

**Multilect Administrators (Pty) Ltd**

FSP Number: 45364

4<sup>th</sup> Floor, Rosebank Corner

191 Jan Smuts Avenue, Parktown North, 2196

PO Box 3029, Saxonwold, 2132

Tel: 27 (0)11 274 6160

Email: admin@multilect.co.za

**EXIT NOTIFICATION**

**MULTILECT PRESERVER PROVIDENT FUND**

Full name of member \_\_\_\_\_ Sex \_\_\_\_\_

Fund membership number \_\_\_\_\_

Date of birth \_\_\_\_\_ Identity number \_\_\_\_\_

Income Tax reference no. (if applicable) \_\_\_\_\_ Office (if applicable) \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_

Residential address \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_

**WITHDRAWAL PRIOR TO RETIREMENT**

☐ Full withdrawal

☐ Part withdrawal

☐ Transfer to another approved Preserver Provident / Pension Fund

☐ Section 14 transfer to approved Retirement Annuity/ Provident/ Pension Fund

☐ Retirement

☐ Early Retirement due to disability

Date of exit \_\_\_\_\_

Do you wish to take a portion of your benefit as a cash lump sum?      No      ☐      Yes      ☐

If yes, please specify the gross cash lump sum (prior to applying for a directive)

R \_\_\_\_\_ ☐ 100% of the benefit

To be credited to the following account: **(Proof of banking details (not older than 3 months) to be attached)**

Name of Bank \_\_\_\_\_

Branch name \_\_\_\_\_ Branch code \_\_\_\_\_

Account number \_\_\_\_\_

### TRANSFER DETAILS (if applicable)

The entire benefit, or the balance after a cash lump sum payment, is to be invested as follows:

Name of the Transferee Fund \_\_\_\_\_

(Attach a copy of the transferee Fund application form)

Name of institution \_\_\_\_\_

Contact person \_\_\_\_\_ Contact number \_\_\_\_\_

Institution bank account details:

Name of Accountholder \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch name \_\_\_\_\_ Branch code \_\_\_\_\_

Account number \_\_\_\_\_

### MEMBER'S DECLARATION

1. I hereby warrant that the information given above is correct and I instruct and authorise the Fund to pay all the monies due in accordance with the instructions above subject to the rules of the Fund and applicable legislation.
2. I understand and accept that the Fund will apply for a tax directive if a cash benefit is requested and that the cash benefit requested is a pre-tax amount.
3. I understand and accept that the request for an early retirement benefit due to permanent disability is subject to approval by the Trustees of the Fund and provided that they are satisfied, based on medical evidence (obtained at my cost) that I am permanently incapable of satisfactorily performing my occupation or any other occupation which I am qualified for by virtue of my training and experience.
5. Transfer to another approved Preserver Provident/Pension Fund is subject to the provisions of Section 14(1) of the Pension Funds Act 1956 (as amended).
6. I acknowledge that the Administrator does not give advice and shall not have any liability in respect of my annuity selection or any income payable under an annuity.
7. Provided the Fund receives sufficient notification and all supporting documentation, the Fund will disinvest the underlying investments of the investment account at the end of the month. A tax directive will then be applied for where applicable. Once all requirements have been met the Fund will give effect to the Investor's instructions.

Signature of Investor \_\_\_\_\_ Date \_\_\_\_\_