

CLAIM FORM

MEMBER FUND BENEFIT (DEFINED CONTRIBUTION FUND)

IMPORTANT: All sections of this Claim Form must be completed. If not completed in full or if accurate and complete supporting documents as detailed in Section B below are not submitted together with the Claim Form, claim processing can regrettably not commence. NBC Fund Administration Services (Pty) Ltd (NBC FAS) cannot be held accountable for any delays occasioned by an incomplete Claim Form or the absence of accurate supporting documents.



Leader in People Benefits in Africa

A FUND NAME AND CLAIM TYPE

Fund Name	<input type="text"/>
Employer	<input type="text"/>

Date of Termination of Service

D	D	M	M	Y	Y	Y	Y
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Month for which last contribution was made

M	M	Y	Y	Y	Y
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Type of Claim: Tick one of the following

WITHDRAWAL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resignation	Dismissal	Retrenchment	Deferred

RETIREMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal	Late	Early	Ill-Health

DISABILITY

<input type="checkbox"/>
Permanent Total Disability

DEATH

<input type="checkbox"/>

B DOCUMENTS TO BE ATTACHED TO THIS CLAIM FORM

VERY IMPORTANT: Please ensure that all required documents are submitted with this claim form

- Copy of **IDENTITY DOCUMENT** or **SMART-CARD ID** (both sides) or **PASSPORT** (for non-South African citizens) – all copies to be **certified in original**.
- **Original BANK STATEMENT** (not older than three months) – to bear an **original bank stamp**. Note:
 - Internet (certified or otherwise) will **not** be accepted.
- If applicable, written proof of any employer indebtedness – proof to be **certified in original**.
- If applicable, copy of **DIVORCE ORDER** and/or **MAINTENANCE ORDER** (see Section G) – copy to be **certified in original**.

- If applicable, copy of **RETIREMENT ANNUITY APPLICATION FORM** (see Section H2) – not required to be certified.
- For death claims a **DEATH CERTIFICATE** certified in **original** is required.
- **Original Foreign Exchange Questionnaire**
Certified copy of ID or Passport, Certified copy of Marriage Certificate (if applicable), Original Certificate of Citizenship & contact details, Original or Certified copy of bank statement, Original covering letter, Original Bank Emigration Form (Form Mp336), Original BOP Form (Application to buy Foreign Currency)

C MEMBER DETAILS

Payroll or Employee Number	<input type="text"/>	Date Joined Fund	<input type="text"/>
First Name	<input type="text"/>		
Middle Names	<input type="text"/>		
Surname	<input type="text"/>		
ID Number (If South African Citizen) or Passport Number (If non-South African Citizen)	<input type="text"/>	Date of Birth	<input type="text"/>
Passport Place of Issue (Non-South African Citizen)	<input type="text"/>		
Telephone Number	<input type="text"/>	Cellphone Number	<input type="text"/>
Member E-Mail Address	<input type="text"/>		

Postal Address

P.O. Box	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Postal code	<input type="text"/>

Residential Address

Street name and number	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Postal code	<input type="text"/>

D SALARY AND TAX DETAILS

Member Tax Reference Number	<input type="text"/>	Annual Pensionable Salary R	<input type="text"/>
Member Tax Office	<input type="text"/>		

E FUND BENEFIT PAYMENT OPTIONS

If the type of claim in Section A above is "WITHDRAWAL", please select ONE of the following options

1 FULL CASH <input type="checkbox"/> Full Fund Benefit (per legislation) to be paid as a cash lump sum	2 FULL TRANSFER <input type="checkbox"/> Full Fund Benefit (per legislation) to be transferred to another Approved Retirement Fund	3 SPLIT <input type="checkbox"/> Full Fund Benefit (per legislation) to be split between transfer to a new approved Retirement Fund and a cash lump sum payment	R <input type="text"/> Indicate amount to be transferred to another Approved Retirement Fund
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If the type of claim in Section A above is "Retirement" (Except "Deferred") or "Disability", please select ONE of the following options

4 FULL CASH <input type="checkbox"/> Full Fund Benefit (per legislation) to be paid as a cash lump sum	5 FULL PENSION <input type="checkbox"/> Full Fund Benefit (per legislation) to be used to purchase a pension or a disability pension	6 SPLIT <input type="checkbox"/> Full Fund Benefit (per legislation) to be split between purchase of a pension or a disability pension and a cash lump sum payment	R <input type="text"/> Indicate amount to be used for purchasing a pension
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If the type of claim in Section A above is "DEATH", benefit payment options will be directed by the Fund Trustees and/or in terms of the Rules.

