TWO-POT WITHDRAWAL REQUEST

- Please help us to process your payment as quickly and smoothly as possible by completing all sections in full using CAPITAL letters.
- Indicate all options selected by means of a cross [X].
- Ensure that all information provided is accurate.
- Please give this completed form to your employer to submit to the fund administrator on your behalf.
- Should you require any assistance with this form please contact Robson Savage (Pty) Ltd on 011 643 4520.

FUND DETAILS		
Name of Fund:		
Name of Employer/Pay Centre:		
MEMBER DETAILS		
Title: Surname: Surname:		
First Name(s):		
RSA ID Number: Date of Birth: Date of Birth:		
If no RSA ID Number, Passport Number:		
Country of Issue:		
Physical Address		
Unit Number: Complex Name:		
Street Number: Street Name:		
Suburb:		
Country: Postal Code:		
Postal Address: Same as Physical Address (If not, please provide details below)		
Postal Code:		
Income Tax Number: Employee Number:		
Annual Taxable Income*: R		
*Please provide the amount or an estimate of your Taxable Income for the tax year. If you leave this blank, it could result in your withdrawal benefit being taxed incorrectly and you could then owe SARS money at the end of the tax year.		
Contact Details:		
Telephone Number:		
I confirm that updates regarding the progress of my payment can be sent to be by SMS on the number provided above.		
PAYMENT INSTRUCTION (mark appropriate box)		
Please note that all payments are subject to current tax legislation as well as a processing fee of R230.00 (including VAT).		
I wish to withdraw the full available amount (reduced by tax and the processing fee of R230.00).		
I wish to withdraw the following amount:		
*This amount will be reduced by tax and the processing fee of R230.00.		

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TWO-POT WITHDRAWAL REQUEST continued...

BANKING DETAILS		
Important: Please ensure that the details provided below are for your own bank account.		
Bank Name:	Account Type:	
Account Number:		
DECLARATION BY MEMBER		
I hereby confirm that I understand and acknowledge that:		
by withdrawing a portion or all of my Savings Component I am reducing my savings for eventual retirement;		
it is my responsibility to ensure that my tax affairs are in order before submitting this form for processing;		
 any incorrect details provided by me on this application might cause delays; tax will be deducted from my withdrawal amount at my marginal tax rate, as calculated by SARS, and I will need to submit a tax 		
return to SARS at the end of the tax year;		
a processing fee of R230.00 (including VAT) will be deducted from my withdrawal amount;		
I am not aware of any pending court orders or legal proceedings that could prevent me from making a withdrawal from my		
Savings Component;		
• it will take approximately 20 working days from the date the form has been received by Robson Savage for my payment to be		
processed;		
the process is reliant on external service providers, such as SARS, and the fund administrator cannot be held responsible for		
any delays caused by these external service providers. Should my withdrawal payment not be able to be processed for any reason my request will be cancelled, and I will need to		
submit a new request.		
Submit a new request.		
Member's Signature	Date	
Metriber's Signature	Date	
DECLARATION BY EMPLOYER ()		
DECLARATION BY EMPLOYER (where applicable)		
I hereby confirm that this form has been completed by the employee.		
	Authorised Signature:	
Employer Stamp	Name:	
	Date:	

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