Fund Administration Member Benefit Claim Form

Confidential

(Please complete both sides of this form in full)

Return to: Email: psspf.exits@salteb.co.za
Fax: 086 644 4328

(A) FUND INFORMATION

Fund Name: **PRIVATE SECURITY SECTOR PROVIDENT FUND**

(B) CURRENT EMPLOYER INFORMATION FORMATION

Name of employer:			
Branch:		Employer Address:	
Contact Person:		Contact Person Tel no:	
Email Address:			
Have you previously been employed by another security	Yes	No	If "Yes" please specify

(C) MEMBER DETAILS DETAILS

Surname:		Pay Centre Code:	
First Name:		Member's Tax Reference no:	
Employee No:		Effective Date of Termination	d d m m c c Y Y
Date of Birth	d d m m c c Y Y	Date of Last Contribution	d d m m c c Y Y
ID No		Amount of Last Contribution	R
Passport No:		Annual Taxable Salary	R
Country of Issue:		Date of Employment	d d m m c c Y Y
Member's Tel No (H):		Date Joined Fund	d d m m c c Y Y
Member's Cell:		Member's Contact No:	
Member's Email Address:			

Member's Postal Address	**Member's Physical Address**
PO Box:	No: Street Name:
Suburb:	Suburb:
City:	City:
Country:	Country:
Post Code:	Post Code:

(D) TYPE OF MEMBER CLAIM

Withdrawal – Type of Withdrawal [Tick (√) Applicable Box]

☐ Resignation ☐ Dismissal ☐ Retrenchment ☐ Absconded ☐ Promotion - optional

☐ Transfer to new employer - Provide details _____

Retirement – Type of retirement [tick (√) applicable box]

☐ Normal ☐ Late ☐ Early ☐ Ill Health

***Disability – Type of Disability**	****Death**
☐ Permanent Total Disability	☐ Death of a member

Funeral [Tick (√) Applicable Box]

	*Funeral of member		*Funeral of non-member [tick (√) applicable box]	Relationship to deceased:

*Please take note of the additional supporting documents required for funeral, death and disability claims as per the administration guide.
**Beneficiary bank details must be completed as part of the Disposal of Death Claim document. Refer to administration guide.

(E) PLEASE TAKE NOTE OF THE RELEVANT SECTIONS TO BE COMPLETED PER CLAIM TYPE

Withdrawal, Retirement, Death and Disability – Complete sections F, G, H, I and J
Funeral – Complete sections H, I and J

(F) MEMBER PAYMENT OPTIONS (COMPULSORY MUST BE COMPLETED)

Payment option to be elected by the member when terminating membership as a result of retirement or withdrawal from the fund [tick (√) applicable box]

1.	Full benefit payable as a lump sum	Yes	No
2.	Full benefit to purchase pension from Insurance Company (retirement) / reinvest (withdrawal)	Yes	No
3.	Part of benefit to purchase pension (retirement)/reinvest (withdrawal) and balance paid as a lump sum	Yes	No

Indicate portion to be paid as lump sum R or %

Does the member require to be contacted by SALT for benefit investment advice	Yes	No

(G) ALLOWABLE DEDUCTIONS

1. Member Housing Loans

Does the member have an outstanding housing loan	Yes	No
Name of the Loan Provider		

2. Fraud / Dishonesty / Misconduct	Yes	No

If "Yes", please attach a copy of the member's written admission of liability or court order.

3. Divorce Orders

Was the member divorced while a member of the fund? (If "**Yes**", please attach an original certified copy of the divorce order).	Yes	No

4. Maintenance Orders

Is there a maintenance order currently in force against the member? (If "**Yes**", please attach an original certified copy of the maintenance order)	Yes	No

5. Other form of member Indebtedness

Is there member indebtedness to the employer as per Section 37D of the Pension Funds Act?	Yes	No
If "Yes, state the amount and provide original certified proof of the indebtedness	R	

(H) BENEFIT PAYMENT PARTICULARS (PLEASE PROVIDE CERTIFIED COPIES OF ID AND 3 (THREE) MONTHS STATEMENTS, STAMPED AND VERIFIED BY YOUR BANK)

If the member or beneficiary is taking all the benefits in cash, please indicate the banking details below:

Payment must be paid to the bank account of:		Member		*Retirement Fund		Beneficiary (applicable for Funeral Claims only)	
Name of accountholder						Account no	
Type of account		Current		Transmission/Cheque		Savings	Bank name:
Branch name:						Branch code:	

***If the member is transferring all or any part of his/her benefit to an approved retirement fund, please indicate the details of the approved retirement fund below:**

Name of Transferee Retirement Fund/new employer fund							
Name of accountholder:						New employer fund telephone no:	
Type of account		Current		Transmission/Cheque		Savings	Account no:
Bank name:			Branch name:			Branch code:	
Fund registration no:						SARS registration no:	

(I) IMPORTANT NOTES

It is important to obtain Financial advice, before electing a benefit option. All benefits may be subject to income tax depending on the applicable tax legislation. Attach all supporting documents as indicated in the administration guide. Failure to submit the required document timeously may result in certain risk benefit claims being repudiated.

The administrator shall not under any circumstances accept any liability arising from any incorrect information provided in/with this member claim form, as the correct completion rests with the member. Authorisation is hereby irrevocably given to the fund and or insurer to pay whatever benefit is due to the member or member beneficiaries by EFT into the bank account details provided. If incorrect banking details are provided, the administrator cannot be held liable, the onus lies with the member.

(J) DECLARATION BY MEMBER AND EMPLOYER

Declaration by member

I, the undersigned member hereby confirm that:

- I understand that the finalisation of my benefit claim will be subject to the normal turn-around time as agreed between Salt Employee Benefits and the Fund, applicable from the time of receipt of final written payment instructions (if not submitted together with this Benefit Claim Form),
- The information given in this Benefit Claim Form and all accompanying documentation is true and correct. I understand that Salt Employee Benefits and the Fund will not under any circumstances accept any liability arising from incorrect information provided in/with the Benefit Claim form, as the liability for correct completion rests with me,
- I am the accountholder on the abovementioned bank account,
- I instruct and authorise Salt Employee Benefits to pay all monies due in accordance with my instructions above, and
- I understand and agree that payment by electronic transfer as specified in this Benefit Claim Form will constitute good and effectual settlement, fully and finally discharging Salt Employee Benefit and the Fund of any liability in terms of the rules of the Fund.

I _____certify that the information herein is correct.

Member's signature_____ Date_____

Declaration by employer (authorised personnel only)

I, the undersigned representative of the employer, hereby confirm that to the best of my knowledge:

- All particulars furnished in this form and accompanying documentation are true and correct,
- The options in terms of the Rules of the Fund have been fully explained to the member,
- The member is fully aware of the contents of this form and any liabilities that he/she may have, and
- The signature above is that of the aforementioned member and I have verified all the company information provided

Signed on behalf of Employer_____ Full Name_____

Designation:_____

Date:_____

employer stamp