

DIVORCE BENEFIT APPLICATION

Name of Retirement Scheme:

Name of Employer/Paypoint:

Important information:

- The purpose of this document is simply to collate the basic information that may be required should a benefit in terms of a divorce order need to be paid out by the fund and in no way implies that any benefit may be payable from the fund.
- Before any consideration is given to payment of a benefit, the divorce order must be a valid divorce order and it must be enforceable on the fund.
- Where the divorce order is not enforceable on the fund, you and the member will be duly notified.
- It is in your best interest to supply us with all the relevant information.
- The claim will be processed when all the documents (mentioned below) are received by the fund or the later date of receipt of any outstanding documents and this date will be considered as the date of election by you to receive a benefit in terms of the final divorce order.

In terms of the Pension Funds Act, Fund return is due and payable from the date a non member spouse makes an election or where no election is made on the expiry of 120 days from the date a valid order is presented to the fund. In terms of our business practice and procedure “election date” will be the date on which the fund’s administrator, confirms the enforceability of a court order presented to the fund and the fund has determined the value of the benefit due.

Fund return will be at cash management rates earned on the funds’ bank account and will be calculated in line with funds’ agreed practice with the administrator.

MEMBER’S PARTICULARS (please complete in full)

Surname	<input type="text"/>																									
First names	<input type="text"/>																									
Maiden name	<input type="text"/>																									
ID/Passport number	<input type="text"/>												Date of birth	<input type="text"/>												
Residential address	Unit number	<input type="text"/>			Complex	<input type="text"/>																				
	Street number	<input type="text"/>			Street/Farm name	<input type="text"/>																				
	Suburb	<input type="text"/>												City/Town	<input type="text"/>											
Postal address	Country	<input type="text"/>												Code	<input type="text"/>											
	<input type="text"/>																									
	<input type="text"/>																									
Telephone numbers	Home	<input type="text"/>												Work	<input type="text"/>											
	Cell	<input type="text"/>						E-mail	<input type="text"/>																	
Date of divorce	<input type="text"/>																									
Employee number	<input type="text"/>												Date of employment	<input type="text"/>												
Income tax number	<input type="text"/>												Revenue office	<input type="text"/>												

Non-completion of the above may result in a delay in the settlement of this claim.

- Failure to complete the above in full may result in a delay in settlement of this claim
 - Should the fund be required to settle any member indebtedness, the transfer of the balance of the benefit in accordance with the above instructions may be delayed
 - 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 regards to the payment of my benefit, including the inherent tax implications and that I am making an informed choice
 - I acknowledge that my benefit will be in line with my election date and held in the fund's bank account until such time as payment of the benefit is made in terms of my payment instruction
 - If you require financial planning assistance you can contact the Individual Advice Centre who will advise you of the options available to you
Share call number: 0860 100 983
-

CLAIMANT'S SIGNATURE & DISCHARGE

I hereby certify that I am a non-member spouse of a member of the aforementioned fund and that the information provided herein is true and correct in every way to the best of my knowledge and belief. In the event of any loss suffered as a result of any details provided herein being incorrect or incomplete, neither the fund nor Alexander Forbes can be held liable for such losses.

Claimant's signature _____ Date _____