LA RETIREMENT FUND
Formerly known as the Cape Joint Pension Fund
Securing your retirement

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Fund Registration No: 12/8/1278

TRANSFER FROM IN-FUND LIVING ANNUITY (IFLA) TO THE POOLED ANNUITY ACCOUNT (PAC) FORM

The The purpose of this form is for you to instruct the Fund and its administrator to process your in-fund living annuity to a pooled annuity account (PAC). 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 _____

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 _____

* 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 _____

Passport number _____ Country of issue _____

*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 _____

Foreign account _____ Country _____

RETIREMENT BENEFIT PAYMENT OPTONS

Please complete the below sections:

1. Cash amount R or %
2. Annuity amount R or %

Please complete section B1 to B3.

B1. Please tick your chosen payment option:

☐ Single life pension ☐ Joint life pension

B2. If joint pension is selected, please complete the this section.

In the event of your death your spouse will receive a spouse's pension equal to the percentage elected of your monthly pension for the remainder of his/her life. Please tick your chosen payment option:

☐ 0% ☐ 25% ☐ 50% ☐ 75% ☐ 100%

Note: A signed *Annexure D - (PAC Spouse's Consent Form) mus*t accompany the claim form if a married member selects a spouse's percentage of 0% or 25%.

B3. Guaranteed period options

In the event of your death during the guaranteed period your full monthly pension will continue to be paid to your spouse for the remainder of the guaranteed period and thereafter, if applicable, your spouse's chosen pension will be paid for the remainder of his/her life.

Please tick your chosen payment option:

☐ 0 years ☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years

Note: The 20-year guarantee period only applies to members wo retire at age 60 and younger. A signed *Annexure D - (PAC Spouse's Consent Form)* must accompany the claim form if a married member selects a spouse's percentage of 0% or 25%.

YOUR DECLARATION

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

I hereby confirm that:

- 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 benefits, including the inherent tax implications and that I am making an informed choice;
- In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Verso Benefits Administrator (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

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)
1. Confirmation of banking details
2. Your spouse's identity document* (if applicable)
3. Your marriage certificate (if applicable)
4. Divorce or maintenance court orders (if applicable)
5. Signed Annexure D- Pooled Annuity Account Spouse's Consent form (if applicable)
6. Copy of pooled annuity quote

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.