

BENEFIT REINVESTMENT FORM

FOR USE WHEN LEAVING YOUR EMPLOYER DUE TO RESIGNATION, RETRENCHMENT OR DISMISSAL

Please complete accurately, using **CAPITAL/BLOCK LETTERS** in blue or black ink. Tick (✓) blocks where appropriate.

Return the completed form to your HR office. Please note that **FULL COMPLETION OF ALL SECTIONS** is necessary to ensure the processing of your claim.

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE EMPLOYEE (MEMBER) IN THE EVENT OF RESIGNATION, RETRENCHMENT OR DISMISSAL.

This form aims to explain your options related to your ISASA retirement savings to help you in your planning for a **happy retirement**. You will need to make an election regarding how you would like to handle your accumulated retirement savings when leaving your employer.

SECTION A RETIREMENT BENEFIT PRESERVATION WHEN LEAVING YOUR EMPLOYER (Resignation, retrenchment or dismissal)

Title

Surname

First names

This is an important decision that affects the rest of your life:

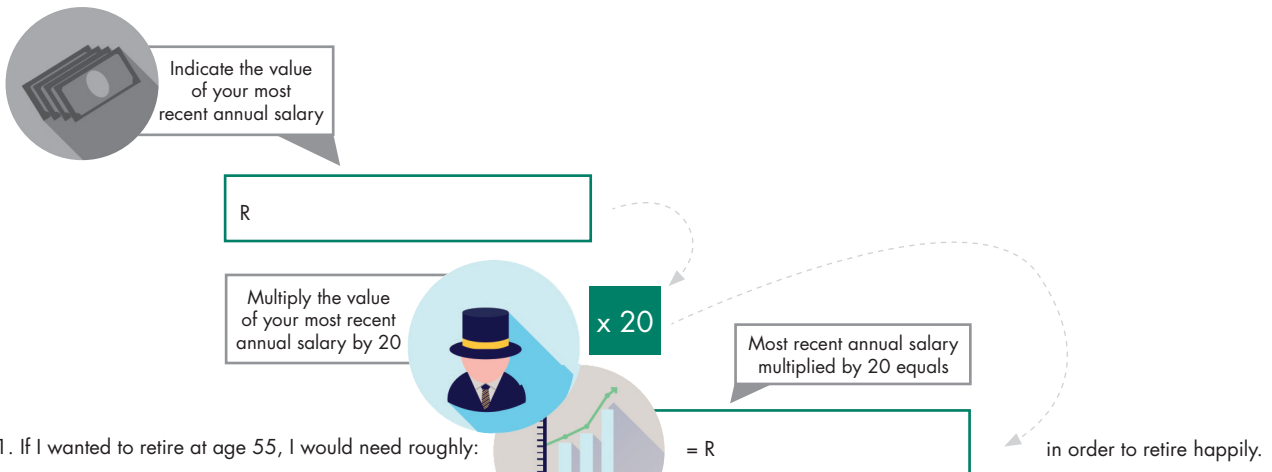
- The ISASA Pension & Provident Fund Rules allow for you to select one of a few options regarding your retirement savings when you leave your employer.
- The option that you select will have an impact on your total accumulated retirement savings, and therefore on your ability to **retire happily**.



- Your retirement savings have been built up through your hard work over time. It is therefore important that you understand your options and make the right decision.
- For assistance or for more information on your options, please contact your Financial Adviser. If you do not have a Financial Adviser, you can **email** membersupportservices@oldmutual.com or send a **FREE SMS to 30886** (please type 'ISASA, your name, surname and ID number' in the body of the message) and one of our Old Mutual consultants will call you back within 48 hours. Alternatively, you can call 0860 388 873 (Sharecall) for assistance.

Please complete the following infographic accurately:

This exercise is important to assist you in calculating if you are on track for a happy retirement, or if you should continue saving. Correct completion will assist you in deciding how to deal with your retirement savings. Please note that ISASA Pension & Provident Fund and your HR personnel have access to all salary and savings information required below.



