



Please complete accurately, using CAPITAL/BLOCK LETTER. Return the completed form to your HR office and to RFS Administrators (Pty) Ltd by email to info@rfsolutions.co.za

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE EMPLOYEE (MEMBER) OF THE FUND

Participating Employer

Date of Claim 

D	D	M	M	Y	Y	Y	Y
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PARTICULARS OF EMPLOYEE

First Name

Last Name

ID number 

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Income tax reference number 

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Date of birth 

D	D	M	M	Y	Y	Y	Y
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 Member No

Postal Address

City  Code

Home Address

City  Code

Cellphone no

Work no  Home no

Email

HAVE DIVORCE PROCEEDINGS BEEN INITIATED 

NO	YES
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*If yes, please provide the spouse's information and attach a copy of the spouse's ID and the divorce decree.*

SPOUSE INFORMATION

First Name

Last Name

ID number 

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Email  Cellphone no

Spouse Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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**PAYMENT INSTRUCTION**

Please ensure you familiarize yourself with the personal income tax implications by consulting with your HR, a tax professional or reviewing the relevant tax regulations.

Amount claimed from the Savings-Pot (Pre tax and admin fees) (Minimum amount of R2000.00)	R
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Turnaround time for the claim is 21 working days, provided that all requirements are met.

**SECTION A**

Please provide and attach proof of your banking details.

Bank name	<input type="text"/>	Branch name	<input type="text"/>
Account number	<input type="text"/>	Branch code	<input type="text"/>
Name of account holder	<input type="text"/>		

**SECTION B: MEMBER DECLARATION**

I  (full names) have checked this form and declare that all particulars furnished in this form and supporting documentation are true and correct.

Authorised 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"/>
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**Please note that the Administrator cannot process this claim unless ALL the requested information have been provided.**

**SECTION C: EMPLOYER DECLARATION**

I  (name) in my capacity as  hereby declare that the claimant is still employed.

Employer 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"/>
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**Form not signed by both the employer representative AND the member, shall be regarded as invalid and will not be processed.**

