

THIRD PARTY INDEMNITY FORM

Section 37A(4) of the Pension Funds Act allows a retirement fund to pay a member's or beneficiary's benefit into the bank account of a third party if they can give sufficient proof that they are not able to open a bank account. Payment to the third party will be regarded as a payment made directly to the member or beneficiary and the fund will have discharged its duties in relation to that member or beneficiary.

MEMBER INSTRUCTION

I _____, ID number _____

hereby confirm the following:

1. The benefit due to me from the (name of fund) _____

2. I am unable to open a bank account for the following reasons: _____

3. I request the Fund to pay my benefit from my pension/provident fund due to me into the bank account of: _____ (name of third party)

ID/Passport number _____ (attached copy of ID)

Name of account holder: _____

ID number of bank account holder: _____

Name of Bank: _____

Branch name: _____

Branch code: _____

Account number: _____

MEMBER DECLARATION

I confirm that the Fund may proceed with the payment of my benefit as indicated and that the Fund will not be liable for any damages suffered (including but not limited to direct, indirect or consequential loss that may arise) as a result of paying my benefit to the third party nominated by me.

Member's signature _____ Date _____

THIRD PARTY DECLARATION

I, (full name) _____

ID/Passport number _____

hereby agree to receive the benefit of (member name) _____

on his/her behalf as agreed between ourselves.

Relationship to member _____

Third party signature _____ Date _____

Please return this form **together with proof of the banking details (not older than 3 months)** once you have completed it to us at either Fax: +27 11 486 1221 or Email: admin@multilect.co.za