F CONVERSION OPTION (IF APPLICABLE)

Do you wish to use the Fund's Conversion Option in respect of Group Life Cover? - the Rules of the Fund may allow you to convert your Group Life Cover to a Individual Life Cover. Please enquire from one of your Fund's trustees or the Fund's appointed NBC consultant if you are unsure or need assistance in making an election. Please note that an election **must be made within a prescribed number of days** calculated from the Date of Termination of Service in Section A above, failing which the option may lapse.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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G**DECLARATION CONCERNING ALLOWABLE DEDUCTIONS FROM FUND BENEFIT**

1	Does the member have an outstanding Home Loan secured by his Fund Benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of the Loan Provider	<input type="text"/>
2	Is there a Credit Life Insurance policy in place to settle the Home Loan? See Section I below	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of the Insurer	<input type="text"/>
3	Is the member indebted to the Employer as defined in Section 37D of the Pension Fund Act? If "YES" please note documentary proof required- see Section B	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount of Indebtedness	R <input type="text"/>
4	Is there a DIVORCE ORDER that affects the member's Fund Benefit payment? If "YES" please note documentary proof required – see Section B	<input type="checkbox"/> YES <input type="checkbox"/> NO	5	Is there a MAINTENANCE ORDER that affects the member's Fund Benefit payment? If "YES" please note documentary proof required – see Section B
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

H**PAYEE DETAILS (for claim types other than death claims)**

Fund Benefit must be paid to the bank account of: ☐ Member ☐ Member Nominee ☐ Another Approved Retirement Fund or Retirement Annuity Fund

MEMBER (OR MEMBER NOMINEE) BANK ACCOUNT DETAILS into which the Fund Benefit – all or portion in cash – must be paid (option E1, E3, E4 or E6 above). Please note documentary proof required – see Section B

Name of account holder

Type of account ☐ Current ☐ Transmission ☐ Savings

Account number Bank Name

Branch code Branch Name

APPROVED FUND BANK ACCOUNT DETAILS into which the Fund Benefit – all or portion – must be transferred (option E2, E3, E5 or E6 above). Please note documentary proof required – see Section B

Name of Approved Retirement Fund

Contact person

Fund Registration Number Fund's SARS Approval Number

Type of account ☐ Current ☐ Transmission ☐ Savings

Account number Bank Name

Branch code Branch Name

I**IMPORTANT NOTES**

- It is important to obtain financial advice before making any election referred to in Section E above. A Personal Financial Planner from NBC Personal Financial Services is available to assist you in this regard. Terms and conditions apply. Speak to your Fund Consultant, a Fund Trustee, your Fund's Principal Officer or go to www.nbc.co.za.
- Fund Benefit payment options may be subject to different Income Tax treatment in terms of legislation that may prevail from time to time. Personal tax affairs that are not in order may cause a delay to a Fund Benefit claim payment being made.
- Late (or non-) submission of this Claim form and/or any required supporting document may result in the repudiation of a Fund Benefit that would otherwise, but for such late (or non-) submission, have been due.
- Fund monies comprising your Fund Benefit will only be disinvested once all requirements to pay your Fund Benefit claim have been met fully. A difference between the value of your invested Fund Benefit at the date of termination of service and the value of your invested Fund Benefit at the date of actual disinvestment may consequently result.
- All payments made by NBC FAS pursuant to this Claim Form shall be done by way of Electronic Funds Transfer
- Where Credit Life cover for an outstanding Home Loan is in place (see Section G2) a Credit Life Claim Form must be completed and submitted directly to the relevant Insurer. Settlement of an outstanding Home Loan by an Insurer may delay finalisation of this claim. NBC FAS cannot accept responsibility for any delay or error occasioned by late or partial settlement of an outstanding Home Loan by an Insurer.

J**MEMBER DECLARATION**

I, _____ the undersigned, do hereby declare that I am a member of the Fund named in Section A above ("the Fund") and that the information provided herein is true and correct. I have read, understood and accepted the contents of the Important Notes in Section I. I further understand that the Fund and/or NBC FAS, their respective agents and/or assigns shall not be liable for any loss or damage of whatsoever nature suffered as a result of any error or omission made in the course of timeous completion and/or submission of this Claim Form together with authentic supporting documents as required in Section B.

Signature _____

K**EMPLOYER CONTACT PERSON**

First Name Surname

E-Mail Address Direct Fax Number

Direct Office Number Cellphone Number

L**DECLARATION BY EMPLOYER (Authorised Employer signatory only)**

I, _____ the undersigned, do hereby declare, on behalf of the Employer, that the information provided herein is to the best of my knowledge and belief true and correct. I further understand that the Fund and/or NBC FAS, their respective agents and/or assigns shall not be liable for any loss or damage of whatsoever nature suffered as a result of any error or omission made in the course of timeous completion and/or submission of this Claim Form together with authentic supporting documents as required in section B.

Signature _____

EMPLOYER STAMP