1. If I wanted to retire at age 55, I would need roughly:

= R

in order to retire happily.

2. So far, I have saved:



R

Indicate the current value of your ISASA Pension & Provident Fund retirement savings, as well as any other retirement savings

3. What I currently have is: MORE than what I would need in order to retire happy and comfortably.

LESS than what I would need in order to retire happy and comfortably.

4. Based on my answer to (3) above: I DO NOT NEED TO continue saving towards my retirement.

I NEED TO continue saving towards my retirement.

The above exercise provides a quick overview but should not be seen as completely accurate. Please contact a Financial Adviser for a more detailed review of your financial position. If you do not have a Financial Adviser, you can **email** membersupportservices@oldmutual.com or send a **FREE SMS to 30886** (please type 'ISASA, your name, surname and ID number' in the body of the message) and one of our Old Mutual consultants will call you back within 48 hours. Alternatively, you can call 0860 388 873 (Sharecall) for assistance.

SECTION B REINVESTMENT OPTIONS

Transfer 100% of ISASA savings to Protektor or to another approved pension, provident, preservation* or retirement annuity fund.

(Please indicate your specific choice below and attach a copy of the proposal or application form)

Old Mutual's **Protektor** Preservation Fund allows you to transfer your retirement savings, tax free, to ensure that you continue your planning for a **happy retirement**.

Protektor Preservation Fund (Guaranteed Option – Absolute Stable Growth)

Another approved Fund

Full name of other approved Fund

* Transferring to a preservation fund: pension fund savings can only be transferred to a pension preservation fund; provident fund savings can be transferred to a pension preservation fund or to a provident preservation fund.

Attach a copy of proposal or application form for approved Fund.

Part Cash/Part Transfer to another approved Fund

- If preserving your full ISASA savings amount is not financially possible, the option to preserve a portion is then strongly advised..
- Old Mutual's **Protektor** Preservation Fund is designed for this purpose and allows you to transfer your savings, tax free, to help you continue saving for a **happy retirement**.
- Insert cash amount, or percentage of total ISASA savings, to be paid in cash:

R OR %

Full name of approved fund

Please specify to which approved Fund (including a Preservation Fund) the remainder of your savings should be transferred:

* Transferring to a preservation fund: pension fund savings can only be transferred to a pension preservation fund; provident fund savings can be transferred to a pension preservation fund or to a provident preservation fund.

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE EMPLOYER.

SECTION F PARTICIPATING EMPLOYER'S BUSINESS DETAILS

Name of employer

Telephone number Code No.

Cellphone number

Email address

Contact branch

SECTION G PARTICIPATING EMPLOYER'S SCHEME DETAILS

Scheme code

Member's ISASA reference number

SECTION H MEMBER EXIT DETAILS

Date of withdrawal Final contributing month

Amount of final contribution:

Employee R

Employer R

TYPE OF WITHDRAWAL

Note:

- Be aware of the Rules of ISASA Pension Scheme and Provident Fund as the member may already be eligible for retirement benefits.

Resignation Retrenchment Dismissal

REMUNERATION DETAILS

Final GROSS **annual** pensionable salary at date of exit R

Final GROSS **annual** taxable salary at date of exit R

PRIOR CLAIM

Is any Prior Claim payable? YES NO

If "YES", complete a Prior Claim Form and attach it to this form.

You can obtain the Prior Claim Form online at www.isasapensionfund.co.za or by phoning the service centre on 0860 45 54 55.

SECTION I DECLARATION BY PARTICIPATING EMPLOYER

I, the undersigned, hereby certify that:

- I am authorised to sign this form; and
- all particulars furnished in this form and accompanying documentation are true and correct.

Signed on behalf of employer

Designation

Date



Old Mutual is a Licensed Financial Services Provider