

CLAIM NOTIFICATION – DIVORCE BENEFIT
TO BE COMPLETED BY A NON-MEMBER SPOUSE

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.
- ✎ Certified copy of Divorce Order/Settlement Agreement.

Note the following:

- ☞ This form must be fully completed by a non-member spouse .
- ☞ The Destiny Retirement Funds comply 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").
- ☞ It is important to submit a fully completed form with the correct supporting documents, this will ensure there are no delays in the payment of your claim.

1. MEMBER DETAILS

- | | | | |
|----|---|-----|-----------------|
| a) | Participating Employer & Branch | | |
| b) | Full name | | |
| c) | ID/Passport number | d) | Contact tel. no |
| e) | Postal address | | |
| f) | E-mail address | | |
| g) | Does the member have an outstanding pension backed lending home loan? | Yes | No |

2. NON-MEMBER SPOUSE DETAILS

- | | |
|--------------------------------|---------------------|
| a) Full name | |
| b) ID/Passport number | c) Contact tel. no. |
| d) Postal address | |
| e) E-mail address | |
| f) Date of Marriage | g) Date of Divorce |
| h) Income tax reference number | |

3. PAYMENT CHOICE

- a) 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).
- b) Transfer to another Preservation / Pension / Provident Fund / RA Fund (if yes, please indicate the Name of the Fund, Underwriter/Policy No.).
- | |
|-------------------------|
| Fund Name / Underwriter |
| Policy Number |
| Contact Details |
- c) Take the Share of Fund in cash after tax payable that will be confirmed by the SA Revenue Services.

4. PAYMENT DETAILS

Payments are made electronically into your bank account. It is therefore essential that correct and accurate details are provided. GIB 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	

5. DECLARATION

I agree that GIB may process all information that is provided 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 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 non-member/ex-spouse.

Signature of Ex-Spouse _____ Date _____

PLEASE REMIT TO:

GIB Financial Services (Pty) Ltd
destiny@gib.co.za / 011 483 1212
P.O. BOX 3211, HOUGHTON, 2041
GIB House, 35 Fricker Road, Illovo