

REORGANISATION AND COMPULSORY EARLY RETIREMENT CLAIM FORM

The purpose of this form is for you to instruct the Fund and its administrator to process your retirement benefit because you are 55 years of age or older and are being required by the employer to retire from employment. This instruction is important. If you do not understand the possible consequences of this instruction, please ask your financial adviser for assistance or contact the Fund.

YOUR PERSONAL AND CONTACT DETAILS

Fund membership number Title Dr Mr Mrs Ms Prof

Surname First names

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 Work telephone number

Cell phone number Fax number

Email address

Do you have a spouse*? Yes No

If yes, please provide the following:

Spouse's surname and names

Spouse's date of birth Spouse's Identity Number

*Spouse is a person who is your partner in a marriage, civil union or customary marriage recognised under SA law, or living with you in a long-term relationship.

YOUR FINANCIAL DETAILS

Please ensure that the bank details are for your own bank account and attach a copy of your bank statement

Name of bank Account holder's name

Branch name Branch code

Type of account Current Savings Transmission

Account holder relationship (in the event of a joint account only)

Account number

DIVORCE OR MAINTENANCE COURT ORDERS

Are you aware of any divorce or maintenance court order/s issued by the court against your pension benefit in favour of an ex-spouse?

Yes No N/A

If yes, attach an original certified copy of the complete court order to this form. This order must comply with the Divorce Act, to be binding on the Fund.

EMPLOYER DETAILS AND AMOUNTS OWED BY THE MEMBER

To be completed by the Employer

Name of employer Employee number

Date of employment Date of compulsory retirement from employment

CONTRIBUTION DETAILS

Final month in which a contribution was made

Amount of final contribution R Member

R Employer

Estimated nett remuneration for current tax year R
(This is required by SARS)

PRIOR CLAIM*

Is there a prior claim in terms of Section 37d of the Pension Funds Act? Yes No

1. Housing loan guarantee by the Fund to the bank (Fund's pension backed home loan facility) Yes No

2. Housing loan guarantee by the employer Yes No

3. Compensation for damage caused by the employee Yes No

(The "Acknowledgement of liability and agreement to pay" form must be completed by both the employer and employee and the "Annexure A" form must be completed by the employer. Both forms may be obtained from the Fund's website and must be attached to this claim form. Please also attach an original certified copy of the court order where applicable.)

*In terms of Section 37D of the Pension Funds Act, there are only a few situations under which a fund may deduct amounts from a member's benefit prior to payment to the member:

1. The fund provided a guarantee (i.e. suretyship) for a housing loan for the member and the guarantee is enforced
2. A housing loan guarantee provided by the employer
3. The member's outstanding contribution to a medical scheme
4. An insurance premium payable by the member to a long term insurer
5. An amount payable on divorce to an ex-spouse or a maintenance claim
6. Outstanding tax payable by the member
7. Amount owed to the employer arising from theft, dishonesty or misconduct when the employer has experienced a loss because of the actions of the member and the member has either:
 - admitted responsibility (liability) in writing or
 - there is a court judgement against the member

EMPLOYER BANKING DETAILS

Name of bank Account holder's name

Branch name Branch code

Type of account Account number

Reference number (if applicable)

BENEFIT PAYMENT OPTIONS

As defined in the Income Tax Act, you may choose to retire from employment but elect to postpone receiving your retirement benefit payment from the Fund to a later date (i.e. phased retirement from the Fund). When you later choose to receive your retirement benefit from the Fund, your original benefit on retirement from service will be increased or decreased by the relevant fund returns to the date that you made your final election and your benefit will be calculated in terms of the Fund's rules. In terms of the rules of the Fund, your benefit is retained in the Fund and will be debited with such reasonable expenses as the Board of Trustees may determine from time to time in line with the Fund's agreed practice.

