

# TWO-POT SAVINGS WITHDRAWAL CLAIM FORM

The completed form together with the required supporting documents (refer to Checklists) are to be brought into one of our walk-in centres or emailed to: FAIRSURE ADMINISTRATION | 🖗 sala2pot@fairsure.co.za

### 1 Important notes

- > This form consists of 2 pages.
- If you were 55 years or older as at 1 March 2021 and have not opted in to the Two-Pot Retirement System, you will not be able to claim from two-pot Savings.
- Complete sections 3 7 and answer all questions (i.e. if a question is not applicable, please mark "N/A" or "Unknown").
- > The completed form (i.e. ALL sections), together with the required supporting documents, as stipulated in the Checklist and form hereinafter, are to be submitted to Fairsure Administration by the Member.
- Fairsure Administration will only process the claim upon receipt of ALL the required documentation and information.
- You are only eligible to claim once every tax period, and an administration fee of R300 per claim will be deducted from your withdrawal amount.
- Claims from the savings pot will be taxed at your normal marginal tax rate.
- > To avoid having to resend a claim form, please make sure that you view your latest savings balance before submitting a withdrawal amount.
- > Your claim can be stopped due to section 37D deductions.
- Your claim will be paid within 7-14 working days upon receipt of the completed form and supporting documentation, provided that all information is accurate and there are no outstanding tax matters.
- Distortion of information could delay the payment of this claim.
- Information can be completed by hand or electronically.
- For any queries, please contact Fairsure Administration on 1 086 000 4400 or 🖄 sala2pot@fairsure.co.za

## 2 Protection of Personal Information (POPI) Act Notice

- Personal Information received through this form, by Fairsure Administration shall be treated as confidential and protected information and will not be disclosed unless required by law or in the ordinary course of the proper performance of Fairsure Administration's duties.
- We may share your information for further processing with third parties, to which third parties have an obligation to keep your Personal Information secure and confidential.
- Fairsure Administration shall comply with the Protection of Personal Information Act, 2013 (POPIA), regulations, its Data Protection Policies and all other laws and procedures relating to the storage, privacy, processing, handling and the destruction of Member's and Claimant's Personal Information.
- All applicable laws, regulations, policies, and procedures will be complied with, even as they change with time.
- > The appropriate and reasonable technical and organisational measures to prevent the loss of damage to or unauthorised destruction of Data and the unlawful access to or Processing of Data will be taken by Fairsure Administration.
- Industry Best Practice for the protection, control, and use of Data standards of compliance will be met, even as they change with time.
- Once the personal information received, has been processed for the purpose it was obtained, it will be kept secure, in accordance with the retention policy and thereafter destroyed in accordance with all Data protection laws.
- Fairsure Administration warrants that its agents and any other person/s accessing Personal Information on its behalf are reliable and trustworthy and have received the required training on POPIA relating to the Protection of Personal Information.

## 3 Checklist

## DOCUMENTS REQUIRED

#### Supporting documents:

> Original certified copy of the identity document.	Yes 🗆 No 🗆
> Confirmation of banking details.	Yes 🗆 No 🗆
> Pending divorce claim: Affidavit from spouse granting permission to withdraw from your savings pot	Yes 🗌 No 🗆

Administered by



4	Member's Persona	l Details									
	Fund name:										
	Particular employer:										
	Title: Initial(s): Surname:										
	First name(s):					G	ender:	Male 🗆	Female 🗆		
	Date of birth (YYYY/MM,	/DD):	RSA ID:	Yes 🗆	No 🗆	ID/Passport	number:				
	Employee number:		Member num	iber:		Income	e tax numbe	er:			
	Contact number:				Work co	ontact numbe	۱				
	Residential address:										
								Code			
	Email address:										
5	Withdrawal Amour	nt									
	I would like to withdraw the following amount from my Retirement Savings Pot:										
6	Member Banking Details										
	Bank name:										
	Account holder:										
	Account number:					Br	anch code:				
	Type of account:	Cheque	e 🗆	Savings 🗆		Transmissic	on 🗆				
		ig: not be made to o not be split into			5.						
7	Declaration by the	member									
I,				, he	ereby decla	are:					
	That I have read, unders That all details furnished that no material informa Distortion of informatio That I have an obligation available.	d in this form, and ation has been or n could delay the	e best of my	knowledge	e, is true and corr						
	Signed at:				ç	ianaturo:					
	Date (YYYY/MM/DD):				2	ignature:					
	Employer stamp:										
		submi	s not required i its the form in j ır walk-in centr veril	person to one	2						