

CLAIM NOTIFICATION

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

Please include the following documents:

- ✦ A copy of ID / Passport.
- ✦ A copy of your bank statement, bank confirmation letter not older than three months, or a cancelled cheque.

Note the following:

- ✦ GIB Financial Services (Pty) Ltd (GIB) provides guidance (benefit counselling) to assist you in better understanding your options on exiting the Fund (such as transferring your Fund Credit tax-free to the Destiny Preservation Fund, becoming a Paid-Up member in the Fund, to contribute to and/or transfer to the Destiny Retirement Annuity Fund or transferring to an Annuity).
- ✦ For guidance or more information, please contact GIB on 0860003863 (FUND) or rfs@gib.co.za and visit www.gib.co.za.
- ✦ This claim notification form must be **fully completed**.
- ✦ The Fund complies with the requirements set out in Default Regulations in terms of Section 36 of the Pension Funds Act No. 24 of 1956 (hereinafter referred to as "the Act")
- ✦ Should we not receive your fully completed claim form, you will be classified as a Paid-up Member and your Retirement Account (Fund Credit) will remain invested as per the Fund's policy.

1. MEMBER DETAILS

- a) Participating Employer & Branch
- b) Full name
- c) ID or Passport number
- d) Date of birth
- e) Income tax reference number
- f) Residential address
- g) Postal address
- h) E-mail address i) Contact tel no.
- j) Date joined fund k) Date joined company
- l) Type of exit
- | | | | | | |
|--|-------------|-----------|--------------|------------|-------|
| | resignation | dismissal | retrenchment | retirement | death |
| | other | If other: | | | |
- m) Date of exit n) Last contribution for month of
- o) Member's monthly taxable salary at date of exit
- p) Does the member have an outstanding pension backed lending home loan? Y N
- q) Are there any benefits due to a spouse in terms of a divorce order? Y N
- r) Are there any benefits due in terms of a maintenance order? Y N
- s) Are there any benefits due to the employer in terms of S37D of the Act (if so please complete the Acknowledgement of Debt form). Y N

2. PAYMENT INSTRUCTION

i) RESIGNATION / DISMISSAL / RETRENCHMENT

NB. The Trustees urge you to preserve your accumulated fund value. Therefore, consider leaving your benefit in the Fund or transferring tax-free to the Destiny Preservation Fund or any other approved Fund. Alternatively, transfer to your new employer's Pension / Provident Fund, if available. Cash withdrawals are subject to tax.

- a) Leave Fund Credit (accumulated fund value) in the Fund.
- b) Transfer tax-free to the Destiny Preservation Fund. (visit www.gib.co.za for forms or a GIB/Destiny representative can contact you to finalise)
- c) Take a portion of the withdrawal benefit in cash and transfer the balance to the Destiny Preservation Fund.
Indicate the Rand amount / percentage you wish to withdraw in cash R or %
- d) Transfer to another Preservation / Pension / Provident Fund / RA Fund.
Fund Name / Policy Number
Contact Details
- e) Take a portion of the withdrawal benefit in cash and transfer the balance to another Preservation / Pension / Provident Fund / RA Fund.
Fund Name / Policy Number
Contact Details
Indicate the Rand amount / percentage you wish to withdraw in cash R or %
- f) Take the Fund Credit in cash after tax payable that will be confirmed by the SA Revenue Services.

Do you wish to **exercise an option to continue your insured benefits (group risk)** under an individual policy? (If yes then please contact your financial adviser or GIB representative).

 Y N

If you wish to continue to contribute to Destiny then complete a **Destiny Retirement Annuity** application form via www.gib.co.za or email a GIB Advisor at finplan@gib.co.za.

ii) RETIREMENT

When considering your options, consider Destiny's Default Living Annuity, administered by Momentum. This Annuity allows you to select any of the Destiny Portfolios during retirement.

Other options include:

- Purchase the Destiny Living Annuity
- Purchase a Living Annuity with the whole benefit (provide *Further Instructions* hereunder)
- Take up to one third of the benefit as a lump sum and purchase an annuity with the balance (provide *Further Instructions* hereunder) Indicate the rand amount / percentage you want to take as a lump sum R or %
- Transfer the whole benefit to the Destiny Preservation Fund
- Transfer the whole benefit to another Preservation Fund
- Transfer the whole benefit to the Destiny Retirement Annuity Fund
- Transfer the whole benefit to another Retirement Annuity Fund
- Take the whole retirement benefit as a lump sum: only for benefits less than R247 500 in the case of a Pension Fund (provide *Further Instructions* hereunder)

Further retirement instructions:

iii) **DEATH**

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

Name	Relationship	% Benefit

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

3. PAYMENT DETAILS

Payments are made electronically into your bank account. It is therefore essential that correct and accurate details are provided. GIB / Destiny cannot be held responsible if details are incorrect. Payment can only be made to an account in your name. Include a copy of your bank statement, bank confirmation letter not older than three months, or a cancelled cheque.

Name of Account Holder	
Name of Bank	
Branch	
Branch Code	
Account No.	

4. MEMBER DECLARATION

I declare:

I agree that GIB may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and GIB's policies on protecting the confidentiality of my personal information. GIB may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with its partners and contracted service providers, who are legally bound to protect the information.

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

Member Signature _____ Date _____

Employer Authorised Signatory _____ Date _____

COMPANY STAMP

PLEASE REMIT TO: GIB Financial Services (Pty) Ltd
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P.O. BOX 3211, HOUGHTON, 2041
GIB House, 35 Fricker Road, Illovo