intervest.co.za

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EQUINOX RETIREMENT ANNUITY FUND, EQUINOX PRESERVATION PENSION FUND OR EQUINOX PRESERVATION PROVIDENT FUND

Retirement Notification
Early Retirement Notification

The applicant must initial each page as well as any amendments made to the application form. Please fax all the pages of this form to CLIENT SERVICES at +27 (0) 11 388 3223 or email to direct@intervest.co.za. The Intermediary must retain the original document.

Please tick the appropriate box depending on your Product:

Retirement fund name:	FSB registration number:	SARS registration number:
☐ Equinox Retirement Annuity Fund	12/8/37710	18/20/4/41951
☐ Equinox Preservation Pension Fund	12/8/37711	18/20/4/41949
☐ Equinox Preservation Provident Fund	12/8/37712	18/20/4/41950

Please tick the appropriate box depending on your retirement option

☐ Retirement

☐ Early retirement due to permanent disability or ill health**

Supporting documents required:
• Declaration by employer to consider the disability claim.
• A medical certificate completed by a medical doctor whom is currently or has treated the investor (at the cost of the investor).
• A copy of the accident report if disability has been caused by an accident.

**Please note that an investor may only request an early retirement benefit (i.e. before the investor has reached age 55) due to permanent disablement. The investor may make such a request when the investor is permanently disabled due to injury or illness, which in the opinion of the Trustees of the fund and based on medical evidence, renders the investor permanently incapable of satisfactorily performing his/her occupation or any other occupation which the investor is qualified for, by virtue of his/her training experience.

1. Member Details

Title _____ Surname _____

First Names _____

ID Number _____ Date of birth _____/_____/_____
DD MM YYYY

Physical address _____

_____ Code _____

Telephone (Home) _____ Telephone (Work) _____

Telephone (Fax) _____ Telephone (Cell) _____

E-mail _____ Tax number _____

Estimated taxable income for the current tax year R ☐☐☐☐☐☐☐☐,☐☐

2. Member Bank Account Details

Name of Account Holder _____

Name of Bank _____

Branch Name _____ Branch Code _____

Account Number _____

Type of Account Current ☐ Savings ☐ Transmission ☐

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Directors: H van Wyngaarden, WP Morton, CM van der Merwe
Version 05/2009

Applicant's initials

3. Retirement Option Details

3.1 Retirement age ☐☐

3.2 Retirement date _____ /_____/_____
DD MM YYYY

3.3 Do you wish to take a portion of your benefit as a cash lump sum? YES ☐ NO ☐

If YES, please specify below:
☐ Cash lump sum = R ☐☐☐☐☐☐☐☐,☐☐
☐ One third
☐ Full withdrawal if **Equinox Preservation Provident Fund**
☐ Full withdrawal if total member interest in **Equinox Preservation Pension Fund** is less than R75 000
☐ Full withdrawal if total member interest in **Equinox Retirement Annuity Fund** is less than R75 000

4. Insurer Details

The entire benefit, or the balance after a cash lump sum payment, is to be invested as follows:

Name of the Annuity _____

Life Assuror / Institution _____

Please provide us with a copy of the completed Annuity Application form of the Life Assurer / Institution that will provide this annuity.

5. Life Assuror Bank account details

Name of Account Holder _____

Name of Bank _____

Branch Name _____ Branch Code _____

Account Number _____

Type of Account Current ☐ Savings ☐ Transmission ☐

6. Conditions of withdrawal

1. The investment will be switched (at the cost of the member) to an interest bearing fund/CIS pending completion of the transfer, to protect the member from devaluation of his/her transferrable amount.
2. The fund will apply for a tax directive and will only continue with the transfer once such tax directive has been received.
3. The transfer will be done in the form of a Rand amount and paid only into the bank account of the receiving retirement fund.
4. Fees payable by the client on the portfolio pending payment, will be deducted before the funds are paid to the client.

7. Member Declaration

1. I hereby declare that the information given above is true and correct and I instruct and authorize the Fund to pay all the monies due in accordance with the instructions above, subject to the rules of the Fund.
2. I understand and accept the conditions of the withdrawal as set out in this form.
3. I understand and accept that the Fund will have to apply for a tax directive if a cash benefit is requested and that the cash benefit requested herein is the pre-tax amount. I understand that the payment of the cash benefit will be delayed until a tax directive has been received. The Fund will deduct such tax before paying the cash benefit to me and/or the selected life assuror.
4. I understand that the amount payable at completion of this transfer may differ from the amount illustrated at the start of the transfer.
5. I hereby confirm that the Intermediary mentioned in 8 below is my appointed Intermediary.

Member Signature _____ Date ____ / ____ / _____
DD MM YYYY

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8. Intermediary details

Name of Intermediary (Financial Advisor) _____

Signature of Appointed Financial Advisor _____ Date _____ / _____ / _____
DD MM YYYY

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