CRF
FOR LOCAL GOVERNMENT

# RETIREMENT APPLICATION FORM

## IMPORTANT INFORMATION

- This application is to be completed and submitted to the Fund in order to apply for a withdrawal of your benefit upon retirement.
- The application will be deemed to have been received once all the required information and documents have been provided to the Fund.
- Failure to complete all the required sections and attach the requested supporting documentation may cause undue delays in processing your claim.
- In the event that you wish to become a In-Fund Pensioner or In-Fund Living Annuitant please ensure that you complete and submit the relevant In-Fund Pension/Living Annuity application form to the Fund.

| | |
|---|---|
| Please select **ONE** of the following options: | ☐ Retirement<br>☐ Compulsory Early Retirement |

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE MEMBER**

## Section A: Member Details

**PERSONAL DETAILS**

| | | | |
|---|---|---|---|
| Member no. | | Employee no. | |
| Surname | | First names | |
| Date of birth | Y Y Y Y M M D D | Marital regime | |
| Gender | ☐ Male ☐ Female | Marital status | |
| RSA ID | ☐ Yes ☐ No | ID number | |
| Residential address | | | |
| | | | |
| | | | |
| | | Postal code | |
| Postal address | | | |
| | | | |
| | | Postal code | |
| ***(Both of the above addresses are required by the SA Revenue Services - SARS).*** | | | |
| Telephone | | Cell Phone | |
| Email address (after date of exit) | | | |
| Income tax reference no. | | Tax office | |
| Annual taxable income | | | |
| ***(Please attach a certified identity document (both sides if a card ID) and proof of your SARS income tax reference number).*** | | | |

**BANKING DETAILS**

| | | | |
|---|---|---|---|
| Account holder's name | | | |
| Bank name | | Account number | |
| Branch name | | Branch code | |
| Type of account | Cheque/Current ☐ Savings ☐ Transmission ☐ | | |
| ***(Please attach proof of banking details e.g. bank statement not older than 3 (three) months or a bank confirmation letter).*** | | | |

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| BANKING DETAILS (MONTHLY PENSION) | |
|---|---|
| Account holder's name | |
| Bank name | Account number |
| Branch name | Branch code |
| Type of account ☐ Cheque/Current ☐ Savings ☐ Transmission | |

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

| DIVORCES | | |
|---|---|---|
| 1. Are you aware of any divorce order issued against your Fund benefit in favour of an ex-spouse? | ☐ Yes | ☐ No |
| *If yes, please provide us with a certified final divorce order (including a certified settlement agreement/consent paper, if applicable).* | | |
| 2. If separated, is there a pending divorce action between you and your spouse? | ☐ Yes | ☐ No |
| 3. If married in terms of religious rites, has a court order been granted in respect of the division of assets of a marriage in accordance with the tenets of your religion? | ☐ Yes | ☐ No |
| *If yes, please provide the Fund with a certified final court order (including a certified settlement agreement/consent paper, if applicable).* | | |

| MAINTENANCE CLAIMS | | |
|---|---|---|
| Are you aware of any pending maintenance claims against your benefit in the Fund? | ☐ Yes | ☐ No |
| *If yes, please provide proof thereof.* | | |

| RETIREMENT BENEFITS COUNSELLING | | |
|---|---|---|
| I confirm that I have received retirement benefits counselling which made me aware of the Fund's options upon retirement, as summarised in this form: | ☐ Yes | ☐ No |
| *Retirement Benefit Counsellling aims to make members aware of the Fund's terms, investment options and process of the benefit payment. If you are unable to make a decision on the factual information provided, you can make use of the Fund's appointed financial advisors, Portfolium or appoint your own financial advisor.* | | |

## Section B: Benefit Payment Options

1. This section consists of four subsections (B1, B2, B3 & B4).
2. Please complete the relevant subsection which applies to you.
3. If no benefit payment election is made by the member, then the member will become a deferred member in the Fund.
4. All 3 components must be deferred when electing to become a deferred member.
5. All 3 components must be transferred when electing to transfer to an External Provider.

