momentum

corporate

FundsAtWork Umbrella Funds In-fund preservation withdrawal form

	Member number						

• Please make sure that you understand the rules of the FundsAtWork Umbrella Funds, as well as the respective benefits and tax implications before you complete this form. We recommend that you ask your financial adviser for assistance.

Section 1: Employer ar	nd Fund details						
Name of Fund you belong to	FundsAtWork Umbrella Pension Fund FundsAtWork Umbrella Provident Fund						
Date of withdrawal	D D - M M - Y Y Y	D D - M M - Y Y Y Y					
Section 2: Member det	ails						
Title	Initial(s)						
First name(s)							
Surname							
Date of birth	D D _ M M _ Y Y Y						
RSA ID	Yes No	ID/passport number					
Passport country of origin							
Attach a copy of ID/passport (if yo	u have an identity card, please submit a copy of the fro	ont and back of the card).	Yes	No			
Postal address							
			Postal code				
Residential address							
			Postal code				
Cellphone number		Alternative number					
Email address							
Tax number		Tax office					
Section 3: Withdrawal	details and options						
If you belong to the FundsAtWork	Umbrella Pension Fund, complete the Pension Fund s Umbrella Provident Fund, complete the Provident Fun e Pension Fund and Provident Fund sections.						
Lump sum withdrawals are subjec	t to income tax.						
Pension Fund							
	benefit to the Momentum Corporate Pension Preserva	(3					
	benefit to another approved pension fund, approved per approved retirement annuity fund (complete section	7 11 1	sion preservation fun	d, approve			
take the whole withdrawal be	nefit as a lump sum (complete section 4a).	•					
	ral benefit as a lump sum (complete section 4a) and tra oved provident fund, approved provident preservation folete section 4b).	·					
Indicate the rand amount/percent	age you want to withdraw as a lump sum	R	or	%			

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		Membe	er number
Provident Fund			
transfer the whole withdrawal be provident preservation fund, or	enefit to the Momentum Corporate Provident Preservation Fund (you do not lenefit to another approved pension fund, approved provident fund, approved approved retirement annuity fund (complete section 4b). If if as a lump sum (complete section 4a).	•	,
	benefit as a lump sum (complete section 4a) and transfer the other portion of ed provident fund, approved provident preservation fund, approved pension peter section 4b).		
Indicate the rand amount/percentage	you want to withdraw as a lump sum	or	%
Section 4a: Bank account	t details if you selected a cash lump sum payment		
Name of account holder (member)			
Name of financial institution			
Account number			
Branch name		Branch code	
Account type	Current/cheque Savings Transmission		
	Signed at		
	D D - M M - Y Y Y		
Member's signature	Date		
Section 4b: Transfer deta Name of receiving fund	ils if you selected a transfer		
Name of financial institution			
Account number			
Branch name		Branch code	
Account type	Current/cheque Savings Transmission		
Financial adviser's name			
Financial adviser's code			
Cellphone number	Fax number		
Work number	T GA Harrison		
Email address			
Note:			
You will not pay any tax if you trans	sfer the benefit to another approved fund. d, the benefit will be placed in Momentum's bank account to eliminate the pos	sibility of the benefit be	ing reduced
Section 5: Disinvestment	: effective date		
	process of your retirement savings within 7 days of receiving this form and al our benefit. If you want your retirement benefit to stay invested until the day the block below.		
Yes, my retirement benefit should	d stay invested until the day the Fund process my retirement benefit option.		
The 7 days is for the disinvestment of process start.	the benefit. Only once the date of accrual is determined in terms of the rules	of the Fund will the ac	tual payment

Section 6: Declaration by memb	ıber
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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 of Momentum's duty to make payment in terms of the rules of the Fund;
- the benefit payment options available to me, as well as the tax implications have been explained to me in full; and
- after seeking relevant financial advice, I confirm that the choices indicated here are my final instructions and acknowledge that I am aware that the benefit paid will be subject to the Fund rules and relevant legislation.

I agree that Momentum may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum's policies on protecting the confidentiality of my personal information.

I agree that Momentum may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with Momentum's partners and contracted service providers, who are legally bound to protect the information.

Click here to read Momentum's privacy policy.

Chok nord to road momentum o privacy po	moy.		
Signed at			
		Date	D D - M M - 2 0 Y Y
Member's signature		Duto	2 0

Options to sign the form:

- 1. Print out the form, sign and scan it and send it back via email to momentumcorporateclient@momentum.co.za, or fax it to +27 (0)12 675 3970.
- 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.