

1. This original application form must be completed, signed and emailed to the EPPF at datamaintenance@eppf.co.za. Or post it to the EPPF Private Bag X50, Bryanston, 2021 together with original certified copies of all relevant documents as listed in Section H.
2. Please initial each page and ensure that a unique number is written on each page.
3. Please supply all details.

PLEASE TAKE YOUR TIME, COMPLETE THE FORM IN FULL AND PROVIDE ALL DETAILS AND DOCUMENTS REQUESTED.
FAILURE TO DO SO MAY LEAD TO DELAYS IN PROCESSING THE APPLICATION FOR BENEFITS.

SECTION A - REASON FOR APPLICATION (Please mark with an "X")

Deferred Benefit Withdrawal Rule (7(1.3.7))

Deferred Benefit Withdrawal Exit Date

***If a deferred member has reached the age of 65, the member can only retire from the Fund and not withdraw.**

SECTION B - PERSONAL DETAILS OF MEMBER

Unique number

Title

Full names (Not initials)

Surname

Identity/Passport number

SA Revenue Services Office

SA Revenue Services tax no.

Marital status

Date of marriage /
customary union

Were you ever divorced? Yes No

Please attach certified copy of the final Divorce Order (with all Annexures and Settlement Agreements) as signed by the relevant Clerk of the court to this form. Failure to do so may lead to delayed processing.

If "Yes" please stipulate date of divorce

Please initial page here

Unique number

SECTION C - CONTACT DETAILS OF MEMBER

Telephone number

Fax number

Cellphone number

E-mail address

Would you like to receive future correspondence via e-mail?

Yes	No
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Postal address (after exit)

(Country)

(Postal/International code)

Residential address (after exit)

(Country)

(Postal/International code)

Details of next of kin (not living with you)

Name

Relationship

Telephone number

Cellphone number

Postal address

(Country)

(Postal code)

Residential address (after exit)

(Country)

(Postal code)

SECTION D – WITHDRAWAL OPTIONS

A 100% Cash to be paid out. (Refund my total Withdrawal Benefit to me after deductions)

B 100% Transfer to an Approved Fund

Please initial page here

The Pension Fund Act was amended on 1 March 2019 to include Regulation 39 to make provision for Retirement Benefit Counselling. This does not constitute advice but rather factual information, as it provides you with the options available at withdrawal.

This record must be held by each fund for all persons exiting the Fund by means of Resignation, Dismissal, Retrenchment or Retirement. The document is to confirm that you have been made aware of your options and still wish to continue with the choice made on your application form.

Declaration form

In terms of current legislation members are given access to withdrawal benefit counselling before any withdrawal benefit, as determined in the fund Rules, is processed.

I, the undersigned member, have read the information provided in respect of the options available, and by ticking one of the following):

- Have made my own decision and do not require any further assistance from an EPPF counsellor
- Require further counselling, and hereby request an EPPF counsellor to contact me.

Please refer to our website www.eppf.co.za to obtain contact details of a consultant near you and make an appointment.

The following information was understood and or provided:

- | | | |
|--|------------------------------|-----------------------------|
| 1. A withdrawal estimate was provided | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. That you have the option to withdraw your full value in cash | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. That tax, as legislated by SARS, is deductible when selecting the cash option | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. That you can transfer your full value to an approved fund | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. The damage that cashing in our benefit could do to your retirement savings plan | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Unique/Member number: _____

Initials and Surname

Signature

Place

Date

Retirement Benefits Counsellor

Initials and Surname

Signature

Place

Date

DISCLAIMER

Please note that the Fund is required to provide counselling to you on withdrawal however this does not constitute financial advice and therefore the Fund recommends that you obtain independent financial advice. The Fund's counselling is limited to the options that you have at withdrawal in accordance with the Rules of the Fund and does not encompass an analysis of your total financial position and provisions of advice on financial arrangements.