### SECTION B1: VESTED COMPONENT

**IMPORTANT TO NOTE**

1. Please complete this section if you –
   1.1. were a CRF member on or before 31 August 2024; or
   1.2. transferred a benefit from another fund to your vested component on or after 1 September 2024.
2. Members who were 55 years of age or older on 1 March 2021 and who did **not** opt-in to the two-pot retirement system are required to complete **only** subsection B1.

☐ 1. **Deferred member in the Fund (I want to defer my vested component).**
*When electing to be a deferred member, you can decide to change your existing portfolio(s) using the Investment Switch Option Election Form.*

☐ 2. **Pay a portion of my vested benefit into my own bank account** — Specify amount / percentage
*If option 2 is selected, you are required to specify your transfer selection in option 3 below.*

☐ 3. **Transfer my vested component to my retirement component in the Fund** ☐ Transfer full vested benefit ☐ Transfer portion of vested benefit — Specify amount / percentage
*Please note that the selected full/portion of your vested benefit will be regarded as part of your Retirement Component. Please see options available under Section B3: Retirement Component in this regard and ensure that you complete Section B3.*

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## SECTION B1: VESTED COMPONENT (continued)

☐ 4. **Transfer my full vested component to an External Provider**

*If option 4 is selected, you are required to specify your transfer selection in section B4 below.*

☐ 5. **Pay my full vested benefit into my own bank account**

**Subject to the Retirement reform changes effective 1 March 2021*

## SECTION B2: SAVINGS COMPONENT

**IMPORTANT TO NOTE**

1. Please complete this Section if you –
   1.1. were a CRF member on or before 31 August 2024 and were 54 years of age or younger on 1 March 2021;
   1.2. were 55 years of age or older on 1 March 2021 and opted-in to the two-pot retirement system; or
   1.3. transferred a benefit from another fund to your savings component on or after 1 September 2024.
2. Members who were 55 years of age or older on 1 March 2021 and who did not opt-in to the two-pot retirement system are **not** required to complete this section.

☐ 1. **Deferred member in the Fund (I want to defer my savings benefit).**

*When electing to be a deferred member, you can decide to change your existing portfolio(s) using the Investment Switch Option Election Form*

☐ 2. **Transfer my savings withdrawal benefit to my retirement component in the Fund**

*Please note that the selected full/portion of your savings benefit will be regarded as part of your Retirement Component. Please see options available under Section B3: Retirement Component in this regard and ensure that you complete Section B3.*

☐ 3. **Transfer my full savings component to an External Provider**

*If option 3 is selected, you are required to specify your transfer selection in section B4 below.*

☐ 4. **Pay my full savings benefit into my own bank account**

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## SECTION B3: RETIREMENT COMPONENT

**IMPORTANT TO NOTE**

1. Please complete this Section if you –
   1.1. were a CRF member on or before 31 August 2024 and were 54 years of age or younger on 1 March 2021;
   1.2. were 55 years of age or older on 1 March 2021 and opted-in to the two-pot retirement system; or
   1.3. transferred a benefit from another fund to your retirement component on or after 1 September 2024.
2. Members who were 55 years of age or older on 1 March 2021 and who did not opt-in to the two-pot retirement system are **not** required to complete this section.
3. The Retirement Component cannot be taken in cash and must be used to purchase an annuity.
4. In the event that your retirement component is equal to or below R240 000.00, you may elect to have the benefit paid in cash into your bank account.

☐ 1. **Deferred member in the Fund (I want to defer my retirement component)**
*When electing to be a deferred member, you can decide to change your existing portfolio(s) using the Investment Switch Option Election Form.*

☐ 2. **Transfer my retirement benefit to the In-Fund Pension** ☐ Transfer full retirement benefit ☐ Transfer portion of retirement benefit — Specify amount / percentage

*If you have selected benefit option 2, please complete the In-Fund Pension Application Form.*

