

NOTIFICATION OF A MEMBER'S WITHDRAWAL



NMG Benefits

T: +27 11 509 3000

NMG House, 411 Main Avenue,

Randburg, South Africa

NMG Employee Benefits (Pty) Ltd

Registration number 2007/025310/07

A licensed Financial Services Provider 33426

Members and employers should use this form if the member is:

- resigning
- being retrenched
- being dismissed
- the member's contract has ended (if applicable)
- the participating employer's participation in the fund is ending, or
- the participating employer is being liquidated.

Please do not use this form if the member is retiring, retiring due to ill health, early retiring or late retiring.

In this form "we" or "us" generally refers to the fund and its administrator. "You" or "your" refers to you, the member.

FURTHER INFORMATION

In addition to this form, you should also receive information about your options on leaving and the fund's member booklet.

If you do not receive this information, please ask your Human Resources/Payroll department for it. Please make sure that you have read and understood the information.

FUND DETAILS (member to complete and employer to check)

NAME OF FUND:

NAME OF EMPLOYER:

NAME OF PAYPOINT:

YOUR INFORMATION (member to complete)

SURNAME

FIRST NAME

MAIDEN NAME

ID/PASSPORT NUMBER

COUNTRY OF ISSUE

DATE OF BIRTH EMPLOYEE NUMBER

TELEPHONE NUMBER (WORK) (HOME)

EMAIL ADDRESS

CELLPHONE NUMBER

RESIDENTIAL ADDRESS

UNIT NUMBER COMPLEX

STREET NUMBER STREET/FARM NAME

SUBURB CITY/TOWN

COUNTRY CODE

POSTAL ADDRESS

CODE

MEMBER FUND DETAILS (employer to complete)

DATE JOINED FUND DATE OF LAST CONTRIBUTION

AMOUNT OF MEMBER'S LAST MONTHLY CONTRIBUTION R

INCOME TAX NUMBER

PERIOD MEMBER EMPLOYED OUTSIDE RSA	COUNTRY, OUTSIDE RSA, WHERE THE MEMBER WAS EMPLOYED FOR THE PERIOD
1. DD MM YYYY	
2. DD MM YYYY	
3. DD MM YYYY	

REASON FOR AND DATE OF WITHDRAWAL (employer to complete)

Why did the member's employment terminate? *Please tick the correct box.*

RESIGNATION DISMISSAL *RETRENCHMENT END OF CONTRACT

LIQUIDATION OF EMPLOYER EMPLOYER'S TERMINATION OF PARTICIPATION IN THE FUND

*Retrenchment, which means that your termination or loss of employment is due to: (a) your employer has stopped or intends to stop trading or doing the job you were employed to do, or (b) your employer has started a general reduction of staff (so your job is now redundant).

If you ticked retrenchment, please answer the following question: has the member at any time owned more than of 5% of the issued share capital or member's interest in the company paying the retrenchment benefit?

YES NO

OTHER REASON FOR TERMINATION (please specify)

DATE OF TERMINATION OF EMPLOYMENT

DEDUCTIONS FROM BENEFITS AND WITHHOLDING OF BENEFITS (employer to complete and member to note)

In terms of Section 37D of the Pension Funds Act, your benefit may be reduced or withheld where–

- you have caused damages to your employer through your *fraud, theft, dishonesty or misconduct*;
- for the repayment of a *housing loan* guaranteed by the fund;
- for *divorce* orders; and
- for *maintenance* orders.



Damages to the employer through *fraud, theft, dishonesty or misconduct*

- If you have caused *damages to the employer as a result of your fraud, theft, dishonesty or misconduct*: before a deduction from your benefit can be made you must have admitted to the liability in writing or there must have been a compensatory court order that has been obtained ordering you to repay the damages to the employer.
- The employer must inform the fund in writing of a potential claim against an employee in this form and must provide supporting document to prove the claim as required by the fund.
- The employer may request the fund to withhold a portion or all of the benefit if applicable.
- The fund can decide to withhold an amount of your benefit if the employer advises the fund that there may be grounds to withhold part or all of your benefit and requests the benefit to be withheld. The board of the fund will assess the information and documents supplied by the employer and will make a decision on whether or not to *withhold* the amount of the employer’s claim.
- The decision on whether or not to withhold or deduct damages from a member’s benefit lies solely with the board of the fund, not the employer. This decision will only be made (and is subject to ongoing review by the fund) if the fund has the relevant information from the employer as and when it is required.
- The recovery of personal indebtedness to the employer (such as personal loans, cell phone costs, etc) is not permitted.
- The employer should provide any proof of the court order obtained or the written admission of liability of the member.

