

TWO-POT SAVINGS COMPONENT - CLAIM NOTIFICATION

Please include the following documents:

- ▼ A copy of ID / Passport.
- ▼ A copy of your bank statement or bank confirmation letter not older than three months.

Note the following:

- ▼ This claim notification form must be **fully completed** and emailed to twopot@gib.co.za.
- ▼ You may only make one savings withdrawal per tax year (1 March – 28 February).
- ▼ You may not withdraw less than R2 000, before taking fees and tax into account.
- ▼ If the value available in your savings component at disinvestment date is less than the value requested, the withdrawal amount will be limited to the value available in your savings component (less tax, administration fee and any other deductions).
- ▼ The withdrawal fees are as follows:
Online claim via www.gib.co.za: 2.5% of withdrawal amount (minimum R100; maximum R350); or
Manual (paper claim form): 2.5% of withdrawal amount (minimum R150; maximum R400).
- ▼ Your access to a savings withdrawal benefit may be limited, suspended or prohibited under certain circumstances as allowed for under section 37D of the Pension Funds Act.
- ▼ Your savings withdrawal benefit will be taxed at your marginal rate and the tax will be deducted from the benefit. SARS does not allow cancellation of a tax directive once received so please consider your choice carefully before this form is sent to GIB for processing.
- ▼ For guidance or more information, please contact GIB on destiny@gib.co.za and visit www.gib.co.za.

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) 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
- k) Do you have an outstanding pension backed lending home loan? Y N
- l) Are there any benefits due to a spouse in terms of a divorce order? Y N
- m) Are there any benefits due in terms of a maintenance order? Y N

2. SAVINGS WITHDRAWAL DETAILS

I want to withdraw the following portion of my savings (select one option only)

R _____
Total value of savings pot

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 or bank confirmation letter not older than three months.

Name of Account Holder	
Name of Bank	
Branch	
Branch Code	
Account Number	

4. MEMBER DECLARATION

- ✔ I hereby authorise the administrator to calculate the benefits owed to me according to the Fund's rules and to process a partial benefit payment in accordance with the Two-Pot Component legislation.
- ✔ I am aware of the tax implications and the fees payable on this transaction, which will be deducted from the benefit payable to me.
- ✔ I understand that the use of this benefit is my own responsibility, and I have been advised to seek professional advice before making any decisions.
- ✔ I am aware of the impact of this savings withdrawal on my retirement planning, in particular the fact that it may substantially reduce the benefit that I will be entitled to when I retire.
- ✔ I declare that the details provided in this form are accurate and true and I indemnify the Fund against any loss suffered directly or indirectly if that is not the case.
- ✔ I authorise the Fund to use the information I have provided in this form and the related supporting documentation, to effectively process this transaction, detect and prevent fraud, comply with auditing and record-keeping requirements, comply with legal and regulatory requirements, verify my identity and/or share information with service providers with whom the Fund has a business agreement to process such information on the Fund's behalf, or to those who render services to the Fund.
- ✔ I am aware that upon receipt of my Savings Withdrawal Claim form, the requested amount will be disinvested from my savings component and held in the Fund's bank account until such time as payment of my savings withdrawal benefit is made.
- ✔ I agree to the terms and conditions set out in this Savings Withdrawal Claim Form and the Fund's rules.

Member Signature _____

Date _____