**Guaranteed Period** ☐ 5 Years ☐ 10 Years | **Spousal Pension** ☐ 0% ☐ 60% ☐ 75%

☐ 3. **Transfer my retirement benefit to the In-Fund Living Annuity** ☐ Transfer full retirement benefit ☐ Transfer portion of retirement benefit — Specify amount / percentage

*If you have selected benefit option 3, please complete the In-Fund Living Annuity Application Form.*

☐ 4. **Transfer my retirement benefit to an External Provider** ☐ Transfer full retirement benefit ☐ Transfer portion of retirement benefit — Specify amount / percentage

*If option 4 is selected, you are required to specify your transfer selection in section B4 below*

☐ 5. **Pay my full retirement benefit into my own bank account**
*Please see notes 3 and 4 above under the IMPORTANT TO NOTE section.*

## SECTION B4: TRANSFER OF BENEFIT TO AN EXTERNAL PROVIDER

If you have elected to transfer your full benefit or a portion thereof to an External Provider, please provide the details of the fund to which the benefit must be transferred below and provide us with a copy of the proposal or annuity quotation.

| | |
|---|---|
| Fund name | |
| Type of fund | |
| FSCA Registration Number 12/8/ / | *(When transferring your FULL BENEFIT to an Approved Retirement Annuity Fund)* |
| Life License Number 10/10/1 | *(When transferring your full or portion of your benefit to an External Insurer)* |
| Contact person name | |
| Postal Address | |
| | |
| Tel no. | |
| E-mail address | |

# RETIREMENT APPLICATION FORM

## Section C: Declaration by Member

I, the undersigned confirm that:

- I have read and understand the information on this form;
- the details provided on this form are within my knowledge and are true and correct;
- a benefits counsellor has explained the options available to me with regards to my benefit/s;
- I understand the options available to me with regard to the payment of my benefits, including the inherent tax implications and that I am making an informed choice in this regard;
- if I require assistance from a Financial Advisor, I may contact Portfolium on 021 915 3580, the Fund's appointed Financial Advisor, or make use of my own Financial Advisor;
- the "in-fund" and "out- of fund" annuity options and/benefits available to me have been explained to me in detail or alternatively that I have full knowledge thereof and that I do not need any further explanation in this regard;
- I had the opportunity to make all reasonable enquiries concerning the content, including enquiries as to whether I qualify to withdraw or exit the Fund;
- in the event of a loss suffered as a result of any of my own choices with regard to the options available to me on exiting the Fund, the Fund cannot be held liable for such losses.
- I acknowledge and release the Fund of all liability present and/or future it may have or be deemed to have towards me, my estate, my family members, my beneficiaries or my dependants with regard to all or any issue relating to my retirement; and
- I agree that the Fund may process all personal information that I provide on this form. I understand that the information will be processed according to the Protection of Personal Information Act 4 of 2013 and the Fund's privacy policy.

| Member | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Signature of member | Date | Y | Y | Y | Y | M | M | D | D |
| **If the member was assisted with completing the form, the person assisting the member needs to sign here:** | | | | | | | | | |
| Signature of individual assisting member | Date | Y | Y | Y | Y | M | M | D | D |
| Name and surname | Capacity | | | | | | | | |

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## DECLARATION BY FINANCIAL ADVISOR (TO BE COMPLETED IN THE EVENT OF TRANSFER TO AN EXTERNAL PROVIDER)

Your appointed financial advisor must complete the section below:

I, the undersigned confirm the following:

- I have made the disclosures required, in terms of the FAIS Act 32 of 2022, to the member; and
- I have explained all the investment fees, taxation implications, expenses and any sundry costs to the member and the impact thereof during retirement.

| | |
|---|---|
| Name and surname of appointed financial advisor | |
| Name of financial services provider (FSP) | |
| FSP number | E-mail address |
| Work tel no. | Cell phone no. |
| Signed at | Advisor signature |
| Date Y Y Y Y M M D D | |

## THE FOLLOWING SECTION NEEDS TO BE COMPLETED BY THE EMPLOYER

### Section D: Claim Details

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Date of termination of service | | | | | Y | Y | Y | Y | M | M | D | D |
| Reason for termination of service: | ☐ Retirement | | | | (Voluntary Early, Normal, Late, Ill-health) | | | | | | | |
| | ☐ Reorganisation | | | | (Reorganisation/Compulsory Early Retirement) | | | | | | | |

