



APPLICATION FOR PENSION INTEREST BY NON-MEMBER SPOUSE DUE TO DIVORCE

NOTE:

The following application for benefits has to be completed and forwarded to the fund.

Please note that an application by the non-member spouse shall only be deemed to have been received once all the required documents are in the possession of the Fund.

Payment/Transfer according to my instruction will constitute full and final settlement of all claims against the Fund/s. On finalization of the payment transaction no requests for cancellation of amendments will be entertained.

The following documents must accompany this application:

- A) Certified copy of divorce order.
- B) Certified copy of the complete settlement agreement.
- C) Certified copy of marriage certificate.
- D) Copy of non-member spouse ID.]
- E) Copy of Bank document containing personal and account details.

SECTION 1 DETAILS OF MEMBER

Industry Number				Date of Birth (YYYYMMDD)				Reference Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title		Initials		Surname of Member							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Names of Member											
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Number of Member						Tax Number of non-member Spouse					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT DETAILS OF MEMBER

Home Tel No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Tel No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>											

SECTION 2 DETAILS OF APPLICANT

Title		Initials		Surname of Ex-Spouse							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Marriage (YYYYMMDD)				Date of Divorce (YYYYMMDD)				Tax Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS											
P O Box Number				Suburb, Town or City				Postal Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Industry Number of Member	Identity Number of Member
<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS

Street Number	Street Name
<input type="text"/>	<input type="text"/>
Suburb, Town or City	
<input type="text"/>	
Postal Code	
<input type="text"/>	

CONTACT NUMBERS OF APPLICANT

Home Tel No	Code	<input type="text"/>	Number	<input type="text"/>
Work Tel No	Code	<input type="text"/>	Number	<input type="text"/>
Fax No	Code	<input type="text"/>	Number	<input type="text"/>
Cell No	Code	<input type="text"/>	Number	<input type="text"/>
E-Mail	<input type="text"/>			

Please deduct the allocated portion from my spouse's fund credit and hold this in a cash portfolio until exercising my option below.

BENEFIT OPTIONS (Tick Applicable Block Only)

Full Cash Withdrawal Only	<input type="checkbox"/>	or	Full Transfer Only	<input type="checkbox"/>
Partial Transfer	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>	
Amount to be transferred	R	<input type="text"/>	-	<input type="text"/>

TRANSFER DETAILS

PRODUCT DETAILS

Name of Financial Institution	<input type="text"/>
Name of Approved Fund	<input type="text"/>

INDICATE THE TYPE OF FUND (Tick the appropriate block only)

Approved Retirement Annuity Fund	<input type="checkbox"/>	Approved Provident Fund	<input type="checkbox"/>
Approved Pension Fund	<input type="checkbox"/>		
Approved Fund PAYE Registration Number	<input type="text"/>		
Approved Fund FSB Registration Number	<input type="text"/>		
Policy /Membership Reference Number	<input type="text"/>		

BANKING DETAILS OF FINANCIAL INSTITUTION

Name of account holder	<input type="text"/>		
Name of Bank	<input type="text"/>		
Branch name	<input type="text"/>		
Account number	<input type="text"/>	Branch code	<input type="text"/>

