



WITHDRAWAL FORM

- Use this form to withdraw funds from your Provident Fund.
Send the completed form to exits@wsmeb.co.za
If you need assistance, please contact one of our administrator consultants on 011 845 4700 or at info@wsmeb.co.za

MEMBERS PARTICULARS (please complete in full)

Employer / Company Name
Members Surname
Members First Name/s
ID / Passport Number
Members Residential Address
Members contact number
Income tax number

IS THERE A DIVOCE COURT ORDER AFFECTING THE PAYMENT OF FUND BENEFITS?

- No Yes IF YES provide copy of divorce order

INDEBTNESS TO EMPLOYER TO BE RECOVERED FROM BENEFITS (Deductions as per Section 37D of the Pension Funds Act)

This section provides two instances when a fund may deduct amounts from a member's benefits. These are: 1)When the member owes the fund or his employer money for an outstanding housing loan given by the fund or the employer or where the fund or employer provided a guarantee for a housing loan taken by the member and the guarantee is enforced. 2)In the event of an employer suffering loss due to an employee's theft, dishonesty, fraud or misconduct, where the employee has admitted liability in writing, or a court judgment has been obtained. Amount to be deducted from benefit:

REASON FOR WITHDRAWAL

- Resignation Retirement
Retrenchment Section 14 transfer
Abscondment Other - specify
Dismissal
Disability

WITHDRAWAL INSTRUCTION

- Benefit to be paid to member COMPLETE SECTION A
Full benefit to be transferred to another Fund COMPLETE SECTION B
Part payment to member and part transfer to another Fund COMPLETE SECTION A AND B

Please ensure that you obtain advice from a Financial Advisor before deciding on a withdrawal option to select.

SECTION A - PAYMENT TO MEMBER

Banking details to be used for benefits to be paid to the member:

Rand Value to be transferred
Account holder
Bank name Branch code
Account number

Please submit the following documents for the member

- Copy of ID or Passport
Proof of banking details (less than three months old)

- Failure to complete the above in full will result in a delay in settlement of this claim
Ensure that the Bank account details supplied are for the members own bank account

**PLEASE NOTE** that effective 1 September 2024 a member may only withdrawal their SAVINGS and VESTED portion. Your RETIREMENT portion cannot be withdrawn until retirement. This portion can either remain in the Fund until you retire, or you can transfer it. If you do not select an option below your Retirement portion will automatically remain in the Fund and it remains your responsibility to notify us if you are employed in the future at a company that provides retirement fund benefits (Pension / Provident Fund etc) to allow for this portion to be transferred into that fund.

**PLEASE SELECT ONE OF THE FOLLOWING FOR THE RETIREMENT PORTION:**

- RETIREMENT benefit to be transferred to another Fund ..... COMPLETE SECTION B
- RETIREMENT benefit to remain in Fund
- Please contact me to discuss my options for setting up a personal Preservation / Retirement Annuity

SECTION B – TRANSFER TO ANOTHER APPROVED FUND	
Name of the financial services provider	
Name of the Receiving Fund	
Fund registration number	
Fund SARS approval number	
Member Policy number	
Name and Contact number/s	
Email address	
<b>Rand Value to be transferred</b>	
Bank details to be used if the benefit is to be transferred	
Account holder	
Bank name	Branch code
Account number	
<ul style="list-style-type: none"> <li>• Failure to complete the above in full will result in a delay in settlement of this claim</li> </ul>	

**Please submit the following documents for the transfer**

- Copy of ID or Passport
- Application form from the receiving fund with the bank details for the transfer

**MEMBER DECLARATION AND SIGNATURE**

By signing this form, I confirm that:

- I have provided accurate information.
- I understand that the administrator of this Fund is not authorised to provide any financial advice.
- I understand the options available to me with regard to the payment of my benefits, including the inherent tax implications
- In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Administrator can be held liable for such losses;
- Payment of my benefit as specified herein represents the full and final discharge of the fund’s liability to me

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date Completed and Signed

**EMPLOYERS DECLARATION**

It is hereby confirmed and warranted that the information contained herein is correct. The employer hereby unconditionally absolves the Fund and its Administrator and as necessary indemnifies and keeps indemnified the Fund and is Administrator from and against all and any loss, damage, costs and expenses which the beneficiaries or any other persons whatsoever, may sustain or incur, either directly or indirectly as a result of WSM on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the beneficiary’s signature on this notification.

\_\_\_\_\_  
Employers representative name and designation



\_\_\_\_\_  
Date

EMPLOYER STAMP