

Multilect Administrators (Pty) Ltd
FSP Number: 45364
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SAVINGS COMPONENT WITHDRAWAL APPLICATION

MULTILECT PRESERVER PENSION FUND FSCA REGISTRATION NUMBER 12/8/29727
MULTILECT PRESERVER PROVIDENT FUND FSCA REGISTRATION NUMBER 12/8/31175
MULTILECT RETIREMENT ANNUITY FUND FSCA REGISTRATION NUMBER 12/8/28077
MULTILECT UMBRELLA RETIREMENT FUND FSCA REGISTRATION NUMBER 12/8/27239
MULTILECT MANAGED ANNUITY FUND FSCA REGISTRATION NUMBER 12/8/35987

MULTILECT IS A REGISTERED SECTION 13B ADMINISTRATOR

Full name of member _____

Fund name _____

Fund membership number _____

Date of birth _____ Identity number _____

Income Tax reference no. _____ Office _____

Expected annual Income _____

Residential address _____

_____ Code _____

Contact Number: _____ Contact e-mail address _____

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Full withdrawal from Savings Component

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Partial withdrawal from Savings Component - minimum R2,000.00 per annum

Date of application _____

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 _____

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, correct, and up-to-date personal information which may be used for the following reasons:

- to set up 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, by the applicable laws, must 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 used 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 used 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.

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 instruction 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 and that the savings benefit requested is a pre-tax amount. I understand that I may request the Fund to perform a SARS simulation to determine tax payable on the requested amount. This simulation is not final and may change when the Fund applies for the actual directive.
3. I understand that unless I have a SARS registration number the Fund will not be able to process the withdrawal.
4. I understand and accept that fees and charges will be deducted from the amount before a tax directive is applied for.
5. I understand I can withdraw from the savings pot once per tax year – from a minimum of R2 000 to the full amount. The amount will be added to other income and taxed at my marginal tax rate.
6. Provided the Fund receives sufficient notification and all supporting documentation, the Fund will process all savings withdrawal notices received by the 15th of each month, by the end of the month.
7. I read and understand the POPI Declaration.
8. **I confirm that this withdrawal application does not require my spouse's signature as we have not engaged in divorce proceedings.**

Signature of Investor _____

Date _____

Signature of spouse (if applicable) _____
(refer point 8 above)

Date _____