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PO Box 4300, Tyger Valley, 7536
Tel: 943 5305
Email: support@laretirementfund.co.za
Website: www.laretirementfund.co.za
Facebook: www.facebook.com/LARetirementFund
WhatsApp: **076 073 0997** (from 08h00 to 16h00)
Fund Registration No: 12/8/1278

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

Fund membership number _____ Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Surname _____ First names _____

Date of birth _____ Identity number _____

Passport number _____ Country of issue _____

Income tax number _____ Cell phone number _____

Home telephone number _____ Work telephone number _____

Email address _____

Residential address _____

_____ Postal code _____

Postal address _____

_____ Postal code _____

The revenue authorities require both the above addresses

REASON FOR TERMINATION OF YOUR IN-FUND LIVING ANNUITY

Please tick appropriate box:

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

PAYMENTS INSTRUCTIONS

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:

Name of bank | Account holder's name

Branch name | Branch code

Type of account

Contact details

SECTION 2

If your retirement capital has reached a level 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 amount to be taken in cash: R

Your banking 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

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:

Name of bank | Account holder's name

Branch name | Branch code

Type of account

Contact details

FINACIAL ADVICE

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

Full name of financial advisor

Email of financial advisor

Contact number of financial advisor | Cellphone number of financial advisor

Date

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;
- I the event of loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Verso Benefits Administrator (Pty) Ltd can be held responsible for such losses;
- I made the decision about the payment of retirement capital voluntarily.

Your full name

Your signature

Date

DOCUMENTATION REQUIRED

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

1. Your identity document (If copies of smart ID cards are provided, please provide certified copies of both the front and reverse sides of the cards)
2. Confirmation of banking details
3. Copy of completed assurer's application form

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 Benefits Administrator (Pty) Ltd. Photocopies & emails will not be accepted.
- Neither the fund nor Verso 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 may be contacted via the fund's call-centre as follows:
    - Telephone number: 021 943 5305
    - Email: support@laretirementfund.co.za
    - WhatsApp: 076 073 0997

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 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 the justifiable limitations.

It further establishes a common standard on the appropriate protection of personal information of members and fund officers 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. 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 provision 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.

- Underwriting in respect of Fund risk benefits
- Assessment and processing of Fund benefit claims
- Member communication
- Verification of personal information
- Claim checks (industry life and claims register)
- Tracing beneficiaries
- Fraud and prevention protection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Updating your personal information
- Sharing information with service providers we engage to process such information on behalf of 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 information. In certain cases, you have the right to object to the processing of your personal information.