Do you wish to defer receiving your retirement benefit (inclusive of any additional retirement benefit payable by the local authority) by electing a phased retirement? Yes No

IMPORTANT: If your answer is yes, your Member Share or retirements savings will continue to be invested in the Life Stage phase linked to your age if you have chosen not to exercise investment choice. However as your investment horizon has now changed, it may be appropriate to review your investment strategy and associated Life Stage phase. You may exercise investment choice at any time by completing a switch form. Please consult your financial adviser before doing so. If any of the above mentioned prior claims (i.e. outstanding housing loan or amounts owing to your employer) apply then phased retirement is not permitted. On electing a phased retirement; your Fund death, disability and funeral benefits cease on your termination of employment. Where applicable, these benefits may be converted to private policies of insurance within 90 days of your retirement from employment. Your retirement benefit will be allocated to your dependants/beneficiaries in terms of Section 37C of the Pension Funds Act in the event of your death before you have elected to receive your retirement benefit.

If your answer is no, complete the section below by ticking the relevant blocks and providing the additional information. Please ask your financial adviser to assist you if you are unsure about your appropriate option.

I would like my retirement benefit to be paid as follows, inclusive of any additional benefit to be paid by the Local Authority to the Fund (select **ONLY ONE** option from 1 to 6 below unless you choose either option 3 or 4 and you also want to purchase the in-fund living annuity):

1. Use full benefit to purchase an in-fund living annuity from the LA Retirement Fund

Please tick either block A or B:

A: I wish to participate in the trustee endorsed annuitisation strategy with associated sustainable drawn down rates linked to age categories. Refer to the Fund's website for further information related to the annuitisation strategy.

Provision may be made for the payment of a 13th cheque/bonus in December.

Note: This will reduce your monthly pension as your annual pension will be paid in 13 instalments instead of 12 instalments.

I wish to receive a 13th cheque/bonus I do not wish to receive a 13th cheque/bonus

OR

B: I wish to participate in the Fund's customised draw down range. My initial draw down rate is% (select a percentage between 2.5% and 8%). Refer to the Fund's website for further information related to the customised range.

In choosing the customised option, I elect to invest my retirement capital as follows (You may elect one or more phase. Please ensure that your total allocation amounts to 100%.):

Accumulation phase: Portion or percentage to be invested R or %

Consolidation phase: Portion or percentage to be invested R or %

Preservation phase: Portion or percentage to be invested R or %

Shari'ah investment portfolio: Portion or percentage to be invested R or %

Total: R or 100%

I hereby elect that my monthly pension be paid (i.e. disinvested) from the following investment portfolio (you may only elect one investment portfolio).

Please tick the appropriate block:

Accumulation phase Consolidation phase Preservation phase Shari'ah investment portfolio
 I wish to receive a 13th cheque/bonus I do not wish to receive a 13th cheque/bonus

OR

2. Part of the benefit to be paid as a cash lump sum and the balance to be used to purchase an in-fund living annuity from the LA Retirement Fund

Portion or percentage to be paid as a cash lump sum R or %

Balance to be used to purchase an in-fund annuity R or %

Please tick either block A or B:

A: I wish to participate in the trustee endorsed annuitisation strategy with associated sustainable drawn down rates linked to age categories.

I wish to receive a 13th cheque/bonus I do not wish to receive a 13th cheque/bonus

OR

B: I wish to participate in the Fund's customised draw down range. My initial draw down rate is% (select a percentage between 2.5% and 8%). Refer to the Fund's website for further information related to the customised range.

In choosing the customised option, I elect to invest my retirement capital as follows (You may elect one or more phase. Please ensure that your total allocation amounts to 100%.):

Accumulation phase: Portion or percentage to be invested R or %

Consolidation phase: Portion or percentage to be invested R or %

Preservation phase: Portion or percentage to be invested R or %

Shari'ah investment portfolio: Portion or percentage to be invested R or %

Total: R or 100%

I hereby elect that my monthly pension be paid (i.e. disinvested) from the following investment portfolio (you may only elect one investment portfolio).

Please tick the appropriate block:

Accumulation phase Consolidation phase Preservation phase Shari'ah investment portfolio
 I wish to receive a 13th cheque/bonus I do not wish to receive a 13th cheque/bonus

OR

3. Use full benefit to purchase a pension from a registered insurer. Multiple pensions are permitted and may include the fund's in-fund living annuity.

Name of company Policy number

Company contact details

(Please attach a copy of the signed insurer application form) Complete option 1 if you also wish to purchase the in-fund living annuity.

OR

4. Part of the benefit to be paid as a cash lump sum and the balance to be used to purchase a pension from a registered insurer. Multiple pensions are permitted and may include the funds in-fund living annuity.