Damages caused to the employer YES NO

Reason for damages:

Amount requested to be deducted in favour of the employer for damages

R																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



If the fund has guaranteed a loan made to you or provided you with a loan for purposes of a housing loan as mentioned in Section 19(5)(a) of the Pension Funds Act:

Housing loan guarantee provided for the member YES NO

The amount to be deducted for the outstanding housing loan amount will be advised by the lending provider.



Divorce and maintenance orders

Divorce orders

If you have been divorced while you were a member of the fund and the court order states that part of your pension interest (benefit) must be paid to your ex-spouse, then that portion will be deducted from your benefit before it is paid to you.

Maintenance orders

If a maintenance order has been granted against you and you owe money to your dependants, then that amount will be deducted from your benefit before it is paid to you.

ADVICE AND COUNSELLING

The fund provides you with retirement benefits counselling before you leave the fund or retire (see the options on leaving information). This is when the fund discloses and explains the options available to you. Retirement benefits counselling is not advice and it is not tax advice.

You can also speak to your human resources or payroll department to put you in contact with your fund consultant who will be able to further assist you with information about the fund and your options.

The fund recommends that you obtain advice from a financial advisor before making your choices on withdrawal.


BENEFIT PAYMENT INSTRUCTIONS (member to complete)




Please make sure that you have read the information about the options you have when leaving the fund and understand it, plus you get the advice you need, before you make your choice below.


Your options are:

- Transfer your benefit to a preservation fund; or
- Transfer your benefit to a retirement annuity fund; or
- Transfer your benefit to your new employer's fund; and
- Take the whole benefit or part of it in cash; or
- Become a paid-up member in the fund and leave your benefit in the fund.

I, the member, instruct the fund as follows (please tick the applicable box):

Options	Choices	Tick box
Transfer your benefit to a preservation fund 	(a) Transfer my whole benefit to the preservation pension/provident fund specified below	
	OR (b) transfer R_____ of my benefit to the preservation pension/provident fund specified below:	
	Details of the preservation fund: Full registered name of fund: _____ FSCA registration number of fund: _____ Fund's administrator/contact person: _____	

	Contact person's email: _____ and telephone: _____ Name of your financial adviser: _____ Financial adviser's email: _____ and telephone: _____ A copy of the completed application form must be attached.	
OR		
<p style="text-align: center;">Transfer your benefit to a retirement annuity fund</p> 	<p>(a) Transfer my whole benefit to the retirement annuity fund specified below</p> <p>OR (b) Transfer R_____ of my benefit to the retirement annuity fund specified below</p> <p>Details of the retirement annuity fund: Full registered name of fund: _____ FSCA registration number of fund: _____ Fund's administrator/contact person: _____ Contact person's email: _____ and telephone: _____ Name of your financial adviser: _____ Financial adviser's email: _____ and telephone: _____</p> <p>A copy of the completed application form must be attached.</p>	
OR		
<p style="text-align: center;">Transfer your benefit to your new employer's fund</p> 	<p>(a) Transfer my whole benefit to my new employer's fund</p> <p>OR (b) Transfer R_____ of my benefit to my new employer's fund.</p> <p>The details of my new employer's fund are: Full registered name of fund: _____ FSCA registration number of fund: _____ Fund's administrator/contact person: _____ Contact person's email: _____ and telephone: _____</p>	
OR		
<p style="text-align: center;">Leave your benefit in the fund as a deferred member as allowed for in the rules of the fund</p> 	<p>I want my benefit to remain in the fund under the deferred member provision of the rules. Note: this is different to becoming a paid-up member. Deferred members choose to keep their benefit in the fund under the deferred member fund rules. (Paid-up members, on the other hand, do not make a choice as to how their benefit should be paid/transferred and thus automatically become paid-up members.)</p>	
OR		

Take cash 	(a) I want my whole benefit paid to me by EFT in cash	
	OR (b) I want R _____ of my benefit paid to me by EFT in cash	
	OR (c) I want the tax free portion of my benefit paid to me by EFT in cash	
	Please give us the following information so that we can pay the cash by EFT into your bank account (these must be your own bank account details): Bank name _____ Branch no: _____ Account no: _____ Branch name: _____ Account holder name: _____ Account type: <input type="checkbox"/> savings <input type="checkbox"/> cheque <input type="checkbox"/> transmission	
	OR	
	I do not want to instruct the fund how I want my benefit to be paid or transferred and I, thus, will automatically become a paid-up member of the fund and my benefit will stay in the fund	

PAID-UP BENEFITS (member who will become paid-up member to note)

