

CLAIM QUOTATION REQUEST

This form must be fully completed, signed and sent to Evette Vanrenen-Linford at evettevl@uj.ac.za

NAME OF RETIREMENT SCHEME

NAME OF CAMPUS:

MEMBER'S PARTICULARS (please complete in full)

Member's surname																																
Member's first names																																
Member's maiden name																																
ID / Passport number														Date of birth																		
Telephone numbers	Home	C	O	D	E	N	U	M	B	E	R	Work	C	O	D	E	N	U	M	B	E	R	Cell					E-mail				
Employee number																																
Date of employment																																
Date of retirement / withdrawal / quotation							Date of last contribution																									
Amount of last contribution	Member	R					Employer	R																								
Additional Voluntary Contribution (AVC)	Member	R																														

TYPE OF QUOTATION (tick appropriate box) (✓)

Withdrawal Quotation Options

Resignation Dismissal Redundancy / Retrenchment Other (Specify: _____)

Retirement Quotation Options

Normal Voluntary early At employer request Ill Health Late

Commutation Options (amount to be taken in cash or as a cash lump sum)

1/3rd Tax Free Other, specify below

Other amount to be commuted (to be taken in cash) R

Do you wish to purchase a pension with your medical lump sum

Spouse's first names

Spouse's date of birth **NB: Required for all retirement quotations**

Does the member require financial planning assistance? Please contact the **Individual Advice Centre** who will advise members of their options when withdrawing from their retirement funds due to withdrawal or retirement.

Share call number : 0860 100 983

MEMBER'S DECLARATION (only required if the quotation is requested by the member)

It is hereby confirmed and warranted that the information contained herein is both true and correct. The Employer/Member hereby absolves the Fund and Alexander Forbes and as necessary indemnifies and keeps indemnified the Fund and Alexander Forbes from and against all and any loss, damages, costs and expenses which the Member, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of any loss, damages, costs and expenses arising from any error or omission from any particulars given by the Employer/Member.

Member's Signature: _____ Date: _____

EMPLOYER'S DECLARATION (only required if the quotation is requested by the employer)

Employer's Stamp	Authorised signature	_____
	Name (Print)	_____
	Designation	_____
	Date	_____