	X	
COPY OF LATEST PAYSLIP	X	X	
MEMBER STATEMENT SIGNED AND DATED BY THE MEMBER (E ABOVE)	X	X	X
EMPLOYER STATEMENT SIGNED AND DATED BY THE EMPLOYER (H BELOW)	X	X	X
COPY OF DIVORCE / MAINTENANCE ORDER	X	X	X
PROOF OF INDEBTEDNESS IN TERMS OF SECTION 19 (5) (a) (PENSION BACKED HOUSING LOAN)	X	X	X
PROOF OF INDEBTEDNESS IN TERMS OF SECTION 37D OF THE PENSION FUNDS ACT (COURT ORDER OR SIGNED ACKNOWLEDGEMENT BY MEMBER ADMITTING TO FRAUD, MISCONDUCT, THEFT)	X	X	X
COPY OF APPLICATION FORM TO TRANSFER TO AN APPROVED FUND		X	
COPY OF LIQUIDATION LETTER			X

Notes: In some instances, further documents and /or information may be required to determine the validity of a claim. All documents required in the Claim Notification must be submitted and failure to do so timeously, may result in claim payments being delayed. Claims are assessed on receipt of complete documentation, including certified documents as indicated above, and failure to do so will result in the delay of processing the claim.

G. SUBMISSION DETAILS

Claim Type	Electronic	Fax	Telephonic Enquiries	Member Walk-in Centre Details
Retirement / Withdrawal	members@rflipf-sanlam.co.za	086 593 0006	011 544 8300	Cape Town: Office 702, 7th Floor, SUNBEL Building, 2 Old Paarl Road, Bellville.
Transfer	members@rflipf-sanlam.co.za	086 593 0006	011 544 8300	Durban: Suite 602, 6th Floor, Old Mutual Building, 300 Anton Lembede Street.
Liquidation / Section 14 Transfer Out	members@rflipf-sanlam.co.za	086 593 0006	011 544 8300	Johannesburg: SAMRO Place, 8th Floor, 21 De Korte Street, Braamfontein. Midrand: SALT Employee Benefits (Pty) Ltd Central Park Office, No 400 16th Road, Randjespark, Block Q, Midrand.

H. EMPLOYER DECLARATION

EMPLOYER STAMP

Declaration by employer (authorised personnel only):

I, _____ (full name), in the capacity of _____ (designation), hereby certify that all information provided in this Claim Notification and supporting documents are true and correct to the best of my knowledge and belief. I confirm that the options in terms of the Rules of the Fund have been fully explained to the member and the member is aware of the contents of the Claim Notification and any liabilities that he / she may have in this regard. In the event of any loss suffered as a result of any details provided on this Claim Notification and supporting documents being inaccurate, incorrect, incomplete or fraudulent, neither the Fund nor the Fund Service Providers can be held liable for such loss.

Signature of Authority _____ Date Signed: _____