

Multilect Administrators (Pty) Ltd

FSP Number: 45364

4th 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 RETIREMENT ANNUITY 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 _____

Telephone number at which former Member may be reached during office hours _____

EXIT OPTIONS

Retirement Early retirement due to disability Emigration

Transfer to another approved retirement annuity fund Divorce order

Exit Date _____

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

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

R _____ One third (retirement) Commute entire benefit if less than R247 500 or on emigration/divorce order

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 _____ Account type _____

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 Account Holder _____

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 Retirement Annuity 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 _____