**CONTRIBUTION DETAILS**

| | | | |
|---|---|---|---|
| Final month in which contribution was made | | | |
| Amount of final contribution | R | Member | |
| | R | Employer | |
| Are there any negative adjustments on the contributions after the exit date? | | ☐ Yes | ☐ No |
| If yes, please provide details | | | |
| | | | |

**PRIOR CLAIM**

| | | | | |
|---|---|---|---|---|
| Is there a prior claim in respect of section 37D of the Pension Funds Act? | | | ☐ Yes | ☐ No |
| If yes, tick the relevant box in respect of the basis of the claim | ☐ Misconduct | ☐ Theft | ☐ Dishonesty | ☐ Fraud |
| Compensation for damage caused by the employer | R | | | |
| Outstanding housing loan granted by the Fund or guarantee furnished by the Fund to the Bank | R | | | |
| Garnishee order/s granted against member's salary | | | ☐ Yes | ☐ No |

**Note please attach proof of the claim and indicate the basis of the claim. If the employee admits liability please complete and sign the acknowledgment of liability form (both parties must sign).*

**EMPLOYER BANKING DETAILS (IF PRIOR CLAIM PLEASE COMPLETE THIS SECTION)**

| | |
|---|---|
| Account holder's name | |
| Bank name | Account number |
| Branch name | Branch code |
| Type of account ☐ Cheque/Current ☐ Savings ☐ Transmission | |
| Payment reference (if any) | |

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

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## Section E: Declaration by Employer

It is hereby confirmed that the information contained herein is correct and, in particular, that the member and employer banking details provided above, have been confirmed as correct. The employer hereby unconditionally absolves the Fund from any liability and indemnifies and keeps the Fund indemnified against all or any claim, loss, damage, cost and expenses which the member, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of the Fund or on behalf of the Fund, relying on and using the information supplied by the employer herein.

| | |
|---|---|
| Full name of authorised official of the employer | |
| Work tel no | |
| E-mail address | |
| Signature of authorised official of the employer | EMPLOYER STAMP |
| Date Y Y Y Y M M D D | |

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE MEMBER AND EMPLOYER

## Section F: Joint Declaration (Compulsory Early Retirement Only)

**MEMBER**

I hereby confirm that I understand the Rules of the Fund pertaining to the Compulsory Early Retirement benefit.

**EMPLOYER**

It is hereby confirmed that the above member has permanently left the employment of this employer as a result of Compulsory Early Retirement and that we, the employer are liable to pay the employer portion of the Compulsory Early Retirement benefit as defined in the Rules of the Fund or an amount as agreed in writing with the member.

**MEMBER AND EMPLOYER**

It is hereby confirmed that we, the member and the employer, have agreed that the employer is liable for the payment of the following amount as their share of the liability due to the Fund.

On payment of this amount, the member shall have no further claim against the Fund or the employer in respect of the employer's liability. R

| | | |
|---|---|---|
| **Member** | | |
| Signature of member | Date Y Y Y Y M M D D | |
| **Employer** | | |
| Full name of authorised official of the employer | | |
| Work tel no | | |
| E-mail address | | |
| Signature of authorised official of the employer | | EMPLOYER STAMP |
| Date Y Y Y Y M M D D | | |

**Please attach the following supporting documentation to your retirement application form:**

- Certified ID of the member not older than 3 months.
- Certified proof of account e.g. bank statement not older than 3 (three) months or bank confirmation letter.
- Confirmation of SARS income tax number.
- Certified divorce decree including certified settlement agreement/consent paper (if applicable).

**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 from SARS.
- 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.
- The completed form together with the supporting documents must be emailed to crfclaims@crfund.co.za or posted to PO Box 4740 Tygervalley, 7536.
- If you require assistance from a Financial Advisor, please contact Portfolium on 021 915 3580 or make use of your own Financial Advisor.