



# WOOLWORTHS GROUP RETIREMENT FUND

MAKING THE DIFFERENCE TO YOUR RETIREMENT

## RETIREMENT NOTIFICATION

NON-COMPLETION OF THIS FORM MAY RESULT IN A DELAY IN THE SETTLEMENT OF THIS CLAIM.

### MEMBER'S PARTICULARS (COMPLETE IN FULL)

Surname

First Name/s

Maiden Name

ID/Passport No.  Date of Birth

Residential Address  Code

Postal Address  Code

Telephone No.  Cell No.

Work No.

Email

Employee No.  Date of Employment

Date of Retirement  Date of Last Contribution

Annual Taxable Salary at Date of Retirement

Period of Employment Outside RSA Prior to Withdrawal  to

Income Tax No.  Revenue Office

Do you have a spouse? Yes  No  Refer to Rules of Fund/Member booklet for definition of spouse.

Spouse's ID Number (if applicable)

### TYPE OF RETIREMENT (TICK APPROPRIATE BOX)

Normal  Voluntary Early  Ill Health  At Employer Request  Late  Specify  Other



## PAYMENT INSTRUCTIONS AND BANK DETAILS

Ensure that the bank account details supplied are in respect of the Member's own account i.e where the Member has elected for any Cash Lump Sum payment.

Account Holder's Name

Bank  Account Number

Account Type **Current**  **Cheque**  Branch

Branch Code

Do you require financial planning assistance? Please contact the **Individual Advice Centre** who will advise Members of their options when withdrawing from their retirement funds due to retirement. **Share call number: 0860 100 983** If provided by the Fund and you wish to exercise any continuation option, kindly contact the Individual Advice Centre so that a consultant may assist you in exercising this option.

### MEMBER'S SIGNATURE AND DISCHARGE. I hereby confirm that:

- Payment of my benefit as specified herein represents the full and final discharge of the Fund's liability to me;
- The details provided herein, in particular my banking details are true and correct in every way;
- I understand the options available to me with regard to the payment of my benefits, including the inherent tax implications and that I am making an informed choice;
- In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Alexander Forbes can be held liable for such losses.
- I acknowledge that my benefit will be disinvested and held in the Fund's bank account until such time as payment of the benefit is made in terms of my payment instructions. The only exception to this practice will be where the money is to be transferred to the Woolworths Group Preservation Section (a participant in the Alexander Forbes Umbrella Preservation Fund), or the Administrator is instructed in writing not to disinvest the monies or where a separate agreement is in place on the Fund in terms of the disinvestment of exit benefit monies.
- I understand that in terms of the South African Revenue Services General Note 35 (SARS GN35), any benefit which is due to me and which has not been paid within six months of accrual of such benefit will automatically be subject to taxation at a rate determined by SARS.

Signature

Date

### EMPLOYER'S DECLARATION. It is hereby confirmed and warranted that:

- The information contained herein is correct and, in particular, that the Member's banking details provided, have been confirmed as correct;
- The Employer has provided the Member with a copy of the "Options available to Members on leaving a Retirement Fund" document and/or with the contact details for the Individual Advice Centre;
- The Employer will endeavour to ensure the Member signs this notification;
- In cases where the Member does not sign the notification, the Employer shall sign on behalf of the Member.

The Employer hereby unconditionally absolves the Fund and Alexander Forbes and as necessary indemnifies and keeps indemnified the Fund and Alexander Forbes 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 Alexander Forbes, on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the beneficiary's signature on this notification.

Surname

First Name/s

Designation

Telephone No.

Date

**Authorised  
Signature**

Employer's Stamp