RFS UMBRELLA PROVIDENT FUND

SAVINGS-POT CLAIM FORM

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

PARTICULARS OF EMPLOYEE

First Name

Last Name

ID number

Income tax reference number

Date of birth D D M M Y Y Y Y Member No

Postal Address

City Code

Home Address

City Code

Cellphone no

Work no Home no

Email

HAVE DIVORCE PROCEEDINGS BEEN INITIATED NO YES

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

Email Cellphone no

Spouse Signature _____ Date D D M M Y Y Y Y

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

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 _____ Branch name _____

Account number _____ Branch code _____

Name of account holder _____

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 _____ Date D D M M Y Y Y Y

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 _____ Date D D M M Y Y Y Y

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