- Your paid-up benefits automatically remain invested in the fund in the portfolios indicated in the member booklet until you give the fund a written instruction as to how to pay your benefit.
- If you become a paid-up member, the fund will issue you a paid-up membership certificate within two months of the fund becoming aware that you have left your employer's service.
- Ongoing investment and administration fees will continue to be charged if you become a paid up member. Please contact the fund's consultant for more information about fees if you require this.
- Paid-up members cannot pay further contributions to the fund.
- There will be no deductions made for insured risk benefits and insured risk benefits fall away completely and will not become payable to you.
- If you become a paid-up member you will then have access to counselling when you do want to make a choice as to what to do with your benefit. This counselling is not advice.
- You can't take part of the benefit in cash and leave the rest in the fund.
- *If you have a housing loan, it will be deducted from your benefit when you leave employment.*
- As a paid-up member, your death benefit will be your benefit in the fund - there is no insured benefit. Should you die as a paid-up member, your benefit must be paid to your dependents and nominees and not automatically to your estate.
- Please fill in and return the Dependents and Nominees form to us, with this form.

CONTINUATION OPTIONS (member to complete)

Depending on the insurance cover in place, you may have options to continue death insurance and monthly disability income insurance (called 'continuation options') once you leave the fund (this does not apply to paid-up members).

Please see the fund's member booklet for more information about continuation options or contact your advisor.

Please ensure you take up any continuation options available to you as soon as possible. Typically, insurance policies give you 30 ordinary days to do this.

REQUIRED DOCUMENTS (member and employer to complete)

The following documents need to accompany this withdrawal notification (otherwise we cannot process your instruction):

- A. A copy of the completed application form for a preservation fund or retirement annuity fund must be attached.
- B. Copy of your identity card/ passport.
- C. If the member has a housing loan through the fund:
 - a. Details of the outstanding loan (including the agreement) OR
 - b. Name of the financial institution that lent you the money _____ and the account number _____.
- D. If the member has caused damages to the employer through fraud, theft, dishonesty or misconduct:
 - a. A court order demanding compensation from the fund; OR
 - b. A written admission by the member (giving full details) as at the date of exiting the fund, AND
 - c. A request from the employer to withhold the benefit.
- E. If there is a divorce order:
 - a. A certified copy of the full divorce order; AND
 - b. A letter from the member's ex-spouse, confirming his/her current bank details.
- F. If there is a maintenance order:
 - a. A certified copy of the maintenance order; AND
 - b. A letter confirming the ex-spouse's bank details.
- G. For *paid-up members only*: a completed Dependants and Nominees form.

IMPORTANT NOTES FOR YOU, THE MEMBER

- The fund is governed according to a set of registered Rules. If any information we give you differs from the Rules of the fund, the Rules will always prevail.
- The fund's registered address is 411 Main Ave, Randburg, Johannesburg, 2194.
- You can inspect the fund's Rules and financial statements at the registered office of the fund.
- If you aren't a registered taxpayer, you can speed up the processing of the claim by submitting a completed IT77 to the South African Revenue Service (SARS).
- If you choose to have your benefit paid to you as a cash lump sum, your benefits will be taxed. Please make sure you have read and understood the options on leaving communication which gives you certain tax information.
- No electronic payments will be made to loan accounts, credit cards or call accounts.
- If you ask for your benefit to be paid in cash, by law the fund may not pay your benefit to any third party (that is ANY person other than you). Cash payments cannot be split into different bank accounts.

YOUR PERSONAL INFORMATION DISCLOSURE AND CONSENT

- The collection and processing of your personal information is done so we can provide services to you in connection with the fund and its stakeholders, including services related to administering the fund and your member record, providing you with information, obtaining information and elections from you, administering contributions and processing benefits.
- The processing of your personal information is in your legitimate interests or because we have an obligation in law to do so. In addition, it is in the fund's legitimate interests to process your personal information.
- The personal information we collect from you is mandatory in that if you do not give it to us we cannot provide you with information, obtain important information and elections from you, process your contributions, administer your benefit and pay benefits to you and your beneficiaries.
- The Pension Funds Act and other legislation as well as regulatory standards require that we collect and process your personal information.
- Certain categories of sensitive personal information (e.g. race, ethnicity, religious beliefs and sexual orientation) may be revealed on documentation that we process in order to identify the recipients of benefits under the fund (e.g. birth certificates, marriage certificates, driving licenses and passports). You may also decide to provide us with sensitive personal information voluntarily (e.g. when raising queries or making a complaint).
- You can ask us what personal information we hold about you.

From time to time we may disclose personal information you provide to us to:

- regulators, ombud or government entities;
- other beneficiaries, where applicable;
- insurers of the fund or employer;
- our tracing or other agents;
- other companies in the NMG group;
- our auditors; or
- any person or organisation having legal entitlement to access your information.

