

WITHDRAWAL INSTRUCTION

Dear member

As an existing member of the Meat Trade Provident Fund, we 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.

The following must be sent with your completed withdrawal form:

- Copy of Identity Document or Passport
- Original Bank Statement – Must be your personal banking account, third party accounts will not be accepted.
- Letter from current employer confirming employment / If unemployed an affidavit confirming unemployment / Retrenchment letter
- SARS Income Tax Reference Number

Please send your completed form and required documentation to claims@wadavidson.co.za

How Long Does the Withdrawal Process Take?

In the event of **dismissal or resignation**, a member may only make application to withdraw three (3) months after the employment termination date. Thereafter the withdrawal process will take six (6) weeks to be completed from date of receipt of all supporting documentation.

In the event of **retrenchment or retirement**, the withdrawal process takes up to six (6) weeks to be completed from date of receipt of all supporting documentation.

Copies of the supporting documents are sufficient if all text and photographs are clear and legible.

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 (011 646 0290).

For Any Questions:

Please speak to your employer or contact the Bargaining Council on (011) 646 0290.

Section A: Personal details

Full names and surname:

Date of birth:

DD-MM-YYYY

RSA ID:

Yes ☐ No ☐

ID/Passport number:

Passport country of origin:

Tax number:

Email address:

Cellphone number:

Residential address:

	Postal code:	

Postal address:

	Postal code:	

Do you have a pending Divorce order?

Yes ☐ No ☐

Do you have a pending Maintenance order?

Yes ☐ No ☐

Section B: Fund details

Fund name:

Participating Employer:

Withdrawal option:

Resignation	<input type="checkbox"/>	Retrenchment	<input type="checkbox"/>	Dismissal	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Disability	<input type="checkbox"/>

Section C: Benefit Options

Vested Component:

☐ 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, subject to tax.

☐ I would like to preserve my benefit in the Fund.

☐ I would like to transfer my benefit to:

New Employer's Retirement Fund ☐ Retirement Annuity Fund ☐ Preservation Fund ☐

Savings Component:

Please note that if you have already made a withdrawal from this component in this tax year and your current value is more than R2 000 you will only be allowed to preserve this benefit in the Fund or transfer to another Fund.

☐ 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, subject to tax.

☐ I would like to preserve my benefit in the Fund.

☐ I would like to transfer my benefit to:

New Employer's Retirement Fund ☐ Retirement Annuity Fund ☐ Preservation Fund ☐

Retirement Component:

As per the Pension Funds Act, your Retirement Component cannot be accessed before retirement age and must be preserved.

☐ I would like to preserve my benefit in the Fund.

☐ I would like to transfer my benefit to:

New Employer's Retirement Fund

☐

Retirement Annuity Fund

☐

Preservation Fund

☐**Section D: Transfer details**

Name of Fund:

Policy Number:

Contact Person:

Contact Email:

Section E: Bank details

Bank name:

Account number:

Account name:

Account type:

Branch name:

Branch code:

Section F: Member declaration

All information provided in this form is true and correct.

I understand that if the instruction is not completed in full, or inaccurate, the instruction may not be processed until the instruction is completed in full and accurate.

I understand that any withdrawals are subject to taxation which will be recovered by the Fund and paid to the South African Revenue Services.

I understand that the following costs are associated with my withdrawal and will be deducted from my final value:

- Tax directive application fee
- Transfer costs if applicable
- Any tax applied by SARS

Member signature:

Date:

DD-MM-YYYY

Section F: FOR OFFICE USE ONLY

Member no:

Fund no:

Date of withdrawal:

Date joined fund:

Late contribution for month of:

Processed by:

Date:

DD-MM-YYYY

Signature: