

**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

☐

Vested

☐

Non Vested

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.

### 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 Employer Representative \_\_\_\_\_ Date \_\_\_\_\_

**Company Stamp**

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