



Please print in block letters using black or blue ink.

Please return the completed form to your Employer's HR administration.

THE FOLLOWING SECTION MUST BE COMPLETED BY THE EMPLOYER.

PARTICIPATING EMPLOYER BUSINESS DETAILS

[illegible]

PARTICIPATING EMPLOYER SCHEME DETAILS

[illegible]

MEMBER'S PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>		
Identity number	<input type="text"/>	Date of birth	<input type="text"/>
Income tax number	<input type="text"/>	(compulsory where member has worked in South Africa)	
Passport number	<input type="text"/>	(where no South African ID number is available)	
Country of issue of passport	<input type="text"/>		
Telephone number*	Code <input type="text"/>	No. <input type="text"/>	Cellphone number <input type="text"/>
Email address*	<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"/>

* Insert the details where the member will be contactable after leaving this employer.

MEMBER EXIT DETAILS

Date of retirement

Final contributing month	D	D	M	M	Y	Y	Y	Y
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[illegible][illegible]**TYPE OF RETIREMENT** [indicate the appropriate option with a tick (✓)]

☐ Normal retirement ☐ Early retirement ☐ Ill-health retirement (**attach approval**) ☐ Late retirement

REMUNERATION DETAILS

[illegible][illegible]

PRIOR CLAIM [indicate the appropriate option with a tick (✓)]

Is any Prior Claim payable?	YES	NO
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If "YES", complete a Prior Claim Form and attach it to this form.

CHECKLIST FOR REQUIRED DOCUMENTATION [indicate with a tick (✓) which documents are attached to this form]

Original Certified means that a Commissioner of Oaths, Justice of the Peace, Postmaster or Police Official, including the rank, name and force number, confirms the certification of a document. The certified document is to be original.

☐ Annuity application form (stating the proposal number) ☐ Prior claim form and relevant supporting documentation (if applicable)

☐ Original certified copy of member's identity document ☐ Authorised approval from employer for Ill-health early retirement

☐ Original certified copy of spouse's identity document (if applicable)

DECLARATION BY PARTICIPATING EMPLOYER

I, _____ the undersigned,

hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

Signed on behalf of employer

Designation	
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Date

**OFFICIAL
COMPANY
STAMP**

THE FOLLOWING SECTION MUST BE COMPLETED BY THE RETIRING MEMBER.

WHAT ARE MY OPTIONS AT RETIREMENT FROM EMPLOYMENT?

Postpone payment of retirement benefit by porting to ISASA Deferred Retirement.

- You can postpone your retirement from ISASA Pension Scheme and Provident Fund and remain invested until a date of your choosing
- Your savings will continue growing in a cost effective solution that gives you investment choice and flexibility

Claim your retirement benefit and retire from ISASA Pension Scheme and Provident Fund

Pension Fund

- You can take a maximum of one-third of your Member Account Balance in cash and use the remainder to purchase an annuity from a registered insurer. This rule applies if you were a member of a Pension Fund on 1 March 2021. If you were previously a member of a Provident Fund and transferred into a Pension Fund after 1 March 2021, the cash value could be more than one-third of your Member Account Balance. Please contact Old Mutual for your available cash value; or
- You can purchase an annuity from a registered insurer using your full Member Account Balance. (if your total retirement benefit is R247 500 or less, the total benefit may be taken in cash); **or**
- You can transfer your entire Member Account to an approved Pension Preservation Fund, Provident Preservation Fund or Retirement Annuity Fund

Provident Fund

- You can take a portion of your Member Account Balance in cash up to the maximum allowed by law, and use the remainder to purchase an annuity (pension) from a registered Insurer. You can obtain your cash value by requesting a Statement of Benefits via our Whatsapp (0860 933 333) facility or the Member Web. Alternatively, please contact the Old Mutual Member Service Centre on 0860 455 455; **or**
- You can purchase an annuity from a registered insurer using your full Member Account Balance; **or**
- You can transfer your entire Member Account Balance to an approved Pension Preservation Fund, Provident Preservation Fund or Retirement Annuity Fund

Some important information

- The decision whether to claim or to postpone the payment your retirement benefit should not be taken lightly, as you need to ensure that you provide for your financial security during retirement
- All options elected must be in terms of the Rules of the Fund and the relevant tax rules applicable at the time. 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. 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 financial adviser

Please complete the relevant section pertaining to the Fund that you are retiring from.

☐ Full Annuity ☐ Defer my retirement from the Fund

☐ Old Mutual Fund Select Annuity (If you want a quotation, please call 0860 38 88 73) ☐ Other Annuity Provider(s)

[illegible]

Type of annuity product	Compulsory
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Percentage of Benefit to be applied to this product				%
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[illegible]

Contact name	Contact number	Address

☐ **Transfer my entire Member Account balance to a Retirement Annuity Fund (ensure application form is attached)**[illegible]

FSCA registration number	12	/	8	/							
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[illegible]

Contact name	Contact number	Address

☐ **Transfer my entire Member Account balance to a Preservation Fund (ensure application form is attached)**[illegible]

FSCA registration number	12	/	8	/								
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[illegible]

Contact name	Contact number	Address

Please select below how you wish this interest to be dealt with (select one option only):

☐ Pay out in cash into my bank account☐ Include in the annuity purchase value

Do you have any divorce order(s) and/or maintenance court order(s) against your benefit?

YES ☐ NO ☐

(Must be your own bank account.)

[illegible][illegible]

Branch name

[illegible]Branch code

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Account type: ☐ Cheque ☐ Savings

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

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

- To administer your membership of the ISASA Pension Scheme and 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:

- ISASA Pension Scheme and Provident Fund service 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/inforeg/index.html
- General enquiries: enquiries@inforegulator.org.za

Complaints (complete POPIA/PAIA form 5)

- paia.complaints@inforegulator.org.za should your 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.
- popi.complaints@inforegulator.org.za should you feel that your personal information has been violated, you may use this email address to lodge a complaint.

DECLARATION BY MEMBER

- I confirm that all options in terms of the rules of the Fund have been explained to me and I have obtained advice from a registered financial adviser where appropriate.
- I agree that the payment of the benefit in terms of the option elected above is the full and final benefit payable from the ISASA Pension Scheme or Provident Fund to me.
- I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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