

## Declaration by Government Employee Pension Fund (GEPF)

For members transferring to the Classic Preservation Pension Plan

### MEMBER DETAILS:

PLAN CONTRACT NUMBER	<input type="text"/>
TITLE	<input type="text"/>
NAME/S	<input type="text"/>
SURNAME	<input type="text"/>
ID/PASSPORT NUMBER	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>
CELL PHONE NUMBER	<input type="text"/>

### TRANSFERRING FUND DETAILS

NAME OF TRANSFERRING FUND	<input type="text"/>		
NAME OF GOVERNMENT EMPLOYEE	<input type="text"/>		
HAVE YOU TAKEN A WITHDRAWAL TO DATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT PERCENTAGE/ AMOUNT?	<input type="text"/>
ARE YOU INTENDING TO TAKE A WITHDRAWAL ON TRANSFER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT PERCENTAGE/ AMOUNT?	<input type="text"/>

### DECLARATION BY MEMBER TRANSFERRING TO THE CLASSIC PRESERVATION PENSION PLAN:

1. I hereby confirm that I understand the restrictions placed on my benefits by the rules of the Government Employee Pension Fund and the applicable laws and regulations ("GEPF Law").
2. I confirm that I have familiarized myself with the tax implications in terms of transfers out of the GEPF and I am aware of the methodology to be used in calculating any tax free portion I may be entitled to on transfer.
3. I furthermore confirm that, due to the rules imposed on my subsequent preservation fund by the GEPF Law, I accept that STANLIB, the administrator, may only provide me with (up to) a one-third cash withdrawal during the life of my contract. I understand that only one withdrawal is permitted prior to retirement.
4. If I withdraw the accessible one-third amount prior to retirement, no further cash payment may be made to me from the Classic Preservation Pension Plan at retirement and the full retirement benefit must be invested in a compulsory living annuity.
5. Similarly, if I withdraw a portion of the permitted one-third cash amount prior to retirement, my allowable cash portion at retirement will reduce proportionately. I understand that this benefit will be taxable.
6. I understand that my nominees/dependants are restricted to the one-third total withdrawal which would include any portion I may have already elected to take.
7. STANLIB Wealth Management (Pty) Limited is duly approved as Pension Fund Administrator in terms of Section 13B of the Pension Funds Act.



# DECLARATION

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared.

I/We agree to provide all documentation and information required in terms of the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my behalf until all such documentation and information has been provided. Any money received by STANLIB that is not accompanied by the required documentation will be held in a call account until said documentation is received.

The Client and the Financial Adviser, by signing this form, state and declare that they have each read and understood the terms and conditions pertaining to the investment; including but not limited to Investment Objective, Information on Net Asset Value, Charges, including the Effective Annual Cost, Risk Factors, Income Accruals and declare that the STANLIB and Financial Adviser charges as indicated on this application form are correct; warrant that all statements given by each of them in this application form are true and correct in every aspect; and that such statements shall form the basis of the contract which is to be entered into with STANLIB as well as the contract between the Client and the Financial Adviser.

The Client understands that in terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), his Financial Adviser must be mandated by a licensed Financial Services Provider ("FSP") as a representative with the necessary FAIS sub - categories to act on the Client's behalf and that it is also the Client's responsibility to determine whether his Financial Adviser has the necessary authorization. (FSB toll free number: 0800 110443). The Client understands and confirms that STANLIB is entitled to act on his Financial Adviser's instructions, whether in written or electronic format, as if they were the Client's own instructions. The Client hereby indemnifies STANLIB against all losses or damage, which he may sustain, as a result of transactions entered into on the basis of this delegation of authority by the Client to the Financial Adviser. Where the Client has terminated his Financial Adviser's appointment, it is the Client's responsibility to advise STANLIB of such termination immediately. On receipt of such written notification, STANLIB will cease payment of all charges, other than accrued charges, to the Financial Adviser. The Client agrees that STANLIB will pay to such Financial Adviser the agreed charges as set out in this Application Form. If a Financial Adviser is not mandated as required by the Financial Services Board, STANLIB is obliged by law to decline any instructions from such Financial Adviser. STANLIB may and will accept instructions on the strength of the Client's signature.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER/S

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

