

MEMBER BENEFIT CLAIM FORM

Please complete this form in full



Return email: members@tsrf.salteb.co.za
Member Portal Whatsapp: 087 240 7004

Levy Number:

Front Office:
 Johannesburg Durban
 Cape Town

A. EMPLOYER INFORMATION *(to be completed by Employer)*

| | | | |
|---------------------------------|----------------------|-------------------------|----------------------|
| Name of Employer | <input type="text"/> | Employer Contact Person | <input type="text"/> |
| Employer Contact Person Tel no. | <input type="text"/> | Email address | <input type="text"/> |

B. MEMBER DETAILS *(to be completed by Employer)*

Notes: Details must correspond with SARS. The tax reference number is 10 numerical digits and can start only with 0, 1, 2, 3, or 9.

| | | | |
|-----------------------------------|---|-----------------------------|---|
| Surname | <input type="text"/> | Full Names | <input type="text"/> |
| ID/Passport No. | <input type="text"/> | Date of Birth | <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/> |
| Address (as registered with SARS) | <input type="text"/> | | |
| | <input type="text"/> | Postal Code | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Email Address | <input type="text"/> | Contact no. | <input type="text"/> |
| Tax No. | <input type="text"/> | Annual Taxable Salary | R <input type="text"/> |
| Date of Termination from the Fund | <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/> | Amount of last contribution | R <input type="text"/> |
| Date of Employment | <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/> | Date Joined Fund | <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/> |

C. TYPE OF MEMBER CLAIM - Tick applicable box *(to be completed by Employer)*

Withdrawal Type

Resignation
 Dismissal
 Retrenchment
 Absconded
 Retirement
 Other

Specify other type of claim

D. WITHDRAWAL OPTIONS *(to be completed by Employer)*

| OPTIONS | VESTED COMPONENT | NON-VESTED COMPONENT | SAVINGS COMPONENT | RETIREMENT COMPONENT |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Full Withdrawal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partial withdrawal and transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preserve in The Fund | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Full Transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. WITHDRAWAL OPTIONS -CONTINUED *(to be completed by Employer)*

If selected to withdraw a specific cash amount from the vested component, non-vested and savings component where the remainder of the benefit is to be transferred to a Registered Fund.

Rand Amount of Cash Portion :

R

E. SECTION 37D DEDUCTIONS *(to be completed by Employer)*

PENSION-BACKED HOME LOANS

Does the member have an outstanding pension-back home loan?

YES

NO

FRAUD/DISHONESTY/ MISCONDUCT

Is there a possible deduction that the member has for fraud/dishonesty/misconduct ?

YES

NO

If Yes, please attach a copy of the members written admission of liability or court order

DIVORCE ORDER

Does the member have any divorce orders?

YES

NO

If Yes, please attach a copy of the members divorce and or maintenance order

MAINTENANCE ORDER

Does the member have any divorce orders?

YES

NO

If Yes, please attach a copy of the members indebtedness

F. MEMBER BANK INFORMATION *(to be completed by Employer)*

Name of Account Holder

Account Number

Bank Name

Branch Name

Branch Code

Type of Account:

Cheque/Current

Savings

G. APPROVED FUNDS INFORMATION *(to be completed by Employer)*

Name of Registered Fund Information:

Name of Account Holder

Account Number

Bank Name

Branch Name

Branch Code

Type of Account:

Cheque/Current

Savings

Fund registration no.

SARS reg. no.

Ref Number

Contact Person

Contact Email

Contact Number

H. REQUIRED SUPPORTING DOCUMENTS

Please ensure that all required documentation is included with your submission to avoid delays in processing.

- Certified copy of member's ID/Current Passport/Current Asylum (whichever is applicable)
- Proof of Tax number on SARS letterhead
- Proof of Banking Details (Stamped Bank Statement not older than 3 months and Foreign nationals – banking details must be a bank confirmation letter reflecting the current passport number)
- Document(s) required for a claim against the member's benefit in terms of Section 37D

I. DECLARATION BY MEMBER *(to be completed by Member)*

I, the undersigned member, hereby confirm that:

