

FundsAtWork Umbrella Funds Retirement withdrawal form

You can choose from which date you want to receive your retirement benefit regardless of the date on which you reire from your employer and from the FundsAtWork Umbrella Funds.

Member number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

Please attach the following documents:

- A copy of the member's ID / Passport.
- If applicable, the proposal/s or annuity application form/s.
- If this is an ill-health retirement, proof of the employer's request to retire.
- A copy of the member's bank statement not older than three months (no ATM or internet statement will be accepted) or a cancelled cheque.

Section 1: Employer and fund details

| | | | | |
|------------------------------|-----------------------------------|-------------------------------------|------|-------|
| Name of fund | FundsAtWork Umbrella Pension Fund | FundsAtWork Umbrella Provident Fund | | |
| Name of employer | | | | |
| Type of retirement | Ill-health | Normal | Late | Early |
| Effective date of retirement | D D - M M - Y Y Y Y | | | |
| Date of withdrawal | D D - M M - Y Y Y Y | | | |

Section 2: Member details

| | | | |
|----------------------------|---------------------|-------------|--------------------|
| Employee number | | | |
| Title | | Initial/s | |
| First name | | | |
| Surname | | | |
| Date of birth | D D - M M - Y Y Y Y | | |
| RSA ID | Yes | No | ID/Passport number |
| Passport country of origin | | | |
| Telephone | | | |
| Cellphone number | | | |
| Residential address | | | |
| | | | |
| | | Postal Code | |
| Postal address | | | |
| | | | |
| | | Postal Code | |
| Email address | | | |
| Tax Office | | Tax number | |

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Section 3: Retirement options (to be completed by member)

The options available to members at retirement differ depending on whether you belong to the pension or provident fund.

If you belong to the pension fund, complete the below pension fund option.

If you belong to the provident fund, complete the below provident fund option.

If you belong to both, complete both the pension and provident fund options.

Lump sum withdrawals are subject to income tax.

Retirement Options Pension Fund

- Transfer the whole benefit to the Momentum Retirement Annuity Fund (complete section 3c)
- Transfer the whole benefit to another retirement annuity fund (complete section 3c)
- Purchase an annuity with the full benefit (complete section 3b)
- Take up to one third of the benefit as a lump sum and purchase an annuity with the balance (complete section 3b and 3c)
- Indicate the rand amount / percentage you want to take as a lump sum R or %
- Take the whole retirement benefit as a lump sum (only for benefits less than R247 500) (complete section 3a)

Retirement Options Provident Fund

- Transfer the whole benefit to the Momentum Retirement Annuity Fund (complete section 3c)
- Transfer the whole benefit to another retirement annuity fund (complete section 3c)
- Purchase an annuity with the full benefit (complete section 3b)
- Take a portion of the benefit as a lump sum and purchase an annuity with the balance (complete section 3b and 3c)
- Indicate the rand amount / percentage you want to take as a lump sum R or %
- Take the whole retirement benefit as a lump sum (complete section 3a)

Section 3a: Bank account details (if lump sum was selected)

| | | | |
|---------------------------------|---|----------------------------------|---|
| Name of account holder (member) | <input type="text"/> | | |
| Bank name | <input type="text"/> | | |
| Account type | Current/Cheque <input type="checkbox"/> | Savings <input type="checkbox"/> | Transmission <input type="checkbox"/> |
| Account number | <input type="text"/> | Branch code | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Member's signature | <input type="text"/> | Date | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - 2 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Section 3b: Insurer details (if an annuity should be purchased)

Option 1: I want to buy the Momentum Golden With-Profit Annuity

The trustees of the FundsAtWork Umbrella Funds have chosen this option as their preferred post-retirement solution.

Option 2: I want to buy a different annuity If you choose this option, please supply the details below.

| | | | |
|--------------------------------|---|----------------------------------|---|
| Name of insurer | <input type="text"/> | | |
| Contact person | <input type="text"/> | | |
| Contact number | <input type="text"/> | | |
| Email address | <input type="text"/> | | |
| Bank name | <input type="text"/> | | |
| Type of account | Current/Cheque <input type="checkbox"/> | Savings <input type="checkbox"/> | Transmission <input type="checkbox"/> |
| Branch | <input type="text"/> | Bank branch code | <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Account number | <input type="text"/> | | |
| Financial adviser's name | <input type="text"/> | | |
| Financial adviser's code | <input type="text"/> | | |
| Telephone work - (code number) | <input type="text"/> | Fax work - (code number) | <input type="text"/> |

Email address

Note:

- While this claim is being processed, the benefit will be placed in Momentum FundsAtWork's bank account in order to eliminate the possibility of the benefit being reduced due to volatile market conditions.

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Section 3c: Transfer details (if transfer is selected)

Note:

While this claim is being processed, the benefit will be placed in Momentum FundsAtWork's bank account in order to eliminate the possibility of the benefit being reduced due to volatile market conditions.

1.

| | | | | | | | | | | | | | |
|--------------------------|----------------------|--|--|--|--|--|------------|----------------------|--|--|--|--|--|
| Name of receiving fund | <input type="text"/> | | | | | | | | | | | | |
| Financial adviser's name | <input type="text"/> | | | | | | | | | | | | |
| Financial adviser's code | <input type="text"/> | | | | | | | | | | | | |
| Telephone - work | <input type="text"/> | | | | | | Fax - work | <input type="text"/> | | | | | |
| Email address | <input type="text"/> | | | | | | | | | | | | |

Section 4: Declaration by member

I (full names)

declare that:

- all particulars furnished in this form are true and correct;
- payment by electronic transfer shall constitute full and final settlement discharging Momentum FundsAtWork of its liability in terms of the Rules of the Fund;
- the benefit payment options available to me, as well as the tax implications thereof, have been explained to me in full; and
- after seeking the relevant financial advice, I confirm that the choices indicated here are my final instructions and I acknowledge that I am aware that the benefit paid will be subject to the Fund Rules and relevant legislation.

Signed at

| | | | | | | | | | | | | |
|---------------------------|----------------------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Member's signature | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Completed form together with supporting documents to be faxed to 012 675 3970 or emailed to clientcontactcentre@momentum.co.za.

Conditions for postponing the date on which a member wants to start receiving his retirement benefit

A member who has reached their normal retirement date and stops working may choose the date on which he wants to start receiving his retirement benefit.

The following will apply:

1. The member must have reached his normal retirement date;
2. the member's retirement form must indicate his intention to postpone the date on which his retirement benefit should be paid to him;
3. no further contributions, including voluntary contributions, will be payable;
4. the Fund will continue to debit fund expenses, asset management fees and asset based fees against the member's retirement savings account, but no further administration fees will be payable;
5. no change instructions requested by the advisory body or an investment adviser will apply to the member after his normal retirement date, unless the member clearly, in writing, requests this to apply;
6. the member can still change to another investment portfolio;
7. the member will not be entitled to any insurance benefits after his normal retirement date;
8. the member must advise the Fund of the date on which he wants it to pay his retirement benefit, in the format as determined by the trustees, and his benefit will become payable on that day; and
9. If the member dies before the retirement benefit becomes payable, his retirement benefit will be paid as a death benefit and the rules applying to the payment of a death benefit will apply.

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to clientcontactcentre@momentum.co.za or fax it to +27 (0)12 675 3970.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.