

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

☐

Capital value less than R15 000.00, under age 55

☐

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 R15 000.00, member under age 55.

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 _____

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the applicable laws.

You hereby agree to give honest, accurate and up-to-date personal information which may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this transaction;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- Payment processing service providers,
- merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any personal information supplied to us in terms of this transaction is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. Such personal information provided (voluntarily, unconditionally and specifically) will be utilised by us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the applicable laws.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with Multilect within 10 (ten) days. Should Multilect not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signature of Investor _____ Date _____