

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 select one of the following options:

- a) Transfer tax-free to the Destiny Preservation Fund. (Visit www.destinyfund.co.za for forms or a GIB/Destiny representative can contact you to finalise)
- b) Transfer to another approved Preservation / Pension / Provident Fund. If Yes, Name of Fund, Underwriter / Policy Number:
- c) Take the Share of Fund 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 under an individual policy? (If yes then please contact your financial adviser or GIB representative to discuss)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

