

IN-FUND PENSION – APPLICATION FORM

Please Note

This application **MUST BE** completed together with the Fund's Retirement Application Form, if you elected to transfer your retirement benefit or portion thereof to the In-fund Pensioner Account of the Fund.

The member shall only be regarded as an In-fund Pensioner once all the completed forms have been received by the Fund.

The first monthly pension shall be paid at the end of the calendar month in which the benefit has been successfully transferred to the In-fund Pensioner Account.

Member's Personal Details

Member no.										Employee no.									
Surname										First names									
										Date of birth									
										Y Y Y Y M M D D									
ID number																			
Marital status										Spouse ID									
Tax no.										SARS registration office									
Tax no. of spouse										SARS registration office									
Residential address																			
																		Code	
Postal address																			
																		Code	
Telephone										Cell phone									
Email address (after date of exit)																			

Banking Details for Monthly Pension

Name of account holder	
Name of bank	Branch name
Account number	Branch code
Account type	Current/cheque ☐ Savings ☐ Transmission ☐
(Please attach proof of banking details e.g. bank statement not older than 3 months or a bank confirmation letter)	

Benefit Payment Options - Death after Retirement

Please indicate your choice for your In-fund monthly pension payments (please select from the options below):

Guarantee Period	5 Yrs ☐	10 Yrs ☐
Spouse Pension (if applicable)	0 % ☐	60 % ☐
		75 % ☐
Note: The options selected are before the deduction of any tax and expenses, in other words your gross pension.		

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Beneficiary Nomination

In the event of your death, your benefit in the Fund will be distributed in accordance with your Beneficiary Nomination Form and the Rules of the Fund. Please ensure that your completed Beneficiary Nomination Form is submitted with this application. You are entitled to update the Beneficiary Nomination Form whenever you require by submitting a completed Beneficiary Nomination Form to the Fund.

Election of Insured Risk Benefit Category and Funeral Cover

As an In-fund Pensioner, you will only have funeral cover if you have selected one of the risk categories below or choose only funeral cover as a benefit on its own. A monthly premium will apply for funeral cover which is subject to change in terms of the Fund's policies and the Fund shall communicate such changes to you prior to implementation thereof.

Please indicate below if you would like to have funeral cover (the applicable benefits are available on our website):

Yes ☐

No ☐

You can elect to extend your existing risk cover by either remaining on your current option or downgrading your risk category to still make provision for death cover. **The risk categories are available on our website, please familiarise yourself with the categories before making your election.**

If an In-fund pensioner dies, the chosen risk benefit, if applicable, shall be paid out by the Fund, as instructed by the In-fund pensioner in their Beneficiary Nomination Form, or if none is provided, in accordance with the Rules of the Fund.

I confirm that I have read the above information, I am aware of the different risk benefit categories and understand the implications of my election. I agree that the Fund may deduct the premium of my elected category from my monthly pension, to ensure that my risk benefits remain in place. I hereby elect to participate in the following risk benefit category:

Please indicate below if you would like to have risk cover:

Yes ☐

No ☐

I hereby elect to participate in the following risk benefit category:

Category A	☐	Category B	☐	Category C	☐	Category E	☐	Category F	☐
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Member Declaration

- I hereby give my consent to the processing of my personal data by the Fund and the Fund's appointed financial advisor (if applicable) for the purpose of processing my instruction.
- I understand that the options available to me regarding the payment of my benefits are subject to the Rules of the Fund and applicable legislation, including tax implications.
- I confirm that I have read the above information, I am aware of the different risk benefit categories and funeral cover and understand the implications of my election. I agree that the Fund deducts the premiums of my election from my monthly pension, to ensure that my benefits remain in place.
- I acknowledge that the Fund has made retirement benefits counselling available to me and that the Fund has not influenced my choice/s.
- 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.
- I give permission to the Fund to pay the proceeds as per my instructions.

SIGNED

Signed at

Date

Y	Y	Y	Y	M	M	D	D
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Signature

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Declaration by the Fund's Appointed Financial Advisor

I the undersigned confirm the following:

I have made the disclosures required, in terms of the FAIS Act 37 of 2002, to the member. I have explained all the fees that relate to this pension to the member.

Full name of authorized advisor

Work tel no.

E-mail address

Company name

SIGNED

Signed at

Date

Y

Y

Y

Y

M

M

D

D

Signature

Please Note

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation including but not limited to the Protection of Personal Information Act 4 of 2013.
- 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.**
- Transfer to the In-fund Pensioners Account will only be made after receipt of a tax directive from SARS.
- The completed form together with the supporting documents must be emailed to crfpensioners@crfund.co.za or posted to PO Box 4740 Tygervally, 7536.