

WITHDRAWAL NOTIFICATION

Dear member

As an exiting member of the Consolidated Benefit Provident Fund, WA Davidson would like to ensure that you are fully aware of the options available to you upon termination of your membership; as well as the implications of each option so that you are able to make an informed decision which benefits you in the best way possible upon retirement.

ALWAYS SEEK FINANCIAL ADVICE

Members are often unaware of the options they have upon withdrawal and more importantly, the long-term implications of these options. Every effort should be made to seek advice on these options and WA Davidson can assist in this regard.

WHAT ARE YOUR OPTIONS WHEN LEAVING YOUR EMPLOYER?

You have the following options when you leave your employer, namely: -

1. Cash Withdrawal

- a. you may elect to take your benefit in cash, but you will be taxed on this benefit according to the retirement fund withdrawal tax tables
- b. This has many negative implications for your retirement prospects and the way you will be taxed later. Please seek advice before you decide to take you money in cash.

2. Preservation

- a. It is recommended that wherever possible, you preserve your benefit by transferring it to another approved Retirement Fund, Preservation Fund or Retirement Annuity fund.
- b. This can be done tax free and preserves your benefit for what it was originally intended for; a pension in retirement. You can speak to a WA Davidson adviser to assist you with this option.

WHAT WE NEED FROM YOU.

Members typically leave a fund through resignation, dismissal or retrenchment. In such cases, we require a fully completed withdrawal notification form signed by the member and approved by the employer together with the following supporting documents:

- Proof of banking details
- Certified copy of Identity Document

It is essential that the option selected on termination of employment is clearly indicated on the withdrawal form.

YOU MUST HAVE AN INCOME TAX REFERENCE NUMBER.

Any cash benefit paid to the member on withdrawal prior to reaching retirement age is taxable. If a member elects to take their benefit in cash, then a tax directive must be applied for. WA Davidson will extract the tax directive via the online EB TAX system on behalf of the member. There is a charge levied for this service by the service provider. In order to do this, we require the member's tax number. If a member is not registered for tax purposes, they are requested to approach SARS for an income tax reference number before submitting their forms. No payment of benefits can be made before a tax directive has been received.

HOW LONG DOES THE WITHDRAWAL PROCESS TAKE?

The withdrawal process takes up to six (6) weeks to be completed from date of receipt of all required documents.

FOR ANY QUESTIONS

Please speak to your employer or contact WA Davidson Financial Services on (011) 463 9336

WITHDRAWAL FORM

Personal Details

Surname & Full names: _____

Employee number: _____

Gender:

M

F

Identity number: _____

Date of Birth: _____

Tax number: _____

Tax office: _____

Email Address: _____

Date joined company: _____

Date joined fund: _____

Residential address: _____

Postal address: _____

Contact number: _____

Annual income: R _____

Annual Income: All income for e.g. Salary, remuneration, earnings, emolument, wages, bonus, fees, gratuities, commission, pension, overtime payments, royalties, stipend, allowances and benefits, interest, annuities, share of profits, rental income, compensation, honorarium.

Tax Number: SARS requires all individuals to be registered for tax to receive a lump sum benefit

Indebtedness

Divorce agreement: _____ (Please attach copy of agreement)

Other: _____

Note: A benefit may only be payable to a third party in the event of a housing loan, divorce or in the event of fraud, where a court judgment has been obtained or the member has admitted liability in writing.

Fund Details

Date of withdrawal: _____ Retrenchment Resignation Retirement

Date of last contribution: _____

***A dismissal is treated as a resignation**

Benefit Options

- I am not sure how I would like my benefit to be dealt with; I would like a Financial Planner to contact me.
- I would like to take my benefits in cash. I understand that in electing this option, my benefit will be subject to tax. *
- I would like to transfer my benefit to:

My new Employer's Retirement Fund A Retirement Annuity Fund A Preservation Fund

Living Annuity/Life Annuity if a portion is taken in cash, please specify amount R _____

Name of Fund: _____

Policy Number: _____

Contact Person: _____

Contact Number: _____

Contact email address: _____

- I am interested in converting my group risk benefit covers into personal policies. I would like a financial planner to contact me.

Member's Signature: _____

Bank Details

Bank: _____ Code: _____ Branch: _____

Account No.: _____ Type: _____ Account Holder: _____

***Payment will not be processed without a copy of the member's proof of account**

Company declaration

We hereby certify that, to the best of our knowledge, the above information is true and correct.

Name: _____ Designation: _____

Company stamp:

Contact number: _____ Date: _____

Authorised signature: _____ This form will not be processed without a signature