Portion or percentage to be paid as a cash lump sum R or %

Balance to be used to purchase a pension R or %

Name of company Policy number

Company contact details

(Please attach a copy of the signed insurer application form) Complete option 1 if you also wish to purchase the in-fund living annuity.

OR

5. Pay the full benefit as a cash lump sum into my banking account (This option is only available to members who were 55 and older on 1 March 2021.)

OR

6. Transfer full benefit to a retirement annuity or preservation fund

(Subject to SARS approval)

Name of company Policy number

Company contact details

(Please attach a copy of the signed insurer application form)

ADDITIONAL RETIREMENT BENEFIT PAYABLE BY THE LOCAL AUTHORITY:

Is there an agreement, in terms of rule 5.3.2 of the Fund's rules, to reduce the amount payable? Yes No

(If yes, please attach the agreement.)

The following is an extract of the Rules of the LA Retirement Fund applicable to compulsory early retirement benefits. Please make contact with the Fund if any aspect hereof is not clear and obtain appropriate advice before signing this document. A full copy of the Fund's rules is available on request and on payment of a fee as determined by the Board of Trustees. The rules of the Fund may also be obtained from the Fund's website: www.laretirementfund.co.za.

PART 5 RETIREMENT BENEFITS

5.1.3 COMPULSORY EARLY RETIREMENT

A MEMBER, OTHER THAN A COUNCILLOR:

- who has attained the age of 55 years; and
- whose SERVICE is terminated on receipt of advice from the LOCAL AUTHORITY, due to a reduction in, or reorganisation of staff, or to the abolition of his post, or in order to effect improvements in efficiency or organisation which includes termination of SERVICE in order to establish equity in the workplace or as the result of his having been declared redundant or having been retrenched; and
- whose conditions of SERVICE provide for the payment of an additional benefit in such a situation, may be required by the LOCAL AUTHORITY to retire from service:

5.3.4 The MEMBER SHARE of a MEMBER who is required by his LOCAL AUTHORITY to retire from SERVICE in terms of RULE 5.1.3, shall be enhanced by an amount payable by the LOCAL AUTHORITY concerned and for which it alone shall be liable to the MEMBER, being the lesser of:

- a) the difference between the age of 65 years and his age on his nearest birthday, multiplied by 8%, multiplied by the MEMBER SHARE;
- OR
- b) an amount equal to 100% of the MEMBER SHARE, provided that
 - the amount payable by the LOCAL AUTHORITY in terms of this RULE 5.3.4 may be reduced if the MEMBER agrees thereto in writing; and
 - the FUND shall only become liable to pay the amount referred to in this RULE 5.3.4 (after the date contemplated in RULE 5.3.3) when the said amount has been paid by the LOCAL AUTHORITY to the FUND. It is specifically provided that there is no obligation on the FUND or the BOARD to take any steps to enforce payment by the LOCAL AUTHORITY concerned of the said amount.

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 most appropriate benefit payment option.

Name of financial adviser

Financial adviser's email address

Financial adviser's contact telephone number Cellphone number

Please complete Annexure B if you have voluntarily agreed to a fee arrangement with your adviser on purchasing the in-fund living annuity.

YOUR DECLARATION

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

I hereby confirm that:

- I have, or will be retiring from the service of my employer on the date as recorded in this form;
- 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 compulsory early retirement/reorganisation options available to me with regard to the payment of my benefits, including the inherent tax implications and that I am making an informed choice;
- I understand that the employer is liable for the payment of an additional amount as their share of the liability due to the Fund. On payment of this amount, I shall have no further claim against the Fund or the employer in respect of the employer's liability;
- 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 benefit voluntarily.
- I confirm that I was given access to retirement benefit counselling prior to making a selection on the payment of my retirement benefit. I am aware that the Fund's annuitisation strategy is described in an explanatory document that is available on the Fund's website and that the Fund Counsellor is available to explain the terms and options associated with this strategy.

Your full name

Your signature Date

EMPLOYER'S DECLARATION

This section is to be completed by the employer.

