



**WITHDRAWAL NOTIFICATION
TO BE COMPLETED BY MEMBER**



- This form must be completed by the withdrawing Member before any benefit will be paid.
- Should the withdrawing Member wish to preserve and transfer all or part of the withdrawal benefit to another approved pension, provident or retirement annuity fund, then the Administrators may be contacted to afford advice.

Name of Fund	
Name of Employer	

PARTICULARS OF WITHDRAWING MEMBER

Full name						Gender											
Marital Status	Single		Married		Divorced												
(If divorced whilst a member of the Fund and the court has awarded your ex spouse a portion of the benefit please attach a copy of the signed and stamped divorce order.)																	
Fund membership or Company number (if applicable)																	
Date of birth	y	y	y	y	m	m	d	d	Identity Number								
Income tax reference no. (if applicable)					Office (if applicable)												
Postal Address					Residential Address												
Telephone number at which former Member may be reached during office hours																	
Name of banking / building society																	
Branch name					Branch code (banks only and comprising 6 digits)												
Account number																	
Date employed	y	y	y	y	m	m	d	d	Date left Service	y	y	y	y	m	m	d	d
Reason for withdrawal (please mark appropriate box):																	
<input type="checkbox"/>	Resignation				<input type="checkbox"/>	Retrenchment - Voluntary				<input type="checkbox"/>	Retrenchment – non voluntary						
<input type="checkbox"/>	Dismissal				<input type="checkbox"/>	Other - please specify:											
Annual salary for Fund purposes at date of withdrawal	R							p.a.									
Annual salary for tax purposes at date of withdrawal	R							p.a.									



PAYMENT OF BENEFIT / OPTIONS

I select that my benefit is to be paid in the following manner (please mark appropriate box/es):

Cash (after settlement of any tax due) to be paid directly either

into my bank account specified overleaf, (in terms of the Rules benefits can only be paid into a member's bank account) or

to be forwarded to the Postal Address specified overleaf, or

to be forwarded to the Employer's address

Preserve the benefit by either

retaining the benefit in the existing Fund, or

transferring the value of the benefit out of the existing Fund, to another approved fund specified below

I wish to exercise the death / disability continuation option

Yes

No

N/A

TRANSFER / PRESERVATION DETAILS (if applicable)

Name of the receiving approved pension/ provident / retirement annuity fund (delete which is not applicable) to which the benefit is

to be transferred

Please attach a copy of the signed application form.

Please provide details of the receiving fund's Administrators, Insurer or Broker to enable the existing Fund's Administrators to make contact and process the necessary formalities

Administrator / Broker

Contact person

Telephone number

UNCLAIMED / NON RETURN OF THIS FORM TO THE ADMINISTRATOR

Should the member not return this form, completed in full, to the Administrators, after a period of 6 months the benefit will be treated as an unclaimed benefit and after tax has been deducted the Trustees could decide to transfer the benefit to the Guardians Fund and the member will have to claim monies due to him from the Guardians Fund.

MEMBER'S DECLARATION

I, the undersigned _____ hereby declare that to the best of my knowledge and belief the particulars reflected on this form are true and correct.

Signed

Date



Main Switchboard: 011 544 0600 | Alternate Switchboard: 011 486 4490

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**WITHDRAWAL NOTIFICATION
TO BE COMPLETED BY EMPLOYER**



- This form must be completed by the Employer **in full** indicating the withdrawal of a member from the Fund

Name of Fund	
Name of Employer	

PARTICULARS OF WITHDRAWING MEMBER

Full name											Gender						
Fund membership or Company number (if applicable)																	
Date of birth	y	y	y	y	m	m	d	d	Identity Number								
Income tax reference no. (if applicable)							Office (if applicable)										
Postal Address							Residential Address										
		Code							Code								
Telephone number at which former Member may be reached during office hours																	
Name of banking / building society																	
Branch name							Branch code (banks only and comprising 6 digits)										
Account number																	
Date employed	y	y	y	y	m	m	d	d	Date left Service	y	y	y	y	m	m	d	d
Reason for withdrawal (please mark appropriate box):																	
<input type="checkbox"/>	Resignation	<input type="checkbox"/>	Retrenchment - Voluntary	<input type="checkbox"/>	Retrenchment – non voluntary												
<input type="checkbox"/>	Dismissal	<input type="checkbox"/>	Other - please specify:														
If retrenchment was non voluntary please confirm the following: Was the member at any time a director of the company																	
Was the member at any time a director of the company										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Did the member at any time hold 5% or more of the member shareholding of the company?										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

EMPLOYER'S DECLARATION

1. Indebtedness to be recovered from benefits	R		(permitted only if the indebtedness is in terms of section 37D of the Pension Funds Act. If applicable, please append details).
2. I, the undersigned		in my capacity as	
			(designation) of
			(name of Employer) hereby declare that to the best of my knowledge and belief the particulars reflected on this form are true and correct.
Signed		Date	



WHAT YOU SHOULD DO, AND WHAT YOU SHOULD KNOW ABOUT THIS FORM

1. Complete page 1 (Particulars of withdrawing member) of the Member Section in full
2. Payment of Benefit/Options
 - a. If you elect cash, tax will be deducted. Note: it is important to ensure that your tax affairs are up to date, as any outstanding issues with SARS will delay withdrawal payments.
 - b. If you preserve your benefit no tax is payable on the transfer in certain circumstances. If you need a financial consultant to assist you in this decision please do not hesitate to contact the Administrators.
 - c. Continuation of death and disability benefits means that you may continue the cover for these insurances in your private capacity after you have left the Fund. You must inform the Administrators that you want to exercise this option before your last day at work. The Administrators will then obtain a quotation for you and discuss the costs with you personally. The benefit of a continuation option is that the Insurer may require *no* medical evidence, except an HIV-test.
3. Transfer/Preservation details – This section needs to be fully completed if you ticked “preserve the benefit ...” above. Ensure that you attach the quotation from the transferee Fund
4. Unclaimed/Non-Return of this form to the Administrator - Should you not return this form, completed in full, to the Administrators, after a period of 6 months the benefit will be treated as an unclaimed benefit and after tax has been deducted the Trustees could decide to transfer the benefit to the Guardians Fund and the you will have to claim monies due to you from the Guardians Fund. Please ensure that you submit the withdrawal form to your HR department who will forward it to the Administrators
5. Member’s Declaration – This must be completed, signed and dated. If not, the Administrators may not proceed with the SARS clearance and payment of your benefit.
6. It is in your interest to obtain financial advice from a registered financial services provider to assist you with your investment and withdrawal benefit decisions. Gallet Group Employee Benefits (Pty) Ltd is a registered financial services provider, whom you may contact, via your Administrator, for such advice.



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