

PRESERVER AND DEFERRED RETIREMENT CLAIM FORM

Please print in block letters using black or blue ink.

FUND DETAILS

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ISASA PRESERVER Pension Fund

Member no.

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ISASA PRESERVER Provident Fund

Member no.

Please send the completed Form to: isasa@oldmutual.com

COMPLIANCE WITH THE PROTECTION OF PERSONAL INFORMATION ACT (PPI, POPI)

ISASA Pension and Provident fund scheme may collect, use and share your personal information for the following purposes:

- To administer your membership of the ISASA Pension or Provident fund;
- To provide you with information about offerings that will support and enhance your retirement benefits;
- To provide products or services to you, to carry out the transaction you requested and to maintain our relationship;
- For underwriting purposes;
- To assess and process claims;
- To conduct credit reference searches or verification;
- To confirm and verify your identity, address or banking details;
- To verify that you are an authorised user for security purposes;
- For maintaining the accuracy of your personal information;
- For operational purposes, and where applicable, credit scoring and assessment and credit management;
- For purposes of claim checks (e.g. the Industry Life and Claims Register);
- For the detection and prevention of fraud, crime, money laundering or other malpractice;
- To trace you where you are uncontactable;
- To conduct market or customer satisfaction research or for statistical analysis;
- For audit and record keeping purposes;
- For social responsibility purposes;
- In connection with legal proceedings;
- Sharing information with your employer (its intermediary/broker), your intermediary/broker (when applicable), service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information;
- To comply with legal and regulatory requirements or industry codes or when otherwise allowed by law.

You agree that we may view, search and update your information and you further agree we may, where required, process your special personal information (and share this information with relevant third parties) in order to achieve a purpose set out above.

You warrant that when you give us personal information about third parties, this information is accurate and correct, and you have received their permission to share their personal information with us.

You confirm that if you are giving consent for a person under 18 (a minor) you have the required authority to do so.

We may transfer your personal information to another country for processing or storage. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.

You may access the personal information that we hold about you and may also request us to correct any errors or, under certain circumstances request us to delete this information. In certain circumstances, you have the right to object to the processing of your personal information. To do this, simply contact us at the numbers/addresses listed below and specify what information you would like or if you have any questions about this Notice, please contact us at:

- Old Mutual Client Services centre 0860 455 455
- isasa@oldmutual.com

You have the right to complain to the Information Regulator, whose contact details are:

- www.justice.gov.za/infoereg/index.html
- General enquiries: enquiries@infoeregulator.org.za

Complaints (complete POPIA/PAIA form 5)

- paia.complaints@infoeregulator.org.za should you PAIA request be denied or there is no response from a public or private bodies for access to records you may use this email address to lodge a complaint.
- popiacomplaints@infoeregulator.org.za - should you feel that your personal information has been violated, you may use this email address to lodge a complaint.

MEMBER'S PERSONAL DETAILS (please complete in full)

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>		
RSA ID	<input type="text"/>	Date of birth	<input type="text"/>
Passport number	<input type="text"/>	(complete if not an RSA citizen)	
Country of issue	<input type="text"/>	(complete if passport number is provided)	
Income tax number	<input type="text"/>		

Residential address

Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>		
Street name	<input type="text"/>		
Suburb	<input type="text"/>		
City/Town	<input type="text"/>	Code	<input type="text"/>
Postal address	(complete only if different from residential address)		
	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>

CONTACT DETAILS

Telephone	(H) <input type="text"/>	No. <input type="text"/>	(W) Code <input type="text"/>	No. <input type="text"/>
Cellphone number	<input type="text"/>		Fax Code <input type="text"/>	No. <input type="text"/>
Email address	<input type="text"/>			

PREFERRED METHOD OF COMMUNICATION

<input type="checkbox"/> Telephonic (Please specify the preferred channel: home, work or cellphone) <input type="text"/>		
<input type="checkbox"/> Via email	<input type="checkbox"/> Via postal address	<input type="checkbox"/> Via fax

TYPE OF CLAIM

<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Retirement
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Please note that the claim types available to ISASA Pension and Provident fund Deferred Retirement Members are Retirement only.

CLAIM DATE

Date of Withdrawal/Retirement

Important Notes:

- Withdrawal - This must be the same date as the date on which this Claim Form is signed.
- Retirement - As an ISASA Pension or Provident fund Preserver Member, you must be age 55 or older on this date. Also, this date can't be more than 30 days from the date of you signing this Claim Form. ISASA Pension and Provident Fund Deferred Retirement Members can retire from the Fund at any time.

COURT ORDERS

Do you have any divorce order(s) against your benefit which have not been settled? YES ☐ NO ☐

If "YES", please attach:

- ☐ original certified copy/copies of the relevant court order(s) and settlement agreement(s); and
- ☐ contact details of your former spouse/s.

