

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

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. **NBI 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

NATIONAL BARGAINING COUNCIL
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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 _____

BENEFIT OPTIONS (Withdrawal and Retirement Claims ONLY)

On retirement from a Pension Fund a member is entitled to commute up to a maximum of 1/3rd (33.33%) only!

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

NAME OF FUND: _____

TYPE OF FUND: _____

CONTACT DETAILS: _____

DECLARATION BY MEMBER

It is hereby confirmed that the information contained herein is correct.

SIGNATURE OF EMPLOYEE _____ 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 our website, www.verso.co.za.

DECLARATION BY EMPLOYER

It is hereby confirmed that the information contained herein is correct. The employer hereby unconditionally absolves the Fund and Verso Financial Services (Pty) Ltd and as necessary indemnifies and keeps indemnified the Fund and Verso Financial Services (Pty) Ltd from and against all or any loss, damage, cost and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso Financial Services (Pty) Ltd, on behalf of the Fund, relying on and using any information supplied by the employer.

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

NOTES

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