FOR LOCAL GOVERNMENT

TWO - POT RETIREMENT SYSTEM
NON-MEMBER SPOUSE CONSENT FORM

Important Information

- This form comprises of 3 sections, namely section A, B and C.
- All sections must be completed and submitted to the Fund if there is a pending divorce action between you and your current spouse (i.e., the non-member spouse).
- If married in accordance with the tenets of any other religion (namely, Islamic, Hindu or Jewish marriages), and there is a pending application for the division of the marital assets, the Fund will require this consent form to be completed by the non-member spouse.
- Where there is a pending divorce and application (in the case of religious marriages), the Fund shall not permit a savings withdrawal to be taken by a member spouse without this consent form.
- Please note: section C must be completed by the non-member spouse and be deposed to in the presence of a commissioner of oaths.
- The consent form will be deemed to have been received once all the required information and documents have been provided to the Fund.
- Please ensure that all sections marked with an * are completed. Failure to complete the required sections and attach the requested supporting documentation may result in undue delays in processing your claim and further enquiries by the Fund.

A MEMBER'S DETAILS

Personal details														
Member no *									Employee no					
Surname *														
First names *														
ID number *														

B NON-MEMBER SPOUSE'S DETAILS

Non-member spouse's details														
Surname *														
First names *														
Date of birth *	Y	Y	Y	Y	M	M	D	D	Marital status *					
ID number *														
Residential address *														
									Postal code					
Postal address *														
									Postal code					
Telephone number *									Cell phone number *					
E-mail address *														

Please take note of the following requirements

The following documents must accompany your consent form:

- If married in terms of civil law or customary law, a copy of your settlement agreement and/or summons and/or particulars of claim (whichever applicable) alternatively any proof that there is a pending divorce for example any court notices with the case number of your natter.
- If married in accordance with the tenets of any other religion (namely, **Islamic**, **Hindu** or **Jewish** marriages), proof that an application has been instituted (in the form of a notice of motion) for a court order in respect of the division of assets and a copy of your annulment certificate alternatively any proof that there is a pending application, for example any court notices with the case number of your matter.

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C SWORN AFFIDAVIT BY NON-MEMBER SPOUSE

I, the undersigned	*(insert non-member spouse's full name and surname)*
with identity number	*(insert non-member spouse's identity number)*
hereby provide consent to my spouse or ex-spouse (if married in accordance with the tenets of religion),	
namely Mr/Ms	*(insert member's full name and surname)*
with identity number	*(insert member's identity number)*
to make a savings withdrawal from his/her savings component in the Consolidated Retirement Fund for Local Government (CRF), notwithstanding the	
pending divorce proceedings in the	Court
	(confirm whether proceedings initiated at the Regional Magistrate Court or High Court)
held at	*(insert court where the matter was initiated at)*
under case number	*(insert case number)*

I confirm that I hold the CRF harmless from and against any and all claims, judgments, losses, liabilities, damages, costs, charges and expenses of whatever nature and howsoever arising and in whichever jurisdiction, which may be instituted, made or alleged against CRF, or are suffered or incurred by me and which directly or indirectly relate to or arise from me providing this consent.

DEPONENT'S SIGNATURE

I certify that the above statement was taken by me, and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was affirmed/sworn to before me and the signature was placed thereon in my presence

at (place)

on (date)

Commissioner of Oaths

Full name/s and surname

Position/Rank

Address of Business/Police Station

STAMP

PLEASE NOTE THE FOLLOWING:

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.

Consolidated Retirement Fund for Local Government Reg. No. 12/8/32689/2
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