WITHDRAWAL - BENEFIT PAYMENT OPTIONS (PRESERVER MEMBERS ONLY)

- ☐ When taking a Withdrawal Benefit, the entire balance in your Preserver Account must be taken in cash and/or transferred to another retirement fund.
- ☐ The option that you select will have an impact on your retirement savings. It is therefore important to obtain assistance before selecting your option. You can obtain assistance from your own Financial Adviser. If you do not have your own Financial Adviser, contact 0860 38 88 73 (Sharecall) or email membersupportservices@oldmutual.com and a member support service consultant will put you in contact with an accredited Old Mutual Financial Adviser.

RETIREMENT BENEFIT PAYMENT OPTIONS

- ☐ Your retirement benefit is the total value of your ISASA Pension and Provident fund Preserver, or Deferred Retirement Member Account.
- ☐ Retiring from a **pension fund**: You have the option to elect a maximum of one-third of the available benefit as a cash lump sum, the balance being utilised to purchase a compulsory annuity. However, if your total retirement benefit from your pension fund is R247 500 or less, the total benefit may be taken in cash. You can also elect to transfer your **entire** member account balance to an approved retirement annuity fund or preservation fund.
- ☐ Retiring from a **provident fund**:
You have the following options:
 - a full cash benefit; OR
 - purchase a compulsory annuity instead of the cash benefit; OR
 - a combination of the above; OR
 - transfer your **entire** member account balance to an approved retirement annuity fund or preservation fund
- ☐ All options elected must be in terms of the Rules of ISASA Pension and Provident fund (which can be obtained from the Fund). It is advisable to consult a Financial Adviser to assist you in making the right choices best suited to your own personal needs and circumstances. You can obtain assistance from your own Financial Adviser. If you do not have your own Financial Adviser, contact 0860 38 88 73 (Sharecall) or email membersupportservices@oldmutual.com and a member support service consultant will put you in contact with an accredited Old Mutual Financial Adviser.

BENEFIT PAYMENT OPTIONS

WITHDRAWAL

PENSION FUND OPTIONS

Please select **ONLY ONE** option below.

☐ (i) **Transfer full benefit to another approved fund.**

*Attach copy of proposal or application form.

☐ Protektor Pension Preservation Fund

☐ Other approved fund:

Full name of approved fund:

☐ (ii) **Full Cash**

☐ (iii) **Part Cash/Part Transfer**

Insert cash amount or percentage required to be encashed.

R OR %

Transfer the remainder of the benefit to another approved fund (including a Preservation Fund). Attach copy of proposal or application form.

Full name of approved fund:

PROVIDENT FUND OPTIONS

Please select **ONLY ONE** option below.

☐ (i) **Transfer full benefit to another approved fund.**

*Attach copy of proposal or application form.

☐ Protektor Provident Preservation Fund

☐ Protektor Pension Preservation Fund

☐ Other approved fund:

Full name of approved fund:

☐ (ii) **Full Cash**

☐ (iii) **Part Cash/Part Transfer**

Insert cash amount or percentage required to be encashed.

R OR %

Transfer the remainder of the benefit to another approved fund (including a Preservation Fund). Attach copy of proposal or application form.

Full name of approved fund:

Please note: Any cash amount will be reduced by any tax payable on it (if applicable).

RETIREMENT

If you're in ISASA Pension Fund.

Please select **ONE** of the options below:

(i) ☐ Full Compulsory Annuity

(ii) ☐ Cash of R OR %

Maximum cash = one-third of total benefit, with remainder to a compulsory annuity. If total benefit is R247 500 or less, the total benefit may be taken in cash.

Please complete the table below and attach copies of application/proposal form(s).

Name of annuity product:

Name of registered insurer:

Contact name:

Contact number: ()

Address of registered insurer:

<input type="text"/>	Postal code
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(iii) ☐ Transfer full benefit to a Retirement Annuity Fund

(iv) ☐ Transfer full benefit to a Preservation Fund

Please attach copies of the application forms.

If you're in ISASA Provident Fund.

Please select **ONE** of the options below:

(i) ☐ Full Compulsory Annuity

(ii) ☐ Cash of R OR %
and the remainder to a compulsory annuity.

(iii) ☐ Full Cash

Please complete the table below and attach copies of application/proposal form(s).

Name of annuity product:

Name of registered insurer:

Contact name:

Contact number: ()

Address of registered insurer:

<input type="text"/>	Postal code
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(iv) ☐ Transfer full benefit to a Retirement Annuity Fund

(v) ☐ Transfer full benefit to a Preservation Fund

Please attach copies of the application forms.

BANK ACCOUNT DETAILS (Only complete for claims relating to Withdrawal, Retirement or Ill-health)

Name of account holder

Name of bank Name of branch

Account number Bank branch code

Type of account: ☐ Cheque ☐ Savings

DECLARATION BY MEMBER/BENEFICIARY/EXECUTOR/REPRESENTATIVE OF ESTATE

I confirm that I fully understand the options in terms of the Rules of the ISASA Pension and/or Provident Fund and I confirm that I fully understand the implications of the choices elected. I also certify that all particulars furnished in this Claim Form and accompanying documentation are true and correct.

Signature

Date