

TERMINATION OF YOUR IN-FUND LIVING ANNUITY FORM

The purpose of this form is for you, the annuitant to instruct the Fund and its administrator of your wish to terminate your In-fund Living Annuity and to transfer your remaining retirement capital to another fund approved to pay compulsory pensions.

YOUR PERSONAL AND CONTACT DETAILS

Title Dr Mr Mrs Ms Prof Fund membership number

Surname First names

Maiden name Date of birth

Identity number Income tax reference number

Residential address

Postal code

Postal address

Postal code

The revenue authorities require both the above addresses.

Home telephone number

Cellphone number Fax number

Email address

REASON FOR TERMINATION OF YOUR IN-FUND LIVING ANNUITY

(complete the relevant section below)

- Section 1.** Termination at age 80 and the transfer of your retirement capital to an assurance company in order to purchase a guaranteed annuity. (Complete section 1 below.)
- Section 2.** Termination at any age and the transfer of your retirement capital to an assurance company in order to purchase a compulsory annuity. (Complete section 1 below.)
- Section 3.** Termination at any age as your retirement capital balance has reached a level as determined by legislation that permits you to apply to receive the balance as a lump sum. (Complete section 2 below.)
- Section 4.** Termination at any age and the transfer of your retirement capital to an assurance company in order to purchase a retail living annuity. (Complete section 3 below.)

PAYMENT INSTRUCTIONS

(complete the relevant section below)

SECTION 1

If your retirement capital is to be transferred to an assurance company in order to purchase a compulsory pension, complete this section. Failure to complete all the information may result in a delay in the finalisation of the transfer.

Name of the new fund/insurer

Policy number or deposit reference

New fund's/Insurer's banking details:

Account holder's name Account number

Name of bank Type of account

Branch name Branch code

Contact details

SECTION 2

If your retirement capital has reached a level as determined by legislation that permits you to apply to receive the balance as a lump sum, complete this section. Failure to complete all the information may result in a delay in the finalisation of your claim. Ensure that the bank account details supplied are in respect of your own bank account.

Specify the full amount to be taken as cash: R

Account holder's name Account number

Name of bank Type of account

Branch name Branch code

SECTION 3

If your retirement capital is to be transferred to an assurance company in order to purchase a retail living annuity, complete this section. Failure to complete all the information may result in a delay in the finalisation of the transfer.

Name of the new fund/insurer

Policy number or deposit reference

New fund's/Insurer's banking details:

Account holder's name Account number

Name of bank Type of account

Branch name Branch code

Contact details

FINANCIAL ADVICE

By completing this section, you provide the administrator with permission to contact and deal directly with your financial adviser. Complete this section if your financial adviser assisted you with the selection of your option.

Name of financial adviser

Financial adviser's email address

Financial adviser's contact telephone number Cellphone number

YOUR DECLARATION

This section is to be completed by you, the annuitant.

I hereby confirm that:

- Payment of my benefit is in accordance with the Fund's rules and it represents the full and final discharge of the Fund's liability to me;
- The details provided herein, in particular my banking details are true and correct;
- I understand the options available to me with regard to the payment of my retirement capital, including the income tax implications and that I am making an informed choice;
- I acknowledge that only upon receipt of a fully completed form will my retirement capital be disinvested and held in the Fund's bank account until such time as payment of the benefit is made in terms of my payment instructions;
- In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Verso Financial Services (Pty) Ltd can be held liable for such losses;
- I made the decision about the payment of my retirement capital voluntarily.

Your full name

Your signature Date

DOCUMENTATION REQUIRED

Please attach original certified copies of the following documents to this form:

1. Your identity document*
2. Proof of banking details
3. Copy of the completed assurer's application form

*If a copy of an ID smartcard is provided, please provide certified copies of both the front and reverse sides of the card.

Note:

- Payment of any lump sums and/or transfer of your retirement capital to an assurer will only be made on receipt of a tax directive, issued by the SA Revenue Services (SARS).
- Please forward this original termination form to Verso Financial Services (Pty) Ltd. Photocopies, emails and faxes will not be accepted.
- Neither the fund nor Verso Financial Services (Pty) Ltd are responsible for any losses that may result from any delays caused by you and/or your employer not completing the form accurately and completely and by you not attaching the required documentation.
- Verso Financial Services (Pty) Ltd may be contacted via the fund's call-centre as follows:

Telephone number: 021 943 5305

Email: support@laretirementfund.co.za