

# Retirement Option Form



**Completed form to be returned to Fuse  
by logging a ticket on Synergy.TFG.co.za**

SIGNED

I have received counseling from the TFG Retirement Fund's retirement counselor.	
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*Please contact the Retirement Services department if you have not received counseling or if you have any queries by logging a ticket on Synergy.TFG.co.za*

*Please note that any Section 37d deduction such as a home loan, divorce order, maintenance order and any monies due to the Employer as a result of theft, fraud and dishonesty is treated as a cash withdrawal as is taxed accordingly.*

Employee Number		Date of Retirement					
First Names (in full)		Surname					
Identity Number		Date of Birth					
Marital Status <small>(common law husband / wife / traditional spouse or life partner including same sex partner)</small>		Spouse Full Name					
Spouse ID number		Spouse Date of Birth					
Income Tax Number		Cell Number					
Personal Email Address		Contact Number					
Postal Address <small>(i.e. future contact details)</small>							
		Postal Code					
Bank Name		Bank Account Number					
Branch Code		Type of Account					
Elect to continue membership of the TFG medical aid scheme? <i>Please tick</i>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; background-color: #4b0082; color: white;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; background-color: #4b0082; color: white;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
Yes		No					
Elect to continue with admed gap? <i>Please tick</i>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; background-color: #4b0082; color: white;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; background-color: #4b0082; color: white;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
Yes		No					

**Protection of Personal Information Act (POPIA) notice**

*The information requested in this document constitutes personal information in terms of POPIA and may include financial information. The Fund must collect, use and keep this personal information to enable it to process your retirement claim. The Fund may share your personal information contained herein with other relevant service providers of the Fund, such as tracing agents, but only to the extent necessary to fulfil its obligations in terms of the Pension Funds Act. If the information is not readily provided, the Fund may have difficulties to pay your retirement benefit to you. The information will be kept confidential and processed in accordance with POPIA and will be held for a period as set out in the Fund's Retention of Records Guide.*

## SELECT YOUR OPTIONS FROM THE BELOW LIST:

### 1. RETIREMENT BENEFIT OPTIONS:

You can take all or a portion of your retirement benefit in the form of a pension and any balance in the form of a lump sum (a portion of which may be subject to tax).

Please refer to your options provided on your retirement projection.

#### A. DEFERRED RETIREMENT

I elect to leave my full retirement benefit (100%) in the TFG Retirement Fund until such time as I elect to retire from the fund.

\_\_\_\_\_  
SIGNATURE

**PLEASE NOTE THAT YOUR FUND VALUE WILL REMAIN INVESTED IN THE PORTFOLIOS WHICH IT WAS INVESTED PRIOR TO YOUR RETIREMENT FROM TFG. PLEASE COMPLETE THE LIFE STAGE ELECTION FORM SHOULD YOU WISH TO CHANGE YOUR INVESTMENT PORTFOLIO.**

#### B. ELECT A LUMP SUM

Your lump sum may not be more than one third of your full fund value.

R

or

%

#### C. PURCHASE A PENSION FROM TFG RETIREMENT FUND

How much of your fund value are you using to purchase a pension from TFG Retirement Fund?

R

or

%

#### D. TRANSFER TO ANOTHER FUND

How much of your fund value are you transferring?

R

or

%

Where do you want to transfer it to?

Name of approved Fund or Insurance Company

FSB number of the annuity product

Name of contact person

Email address of contact person

#### Additional supporting documentation required:

Application form for annuity being purchased

Proof of the receiving fund's bank details confirmed on the Fund's letterhead

#### E. WITHDRAW YOUR FULL FUND VALUE

You may withdraw your full fund value if it is R247 500 or less

\_\_\_\_\_  
SIGNATURE

### 2. GENERAL SUPPORTING DOCUMENTATION REQUIRED:

- a. Copy of your identity document
- b. Copy of spouse's identity document (if applicable)
- c. Copy of marriage certificate (if applicable)
- d. Transfer from active to retiree status (to continue TFG Medical Aid Membership)
- e. Bank statement or proof of bank account (not older than 3 months)

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date