By signing this form, you, the member, consent to:

- your personal information being processed and disclosed by us for these purposes and that this is in your legitimate interests;
 - us processing your health information where your benefit relates to ill-health;
 - us (both NMG and the fund) processing information about your criminal or alleged criminal behaviour where the fund is withholding or making deductions from your benefit due to your alleged fraud, theft, dishonesty;
 - us processing information about your children and beneficiaries;
 - us processing information about your sex life, for example if you have a same-sex partner;
 - us processing information about divorce and maintenance orders to which you are a party; and
 - us receiving information about you and your minor children from the employer and the employer's agents and that it is in your legitimate interests to do so.
- We are required by law to only collect and process personal information for the purposes set out above. The fund is the Responsible Party and the fund's administrator is an Operator when processing information provided in this form. In certain circumstances the employer will also be a Responsible Party when providing information in terms of this form. We will keep the personal information for as long as we need to for purposes set out above and as required by the rules of the fund, the law and any contracts with the fund. Once we are no longer authorised to keep the personal information, we can delete, destroy, restrict or de-identify it. It is important to realise that funds are often required to keep personal information related to the fund, its members, former members and beneficiaries for many years, even long after the member has left the fund.

MEMBER DECLARATION (member to complete)

I, the member, confirm that:

- I have completed this form myself;
- All the particulars given in this form and any supporting documents are true and correct;
- I have received information about my options on leaving and the fund's member booklet.
- I understand the contents of this form and the information provided to me;
- I will not hold the following persons:
 - the fund's board of management;
 - the fund;
 - the fund's administrator,
 - my employer; or
 - any other fund official liable for any loss which arises from or in connection with my decision to transfer, invest or take in cash my fund benefit as provided for, and as I have chosen, in this form;

- I understand that if I do not make a decision regarding the payment of my benefit, I will become a paid-up member;
- I have enough information to make an informed decision regarding my benefit;
- I am aware that it is advisable for members to seek professional advice before making a decision about their benefit and that by signing this form, I confirm that I have received appropriate financial advice regarding my choices from a financial advisor, or that I do not require such advice and that I understand the implications of my choices; and
- I consent to the fund and its administrator obtaining and using my personal information as is necessary to process this withdrawal notification form and for the purposes set out above and in line with the consent I have given in the section headed MEMBER'S PERSONAL INFORMATION – DISCLOSURE AND CONSENT.

DO NOT SIGN AN INCOMPLETE FORM.

WE WILL NOT PROCESS THIS FORM UNLESS ALL THE INFORMATION HAS BEEN PROVIDED. MISSING OR INACCURATE INFORMATION MAY LEAD TO DELAY IN PAYMENT OR NON-PAYMENT OF THE CLAIM.

I UNDERSTAND THAT MY BENEFIT WILL NOT BE PROCESSED AND MY CHOICES WILL NOT BE ACTIONED UNLESS THIS FORM HAS BEEN SIGNED BY BOTH ME AND MY EMPLOYER AND SUBMITTED TO THE FUND'S ADMINISTRATOR.

Member's signature _____ Member's full name _____

Date _____ Place _____

EMPLOYER DECLARATION (employer to complete)

On behalf the employer, I confirm and warrant that:

- the information the employer has provided is correct and in particular, that all banking details provided above have been confirmed as correct;
- information has been provided to the member (with or before this form) about options on leaving the fund and that this information includes retirement benefits counselling information;
- the employer hereby unconditionally absolves the fund and its administrator and as necessary indemnifies and keeps indemnified the fund and its administrator from and against all and any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of the fund or its administrator relying on and using any information supplied by the employer; and
- The employer is aware of its obligations with respect to protecting personal information. Importantly, the employer warrants that it has obtained the necessary permission to provide any personal information about a data subject which is reflected in this form, or which is provided to us in connection with this form for the purpose for which it is provided.

Authorised signature _____ Full name _____

On behalf of the employer

Designation _____ Date _____ Place _____

Employer's stamp:

QUERIES and COMPLAINTS

If you have any queries or complaints, you can email us on queriesrfa@nmg.co.za or telephone us on 011) 509 3000.

If the board of the fund does not reply to you within 30 days or you are not satisfied with the response, you can contact the Pension Funds Adjudicator on:

Tel: (012) 748 4000 or (012) 346 1738

Fax: 086 693 7472

Email: enquiries@pfa.org.za

If you have any complaints about the way in which we have used your personal information, you can lodge a complaint with the Information Regulator (once that office is up-and running) at:

Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za

This communication is not advice or tax advice and is not a proposal, personal recommendation or guidance nor is it a recommendation regarding any financial product or service. **The fund, its administrator and their officers are not liable for loss arising from any of your actions or omissions based on the information provided to you on and with this form or your choices.** We recommend you take advice from a registered financial advisor so that, before you take action or make a decision, your own circumstances can be considered. In addition, the funds' registered rules always takes precedence if there is a disparity between the rules and this communication.