RFS Administrators (Pty) Ltd
Retirement Fund Solutions
passionately tomorrow

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RETIREMENT FUND ADMINISTRATION

# Declaration Regarding Retirement

**Note: A duly completed declaration regarding retirement as well as a copy of Identity document are a prerequisite for the prompt settlement of a claim and must be preferably in the Administrator's possession at least three months before the retirement date.**

| **SECTION A: Particulars of member** | | | |
|---|---|---|---|
| Title: | | Date of Birth: | |
| Full Names: | | | |
| Surname: | | | |
| ID Nr: | | Member Number: | |
| Income Tax Number: | | | |
| Marital Status: | | Gender: | |
| Home Address: | | Postal Address: | |
| | | | |
| | | | |
| | | | |
| Cellphone Nr: | | Tel Nr: | |
| Email Address: | | | |
| Participating Employer: | | | |
| Employer Fund Number: | | Last Day of Active Service: | |

| **SECTION B: Particulars of payment** | | | | | | |
|---|---|---|---|---|---|---|
| Lump sum payable to member: | | | | | | |
| Lump sum payable to Financial Institution: | | | | | | |
| Financial Institution Name: | | | | | | |
| Financial Institution contact details: | | | | | | |
| **Pension benefits paid into member's bank account.** | | | | | | |
| Name of account holder: | | | Name of bank: | | | |
| Account number: | | | Branch code: | | | |
| Account type: | Savings | | Cheque | | Transmission | |
| Amount owing to employer which may be deducted from the retirement benefit in terms of the rules of your fund.<br>(N.B.: The fund will contravene the Pension Fund Act if an amount is deducted from the retirement benefit which does not fall clearly within the restrictions, as stated in the rules.) | | | | | | |
| Debt: | | | | | | |

**SECTION C: Financial advice**

**I hereby declare that:**

1. I have taken financial advice or assert that I have a good understanding of investments and do not need the services of a financial adviser.

2. I understand the risks in changing my planned retirement date and am satisfied that my change serves my needs, and

3. I take full responsibility for my choice and hereby indemnify and undertake not to hold the Fund, its Board of Trustees or directors, officers, and any entity responsible for any losses or any eventuality that may result from the implementation of my planned retirement date.

_____
Member's Signature

_____ _____
Name of FAIS accredited financial adviser Signature of FAIS accredited adviser

Contact detail: _____

Signed at _____ on _____

**SECTION D: Declaration of certification**

I declare that the information provided are true and correct

- All particulars furnished in this form and accompanying documentation are true and correct
- I have verified all the information provided

Signed on behalf of Employer (Only the Authorised Signatory can sign off the claim form)

Full Name: _____

Designation: _____

Date: _____

**Employer's Stamp**

Please e-mail the completed documentation to claims@rfsolutions.co.za.