Should you elect to opt out of counselling please ensure that you have received independent financial advice regarding your withdrawal options that take into account your options in terms of the Rules. Kindly also attest your signature on the form indicating your election to decline counselling. By signing this form, you hereby confirm that you have received independent professional advice and therefore on your own volition, without any undue influence, make an irrevocable election to opt-out of EPPF counselling. You further agree and absolve the Fund from any liability or claim to yourself or any other persons, howsoever arising from your independent election to opt out of counselling. You understand the consequences of your election and indemnify the Fund against any claim, liability, penalty (including administrative penalties) or loss that may arise from your actions and hereby warrant that you understand all the options available to you.

Please initial page here

Unique number

SECTION E - PERSONAL BANKING DETAILS

Please Note: No payment will be made to third party accounts/spouse's account

Full name of account holder

Name of bank

Name of branch

Branch code

Account Number

Account type

(Cheque/Saving/Transmission)

Please provide a bank letter on the bank's letterhead to confirm your banking details. If you wish to receive the benefits in a bank account outside South Africa, please complete the International Banking Form

Affix
Official
Bank Stamp

Member's signature _____

Date _____

Bank's Official Signature _____

Date _____

Please initial page here

Unique number

SECTION F – TRANSFER DETAILS

Transfer 100% of my Deferred Withdrawal benefit to an Approved Fund

Fund type

Fund name

Fund PAYE no

Postal address

Fund CIR no

18/20/4

Postal code

Fund type:

Telephone number

Please initial page here

Application for Deferred Benefit Withdrawal

Unique number

SECTION G - DECLARATION BY MEMBER

I, the undersigned, hereby certify that the information provided on this form, is correct and true. I acknowledge that I have read and understood the instructions, notes and information provided and that I understand the options available to me.

I agree that payment in accordance with my instructions will present a full discharge of fund's liability to me.

Signed at _____ on this _____ day of _____ 20____

Member's signature

Member's full names (please print)

VERY IMPORTANT NOTE:

POPIA NOTICE:

Please be advised that the Fund collects your personal information and special personal information in order to administer the benefits that may be payable in terms of the Rules of the Fund. You hereby consent to the collection of your personal information by the Fund. Your personal information shall be stored in a safe and secure manner and for as long as it is required by the EPPF for the purposes set out above. This may require the EPPF to keep your personal information even after you are no longer a member of the EPPF due to the nature of the benefits that the EPPF provides, the business of the EPPF and the legislative obligations placed on the EPPF. However, as a general principle, the EPPF does not retain your information for longer than it needs it. For a copy of the EPPF's Privacy Notice, please visit the EPPF's website. Please also be advised that you can withdraw your consent at any time, request a deletion of your personal information, request a copy of your records, request an amendment to your records by contacting the Fund directly or obtaining a POPIA/PAIA request form on the EPPF website. The Fund will consider such a request in line with the Fund's privacy policies and procedures.

Please be advised that your request to withdraw your consent or delete your personal information may be declined if the Fund's Policies and our ability to continue to provide services to you may be affected.

Your personal information may be shared with third parties (banks, South African Revenue Services- SARS, medical aid providers, insurance related to funeral policies or any other party whom you instruct the Fund to share your information with) in order to provide administration services or to comply with the law. Your information may further be stored by these third parties as part of the services provided to the EPPF (including storing the information extra-territorially). In all instances, these third parties have an obligation to ensure the safety of your personal information and undertake not to process that information in contravention of the law.

Please initial page here

Unique number

SECTION H - DECLARATION BY MEMBER

Checklist of documents which must accompany this application.
(Regrettably this claim will not be considered if any of the required documents are not attached.)

Yes		Bank accounts confirmation letter.
Yes		Original certified copy of member and spouse/s identity documents/ Smart Card ID/ Passport.
Yes	N/A	Application form – transfer to an approved fund
Yes	N/A	Original certified copies of divorce orders and settlement agreements.
Yes		Proof of tax reference number (compulsory).
Yes		Withdrawal Benefit Counselling Declaration Form (Pg 3 of this application)

Please initial page here