

## CLAIM NOTIFICATION

### TO BE COMPLETED IN THE EVENT OF A MEMBER'S WITHDRAWAL / RETRENCHMENT / RETIREMENT / DEATH

#### 1. MEMBER DETAILS

- a) Participating Employer & Branch.....
- b) Full name.....
- c) ID number..... d) Contact tel. no.....
- e) Postal address.....
- f) E-mail address.....
- g) Date of withdrawal / retrenchment / retirement / death.....
- h) Date joined fund.....i) Date joined company.....
- j) Last contribution for month of.....
- k) Income tax reference number.....
- l) Member's monthly taxable salary at date of exit.....
- m) Where the employer has a formal home loan agreement with a lending institution, does the member have an outstanding home loan in terms of that agreement?  Yes  No
- n) Are there any possible benefits due to a spouse in terms of a divorce order?  Yes  No

#### 2. CLAIM TYPE

##### WITHDRAWAL

**NB.** The Trustees of Destiny urge you to preserve your accumulated fund value. Therefore, consider transferring **tax-free** to the Destiny Preservation Fund. Alternatively, transfer to your new employer's Pension / Provident Fund, if available. Please tick one of the following options:

- a) Transfer tax-free to the Destiny Preservation Fund. (A GIB/Destiny representative will contact you to finalise)
- b) Transfer to another approved Preservation / Pension / Provident Fund. If Yes, Name of Fund, Underwriter / Policy No.....
- c) Take the Share of Fund in cash after paying tax according to your Average Rate that will be confirmed by the SA Revenue Services.

Do you wish to exercise an option to continue your insured benefits under an individual policy? (If yes then please contact your financial adviser or GIB representative to discuss)  Yes  No

##### RETIREMENT

The Member is to retire in accordance with the following provisions of the Rules:

- Attainment of Normal Retirement Age .....
- Early Retirement due to ill-health .....

**DEATH**

Benefit to be paid to: (Please attach copy of Beneficiary Nomination Form)

Name	Relationship	% Benefit
.....	.....	.....
.....	.....	.....

**Documentation required:**      Death Certificate (original or certified copy)  
    Proof of Age (Birth Certificate or ID document)  
    Proof of relationship of beneficiaries (Marriage / Birth Certificates)

**3. PAYMENT DETAILS**

Please complete banking details for payment as all payments are made electronically into your bank account. It is essential that the correct details are provided as GIB/Destiny cannot be held responsible if incorrect details are supplied:

Name of Accountholder .....

Name of Bank .....

Branch .....

Branch Code .....

Account No. ....

A bank statement or cancelled cheque must be provided before payment is made.

Upon payment in terms of the above instructions, the Fund shall have no further liabilities in respect of the member:

Member's signature ..... Date .....

Employer's Authorised Signatory ..... Date .....

**COMPANY STAMP**

REMIT TO:  
 GIB Employee Benefits  
 P.O. BOX 3211, HOUGHTON, 2041  
 GIB House, 3 West Street Houghton  
 FAX: (011) 728-4426 / TEL: (011) 483-1212

