

NATIONAL  
**BARGAINING**  **COUNCIL**  
for the Hairdressing - Cosmetology - Beauty & Skincare Industry

**HBSI PENSION FUND - FRONT OFFICE**

P.O.BOX 72117  
Lynnwood Ridge  
0040

Unit B3, Willow Office Park (Behind Toyota Dealer)  
Farm Road (entrance in Simon Vermooten Road)  
Die Wilgers, 0041

TEL: 086 1114 662    FAX: 0865 512 587    E-MAIL: [hbspension@prevue.co.za](mailto:hbspension@prevue.co.za)

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Dear Sir / Madam

Please find attached the **Verso** Benefit Claim Form for your attention.

We need the original completed form to process the claim and will **NOT** accept faxed or E-mailed forms. The Claim Form must be **signed** by the **last Employer** as well as you, the **Employee**.

Please attach the following to the completed form:

1. Certified copy of your Identity Document.
2. Certified copy of your Marriage Certificate (If applicable).
3. A Copy of Divorce order (If applicable).
4. Proof of Bank Details.
5. Proof of residential address.
6. **NB! Proof** of your personal income tax number. (If you don't have an income tax number, please contact SARS on 0800 007277.)

**Note:** A claim process can take up to 3 (three) months to be finalized.

Please send your Claim form with necessary documents to the following address:

**Postal Address:**  
H.B.S.I Pension Fund  
PO Box 72117  
Lynnwood Ridge  
0040

**Physical Address:**  
Unit B3, Willow Office Park (Behind Toyota Dealer)  
Farm Road (entrance in Simon Vermooten Road)  
Die Wilgers  
0041

If you have any questions, please contact us.

Kind Regards,

***Patricia Mashaba / Lerato Matsaung***

***National Front Office Administrators***

***Tel no: 086 1114 662***

***Fax : 086 551 2587***

***Email : [hbspension@prevue.co.za](mailto:hbspension@prevue.co.za)***

## BENEFIT CLAIM FORM

UMBRELLA FUND / FUND NAME \_\_\_\_\_

PARTICIPATING EMPLOYER \_\_\_\_\_

### TO BE COMPLETED BY THE MEMBER

#### MEMBER DETAILS

MEMBER NO. \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

GENDER: MALE  FEMALE  MARITAL STATUS \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

*(Both of the above addresses are required by the SA Revenue Services - SARS)*

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PREFERRED LANGUAGE FOR CORRESPONDENCE:  ENGLISH  AFRIKAANS

INCOME TAX REFERENCE NO. \_\_\_\_\_ REVENUE OFFICE OF LAST TAX RETURN \_\_\_\_\_

#### BANKING DETAILS

*(Please attach a copy of your bank statement)*

ACCOUNT HOLDER'S NAME \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BRANCH NAME \_\_\_\_\_ BRANCH CODE \_\_\_\_\_

ACCOUNT TYPE:  CURRENT  SAVINGS  TRANSMISSION

FOREIGN ACCOUNT  (Tick if applicable) COUNTRY \_\_\_\_\_

#### DIVORCE ORDERS

Are you aware of any Divorce Order issued by the High Court / Supreme Court against your pension benefit in favour of an ex-spouse?

YES  NO

If yes, attach an original certified copy of the complete divorce court order to this form (if not already supplied to the Fund). This order must be in terms of Section 7(8) of the Divorce Amendment Act 1989, to be binding on the Fund. Please provide full contact details of the ex-spouse in order for the benefit payment to be made by the Fund.

**Ex-spouse Details**

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_POSTAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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**BENEFIT OPTIONS (Withdrawal and Retirement Claims ONLY)***Please refer to the **IMPORTANT NOTES** section below, before exercising an option*

- Leave my benefit invested in the Fund until further notice (if applicable in terms of the Rules of the fund, please refer to your Human Resources office).
- Pay benefit directly into my own bank account as specified above.
- Pay portion of my benefit into my own account as specified above. Specify amount or percentage: \_\_\_\_\_

**On retirement from a Pension Fund you are entitled to commute up to a maximum of 1/3<sup>d</sup> (33.33%) of your retirement benefit. The exception to this rule is your retirement benefit is less than R247 500, you are then permitted to take the full retirement benefit as a lump sum.**

- Transfer of Benefit;  Full Benefit
- Portion of Benefit: \_\_\_\_\_ Specify amount or percentage: \_\_\_\_\_

NAME OF FUND: \_\_\_\_\_

TYPE OF FUND: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

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**IMPORTANT NOTES****Paid -up Membership****1. Terms**

As a paid-up member, you are required to preserve your entire withdrawal benefit in the Fund (i.e. you may not take any portion in cash and preserve the balance). You may access your paid-up benefit (cash and/ or transfer) at any age prior to or at retirement. No new contributions to the Fund are permitted. No deductions may be made from your member share in respect of any insured risk benefits.

With effect from 1 March 2019, you automatically become a paid-up member in the Fund on the termination of your employment, if you **do not choose a benefit option**. You remain a paid-up member in the Fund until you complete and submit a withdrawal claim form, instructing the Fund what you wish to do with your member share.

**2. Tax**

You do not pay any tax when you become a paid-up member. Any future lump sum taken will be taxed on the same basis as any other lump sum payment from a fund.