It is hereby confirmed and warranted that:

- The member has, or will shortly be retiring from our employment, as a result of a reorganisation, on the date as recorded in this form;
- The employer is liable to pay the employer portion of the reorganisation/compulsory early retirement benefit as defined in Rules 5.1.3 and 5.3.3 of the Fund's rules and that the employer fully understands the implication and extent thereof;
- The employer agrees that the employer is liable for the payment of the following amount as their share of the liability due to the Fund. On payment of this amount, the member shall have no further claim against the Fund or the employer in respect of the employer's liability:

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- The employer will deduct the contribution that is required until the date that the member leaves our employment and the contribution will be paid to the Fund;
- The information contained herein is correct and, in particular, that the member's banking details provided above, have been confirmed as correct;
- The employer hereby unconditionally absolves the Fund, the Board of Trustees and Verso Financial Services (Pty) Ltd and as necessary indemnifies and keeps indemnified the Fund, the Board of Trustees and Verso Financial Services (Pty) Ltd from and against all or any loss, damage, cost and expenses which the member, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso Financial Services (Pty) Ltd, on behalf of the Fund, relying on and using any information supplied by the employer.

Full name of authorised official of the employer

Work telephone number Fax number

Email address

Signature of authorised official of the employer

Date

Witness 1 signature

Witness 2 signature

EMPLOYER STAMP

DOCUMENTATION REQUIRED

Please attach original certified copies of the following documents, where applicable, to this voluntary retirement claim form:

1. Your identity document*
2. Your spouse's identity document (if applicable)
3. Your marriage certificate (if applicable)
4. Divorce or maintenance court orders (if applicable)
5. "Acknowledgement of Liability and Agreement to pay" form and "Annexure A" if a prior claim is applicable
6. Confirmation of banking details
7. The agreement between yourself and your employer whereby you both agree that the employer may reduce the additional amount payable to the Fund in terms of Rules 5.1.3 and 5.3.3 on your compulsory early retirement (if applicable).
8. "Annexure B" if you have voluntarily agreed to a fee arrangement with your adviser on purchasing the in-fund living annuity.

*If copies of ID smartcards are provided, please provide certified copies of both the front and reverse sides of the cards.

Note:

- Payment of any lump sums and/or the transfer of your retirement benefit to an insurer will only be made on receipt of a tax directive, issued by the SA Revenue Service (SARS).
- Please forward the original reorganisation and compulsory early retirement claim form to Verso Financial Services (Pty) Ltd. Photocopies, emails and faxes will not be accepted.
- Verso Financial Services (Pty) Ltd will only start to process your application on receipt of all the required documentation.
- 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 will process your personal information for valid and lawful reasons only.
- Verso Financial Services (Pty) Ltd will take care to keep your personal information safe and will obey any legal requirements in this regard.
- 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

PROCESSING OF PERSONAL INFORMATION

The Fund is committed to the adherence and compliance of the Protection of Personal Information Act (POPIA) and is committed to ensuring the protection of the Personal Information of Members and Fund Officers. This commitment is encompassed in the Fund's Data Protection and Privacy Policy which ensures that the Fund and its Service Providers Process Personal Information responsibly and in a manner that demonstrates their commitment to upholding the right to privacy of Members and Fund Officers, subject to justifiable limitations.

It further establishes a common standard on the appropriate protection of Personal Information of Members and provides general principles regarding the right of individuals to privacy and to reasonable safeguarding and protection of their Personal Information. The Board of Management, in its commitment to comply with POPIA, requires that the Fund's Service Providers adhere to the lawful Processing of Personal Information in line with POPIA. The Data Protection and Privacy policy therefore also specifies minimum requirements and standards that are to be adhered to with regards to the Processing of Personal Information by Service Providers of the Fund.

The Fund has concluded written agreements with its service providers and will ensure that your personal information is protected through adequate provisions in these agreements. If any of the Fund's service providers are abroad, the Fund will not share your personal information with them, unless we are satisfied that they have adequate security measures in place to protect your personal information.

The Fund may use your information or obtain information about you for the following purposes:

- Underwriting in respect of Fund risk benefits
- Assessment and processing of Fund benefit claims
- Member communication
- Verification of personal information
- Claims checks (industry Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Updating your personal information
- Sharing information with service providers we engage to process such information on our behalf or who render services to the Fund.

You may access your personal information that we hold and you may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.