

## Retirement Option Form



**Completed form to be emailed to [fuse@tfg.co.za](mailto:fuse@tfg.co.za)**

SIGNED

I have received counseling from the TFG Retirement Fund's retirement counselor.	
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Please contact the TFG Retirement Fund if you have not received counseling or if you have any queries at [fuse@tfg.co.za](mailto:fuse@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	
Income Tax Number		Cell Number	
Email Address		Contact Number	
Postal Address (i.e. future contact details)			
		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>	Yes	No	
Elect to continue with admed gap? <i>Please tick</i>	Yes	No	

## 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.

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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)

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Member signature

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Date