**3. Investments**

Your member share remains invested in your elected investment portfolio. You are permitted 1 free switch per year and the cost for additional switches is R350 (including VAT) per switch and will be paid from your member share. For more detail about the investment options, fees or the underlying investment portfolios, please contact the Fund's Administrator on 021 943-5330 or 021 943-5357 or send your ID number and contact number to [rbc@verso.co.za](mailto:rbc@verso.co.za) and a counsellor will contact you.

**4. Communication**

You will receive an annual benefit statement (including a confidential beneficiary nomination form), as well as a Paid-up certificate, confirming your status as a Paid-up member.

**5. Fees**

For information on the fees payable for Paid-up membership, please contact the Fund's Administrator on 021 943-5330 or 021 943-5357 or send your ID number and contact number to [rbc@verso.co.za](mailto:rbc@verso.co.za) and a counsellor will contact you.

### Retirement Benefits Counselling

You have access to Retirement Benefits Counselling prior to you deciding on the payment of your Fund benefit and before your benefit is paid to you or is transferred to another approved fund. The option(s) you exercise now may have a long-term impact on your financial well-being and you are encouraged to take the necessary steps to empower yourself to make well-informed decisions. Please contact the Fund's Administrator on 021 943 5330 or 021 943 5357, if you wish to speak to a counsellor. Alternatively, you can send your contact number and ID number via e-mail to [rbc@verso.co.za](mailto:rbc@verso.co.za) and a counsellor will contact you.

### Deductions to be made from pension benefits

Any legitimate deductions will be made from your benefit irrespective of your option chosen. This is particularly relevant if you have an outstanding pension backed housing loan balance at the time of your exit from employment.

### Financial Advice

The Fund encourages members to constantly seek financial advice on all fund matters and particularly when benefits become payable. Please note that the Fund will not pay fees or commissions to any financial advisers.

### Confidentiality

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.

### Tax Directive

Payment will only be made on receipt of a tax directive, issued by the SA Revenue Service (SARS).

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## DECLARATION BY MEMBER

It is hereby confirmed that:

1. The information contained herein is correct.
2. I am satisfied with the information and / or counselling that I received and the benefit options available to me were disclosed and explained in a clear and understandable language.

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

## TO BE COMPLETED BY THE EMPLOYER

### EMPLOYER DETAILS

NAME OF EMPLOYER \_\_\_\_\_

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### BANKING DETAILS

ACCOUNT HOLDER'S NAME \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BRANCH NAME \_\_\_\_\_ BRANCH CODE \_\_\_\_\_

ACCOUNT TYPE:  CURRENT  SAVINGS  TRANSMISSION

REFERENCE NUMBER \_\_\_\_\_ (if applicable)

### CLAIM DETAILS

DATE OF TERMINATION OF SERVICE \_\_\_\_\_

REASON FOR TERMINATION OF SERVICE:

- WITHDRAWAL \_\_\_\_\_ (Resignation, Dismissal, Abscondment, Retrenchment, Transfer)
- RETIREMENT \_\_\_\_\_ (Voluntary Early, Compulsory Early, Normal, Late, Ill-health)
- DEATH

**CONTRIBUTION DETAILS**

FINAL MONTH IN WHICH CONTRIBUTION WAS MADE \_\_\_\_\_

AMOUNT OF FINAL CONTRIBUTION R\_\_\_\_\_ MEMBER

R\_\_\_\_\_ EMPLOYER

**PRIOR CLAIM**

Is there a prior claim in respect of section 37D of the Pension Funds Act?  YES  NO

*If yes, please provide proof of the claim and employer banking details.*

Housing loan guarantee by the fund to the bank (Fund's home loan facility): R

Housing loan guarantee by the employer: R

Compensation for damage caused by the employee\*: R

\*Where "Compensation for damage caused by the employee" applies, the employee and employer are required to complete the 'Acknowledgement of Liability and Agreement to Pay' form which is available for download from the website.

**DECLARATION BY EMPLOYER**

It is hereby confirmed and warranted:

- The employer has made every reasonable effort to inform the member that the Fund has a mandatory obligation to provide access to Retirement Benefits Counselling, before the member makes any decision regarding the options available, at termination.
- The information contained herein is correct and in particular, that the banking details provided above have been confirmed as correct;
- The employer will endeavor to take reasonable steps to ensure that the member signs the form;
- In cases where the member does not sign the form, the Employer shall sign on behalf of the member.

The Employer hereby unconditionally absolves the Fund and Verso Financial Services and as necessary keeps indemnified the Fund and Verso Financial Services from and against all and any loss, damage, costs and expenses which the member, beneficiaries or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso Financial Services, on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the member's signature on this form.

FULL NAME OF AUTHORISED OFFICIAL OF THE EMPLOYER \_\_\_\_\_

WORK TEL NO. (\_\_\_\_\_) \_\_\_\_\_ FACSIMILE NO. (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE OF AUTHORISED OFFICIAL OF THE EMPLOYER \_\_\_\_\_

DATE \_\_\_\_\_ EMPLOYER STAMP

**SUPPORTING DOCUMENTS REQUIRED**

WITHDRAWAL: Bank Statement

RETIREMENT: Proof of identity  
Bank Statement

DEATH: Original certified copies of the following documents:

- Death Certificate (BI-5 or BI-20)
- Member and Spouse's Identity document
- Marriage Certificate
- Identity documents of any other dependants
- Beneficiary Nomination Form

Disposal of Death Benefits Form  
Banking Details and Addresses of Dependants/Beneficiaries