

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 11 274 6160
Email: admin@multilect.co.za

EXIT NOTIFICATION

MULTILECT UMBRELLA PROVIDENT FUND

Full name of Member _____ Sex _____

Name of Employer _____

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

Resignation

Retrenchment

Transfer to approved Preserver Provident Fund/Retirement Annuity

Retirement

Early Retirement due to disability

Death

Exit Date _____

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 paid 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 Account Holder _____

Name of Bank _____

Branch name _____ Branch code _____

Account number _____

EMPLOYER'S DECLARATION

1. We hereby warrant that the information given above is correct and we 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. We 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. We 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 member's cost) that the member is permanently incapable of satisfactorily performing the occupation or any other occupation which he/she qualified for by virtue of their training and experience.
5. Transfer to an approved Preserver Provident Fund is subject to the provisions of Section 14(1) of the Pension Funds Act 1956 (as amended).
6. We acknowledge that the Administrator does not give advice and shall not have any liability in respect of the member's 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 Employer Representative _____ Date _____

Company Stamp

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 an approved Preserver Provident 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 _____