

Retirement Fund Administration

Member planned retirement date instruction form

This form serves as an official instruction to Sanlam Employee Benefits by a member who is currently invested in a lifestage programme and does not wish to retire at their normal retirement date (as stipulated in the Fund's Rules). The member hereby submits an application to select an alternative planned retirement date of their choice.

Member's personal particulars					
Fund Name:					
Initials and surname:					
ID number:		Date of birth:			
Employee number:			Membership number:		
Telephone number:		Fax number:		Cell phone number:	
E-mail address:					

1. I hereby make application to select my own planned retirement date and declare as follows:

- I am not planning to retire on my normal retirement date (per the Fund's Rules) and hereby select my own planned retirement date.
- I understand that my investments will be switched to correspond with the outstanding period to my planned retirement date (i.e. years to planned retirement date) and not the normal retirement date as is currently the case.
- I hereby elect my planned retirement date as the end of the month in which I attain age

2. I hereby agree to the following terms and conditions:

- Sanlam Employee Benefits will implement a planned retirement date when they have received a completed application in the prescribed format, registered the request and have confirmed to me that they have received the Planned Retirement Date Instruction Form.
- I understand that should the form be incomplete or inaccurately completed, the instruction may not be actioned by Sanlam Employee Benefits.
- If I have not received a confirmation of receipt within 5 days, I need to make enquiries as the request may not have been received and processed.
- Queries regarding the progress of the instruction must be directed to the administrator.

I hereby declare that:

1. I have taken financial advice or assert that I have a good understanding of investments and do not need the services of a financial adviser.
2. I understand the risks in changing my planned retirement date and am satisfied that my change serves my needs, and
3. I take full responsibility for my choice and hereby indemnify and undertake not to hold the Fund, its Board of Trustees or Sanlam Employee Benefits, its agents, directors, officers and any entity in the Sanlam group of Companies responsible for any losses or any eventuality that may result from the implementation of my planned retirement date.

Member's signature

Name of FAIS accredited financial adviser
(if applicable)

Signature of FAIS accredited financial adviser
(if applicable)

Signed at _____ on _____ ccy _____

Please note: If you have completed this form electronically, kindly print and sign the form before returning it to Sanlam. Please e-mail the form to switch.south@sanlam.co.za

Disclaimer

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx> ; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: SCClientCare@sanlam.co.za or call: 086 122 3646.