- **Previous Employment:** I hereby declare that I have previously been employed by another transport company. If applicable, specify the name of the company: _____
- **Acknowledgment of Turn-Around Time:** I, the undersigned member, acknowledge that the finalization of my benefit claim is subject to the standard turn-around time as agreed between Salt Employee Benefits and the Fund. This period will be calculated from the date of receipt of final written payment instructions, if such instructions were not submitted with this Benefit Claim Form.
- **Accuracy of Information Provided:** I confirm that all information contained in this Benefit Claim Form and any accompanying documentation is accurate and complete to the best of my knowledge. I understand that Salt Employee Benefits and the Fund bear no responsibility for any liabilities resulting from errors or inaccuracies in the information provided. The responsibility for ensuring accuracy and completeness rests solely with me.
- **Bank Account Holder Declaration:** I declare that I am the holder of the bank account specified in this Benefit Claim Form.
- **Authorization for Payment:** I authorize Salt Employee Benefits to process payment of any funds due based on the instructions outlined in this form. I understand and agree that payment via electronic transfer, as indicated in this form, will be considered a full and final settlement, thereby discharging Salt Employee Benefits and the Fund from any further liability under the rules of the Fund.
- **Advisory on Financial Advice and Tax Implications:** I recognize the importance of obtaining financial advice before making a decision regarding benefit options. I am also aware that all benefits may be subject to income tax, in accordance with applicable tax legislation.
- **Supporting Documentation:** I acknowledge that it is my responsibility to submit all required supporting documents as detailed in the administration guide. Failure to provide these documents promptly may result in the rejection of certain risk benefit claims.
- **Limitation of Liability:** I understand that the administrator and the Fund shall not accept any liability for inaccuracies in the information provided in or with this claim form. It is solely my responsibility to ensure that all information is accurate and complete.
- **Irrevocable Authorization for Payment:** I hereby irrevocably authorize the Fund and/or insurer to disburse any benefits due to me or my designated beneficiaries via electronic funds transfer (EFT) to the bank account details provided in this form. I accept that if incorrect banking details are supplied, Salt Employee Benefits cannot be held liable, and the responsibility for ensuring the accuracy of such information remains with me.
- **Legislative Restrictions on Withdrawal Options:** I acknowledge that legislation may prohibit certain benefit portions from being taken as cash or split between cash and preservation in specific cases. By selecting either a full or partial cash withdrawal option below, I agree to receive the maximum permissible amount up to the requested amount. Any portion that cannot be paid out in accordance with my selection will remain preserved in the fund. I will ensure that instructions for both portions are provided below.
- **Protection of Personal Information (POPIA) Consent Clause:** In accordance with the Protection of Personal Information Act, 4 of 2013 ("POPIA"), I acknowledge and consent that the personal information provided in this Benefit Claim Form will be collected, processed, and stored solely for the purpose of assessing, administering, and finalising my withdrawal benefit claim. The Fund and its appointed administrator undertake to safeguard this information and will not disclose it to any third party except where required by law or where necessary to carry out the legitimate processing of this claim

By selecting the checkbox, I accept, acknowledge that I have read, understood, and agree to the terms and conditions outlined above.

I accept the terms and conditions

K. MEMBER AUTHORISATION *(to be completed by Member)*

I, _____, hereby certify that the information provided on this form is accurate and complete to the best of my knowledge. By signing, I authorize the withdrawal specified herein and acknowledge the terms and conditions associated with such withdrawals.

Full Name

Signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| d | d | m | m | c | c | y | y |
|---|---|---|---|---|---|---|---|

J. DECLARATION BY EMPLOYER *(to be completed by Employer)*

I, the undersigned employer, hereby confirm that:

- **Accuracy of Information :** I, the undersigned employer representative, confirm that, to the best of my knowledge, all particulars provided in this form and any accompanying documentation are true, accurate, and complete.
- **Member Information and Explanation of Options:** I confirm that all options available to the member under the Fund's rules have been thoroughly explained. The member has been made fully aware of the contents of this form, including any potential liabilities he or she may incur.
- **Verification of Member's Signature:** I affirm that the member's signature on this form is genuine and correct.
- **Confirmation of Company Information:** I have verified that all company information provided in the relevant sections of this form is accurate and reflects the details in the company payroll records.

J. DECLARATION BY EMPLOYER - CONTINUED *(to be completed by Employer)*

- **Accuracy of Banking Information:** I confirm that the banking information provided by the employee is accurate and matches the details recorded in the company payroll records.

By selecting the checkbox, I accept, acknowledge that I have read, understood, and agree to the terms and conditions outlined above.

I accept the terms and conditions

L. EMPLOYER AUTHORISATION *(to be completed by Employer)*

I, _____, hereby certify that the information provided on this form is accurate and complete to the best of my knowledge. By signing, I authorize the withdrawal specified herein and acknowledge the terms and conditions associated with such withdrawals.

Full Name

Signature

Designation

Date

Employer Stamp

Note: should the company not make use of a company stamp, company needs to confirm on a company letterhead that they do not make use of a company stamp.