DIVORCE CLAIM PAYMENT ELECTION FORM

Please take note of the following:

This divorce claim payment election form will be deemed to have been received when the Fund has determined the enforceability of the divorce order and provided that all the required information and documents have been supplied to the Fund.

Failure to complete all the required sections and attach the requested supporting documentation may cause undue delays in processing your claim.

Please ensure that you provide us with your email address in order for us to contact you in relation to your divorce order and forward you the proof of payment.

Fund Member's Details

Employer number	
Member name	
Member surname	
ID number	
Member number	

The Pension Funds Amendment Act 31 of 2024 defines "Pension Interest" as meaning, in relation to a court order granted under section 7(8)(a) of the Divorce Act, or a court order granted in respect of the division of assets of a marriage according to the tenets of a religion, and in relation to a party who is a member of a fund, that member's individual account or minimum individual reserve, as the case may be, determined in terms of the rules of the Fund on the date of the court order.

Ex-Spouse's Personal Details

Title	☐ Mr ☐ Ms ☐ Miss
Surname	
First name/s	
ID number	
Passport number	
Date of birth	Y Y Y Y M M D D
Marital regime	☐ Married in community of property ☐ Married out of community of property with accrual ☐ Married out of community of property with no accrual
Tax number	
Home tel number	
Work tel number	
Cellphone number	
Postal address	
Postal code	
Email address	

DIVORCE CLAIM PAYMENT ELECTION FORM

Election Options

☐ **Elect to Transfer Benefit to an Approved Fund.**
If you elect this option, please note that:
- the Approved Fund's transfer details must be completed below and;
- provide proof that the transferee fund is an Approved Fund by attaching an application form.

☐ **Elect to receive benefit in cash.**
If you elect this option, please complete the "Ex-Spouse / banking details"

Approved Fund's Transfer Details

Fund name
Type of fund
FSCA registration number 12 / 8 /
Contact person name
Postal address
Tel no.
E-mail address

Ex-Spouse's Banking Details

Name of account holder	
Name of bank	
Account number	Branch number
Account type Current/cheque ☐ Savings ☐ Transmission ☐	

☐ **Please attach proof of banking details e.g. bank statements not older than 3 (three) months or a bank confirmation letter.**

Declaration by Ex-Spouse

Surname														
First name/s														
ID number														

I, hereby confirm that the details provided herein are true and correct in every way. I understand the options available to me with regards to the payment of my benefit, including the tax implications and that I am making an informed choice. In the event of any loss suffered as a result of any details provided herein being incorrect, the Fund cannot be held liable for such losses.

Signature									
Date	Y	Y	Y	Y	M	M	D	D	

PLEASE TAKE NOTE OF THE FOLLOWING REQUIREMENTS:

The following documents must accompany this application:

- Certified member's ID.
- Certified copy of marriage certificate.
- Certified copy of antenuptial contract (if married out of community of property with accrual) (ensure that all pages are certified).
- Certified/ court endorsed divorce order and settlement agreement (if not previously submitted).
  Ensure that each page is certified/ endorsed.
- Copy of the non-member spouse's bank statement.
- Certified ex-spouse's ID.
- All affidavits and certified documents must contain a clear certification stamp and the Commissioner of Oaths' signature, name, designation, business address, and date of certification. If certified by a SAPS official, their rank and rank number must appear on the affidavit or certified document.

PLEASE NOTE

The information disclosed in this form will be treated as confidential and will only be used for the purpose for which it is intended in terms of the applicable legislation including but not limited to the Protection of Personal Information Act 4 of 2013.

Payment will only be made on receipt of a tax directive by SARS.

The completed form together with the supporting documents must be emailed to support@crfund.co.za or posted to PO Box 4740 Tygervalley, 7536.