

HBSI PENSION FUND - FRONT OFFICE

Postnet Suite 510
Private Bag X1
Die Wilgers
0041

Unit B3, The Willows Office Park, 559 Farm Road,
Die Wilgers, 0041
(Behind Toyota Dealer, entrance in Simon
Vermooten Road)

TEL: 086 1114 662

E-MAIL: hbsipension@prevue.co.za

Dear Member,

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

This form is for all claims **EXCEPT** for **RETIREMENT** and **DEATH CLAIMS**.

Please attach the following documents to the completed form:

1. **Certified Copy** of your Identification Documents, **not older than 3 months**. If it is a Smart Identification, both sides must be copied and certified.
2. Copy of your Marriage Certificate (If applicable).
3. Copy of the Divorce Order/Settlement Agreement (If applicable).
4. **Proof of Bank Account** – Must be in Your Name, **not older than 3 months**.
5. **Proof of Residential Address** - Must be in Your name and be the **same as written on the form**.
6. **Proof of your Tax Reference Number**. (IRP5, Letter form SARS, SMS/WhatsApp or any other type of document/communication form SARS with your Tax Reference Number on it). If you don't have a Tax Reference Number, please contact SARS on 0800 007 277 or WhatsApp SARS on 0800 11 7277 to request your Tax Reference Number.
7. Resignation, Dismissal, Abscondment, Retrenchment or Transfer Letter.

Note:

Please read through the **Benefit Options on Page 2 and 3** on how you want your funds to be paid out.

A claim process can take 8 -10 weeks to be paid out.

You can email the completed claim form with all required documents to hbsipension@prevue.co.za

Please make sure the pages are **Clear and Readable**.

(No Pictures or Links will be allowed, only scanned PDF documents).

If you have any questions, please contact us.

Kind Regards,

National HBSI Pension Fund

Tel No: +27 86 111 4662

Cell : +27 72 858 9786

Email : hbsipension@prevue.co.za

WITHDRAWAL BENEFIT CLAIM FORM

Fund name

Participating Employer

Member's Personal Details

Member number

Employee number

Name/s & Surname

Identity number

Date of Birth

Passport number

Country of issue

Marital Status:

☐

Married

☐

Single

☐

Other

Residential Address

Postal Address

Email address

Contact number

Tax number

Annual taxable income

Banking Details (Please attach proof of your bank account, not older than 3 months)

Account Holder

Bank Name

Account Number

Branch Name

Branch Code

Type of Account:

☐

Cheque

☐

Savings

Divorce Orders

Are you aware of any Divorce Order issued by the court against your pension benefit in favour of a former spouse?

☐

Yes

☐

No

If applicable, attach the original certified copy of the completed divorce decree (if not already provided to the Fund). This Order must bind the Fund in accordance with section 7(8) of the Divorce Amendment Act 1989. Please provide full contact details of your former spouse so that the benefit payment can be made by the Fund.

Benefit Claim Form (continued)

Former Spouse's Details

Name/s & Surname			
Identity number		Date of Birth	
Passport number		Country of issue	
Residential Address			
Postal Address			
Email address		Contact number	
Tax number			

Benefit Options

Please refer to the IMPORTANT NOTES section below, before exercising an option. Please elect only ONE option.

Option 1

☐

Vested pot: Leave my benefit invested in the Fund until further notice.

Savings pot: Leave my benefit invested in the Fund until further notice.

Retirement pot: Benefit to remain invested until date of retirement.

Option 2

☐

Vested pot: Pay benefit directly into my own bank account as specified above.

Savings pot: Pay benefit directly into my own bank account as specified above.

Retirement pot: Benefit to remain invested until date of retirement.

Option 3

☐

Vested pot: Pay benefit directly into my own bank account as specified above.

Savings pot: Pay benefit directly into my own bank account as specified above.

Retirement pot: Transfer benefit to the retirement pot in another approved Fund.

Name of Fund		Type of Fund	
Fund Administrator			
Email address		Contact number	

Option 4

☐

Vested pot: Transfer benefit to the vested pot in another approved Fund.

Savings pot: Transfer benefit to the savings pot in another approved Fund.

Retirement pot: Transfer benefit to the retirement pot in another approved Fund.

Name of Fund		Type of Fund	
Fund Administrator			
Email address		Contact number	

Benefit Claim Form (continued)

Option 5

☐

Vested pot: Pay portion of my benefit into my own account and transfer the balance of the vested pot to the vested pot in another approved Fund.

Specify amount or % cash:

Savings pot: Transfer benefit to the savings pot in another approved Fund.

Retirement pot: Transfer benefit to the retirement pot in another approved Fund.

Name of Fund

Type of Fund

Fund Administrator

Email address

Contact number

Option 6

☐

Vested pot: Pay portion of my benefit into my own account and transfer the balance of the vested pot to the vested pot in another approved Fund.

Specify amount or % cash:

Name of Fund

Type of Fund

Fund Administrator

Email address

Contact number

Savings pot: Pay benefit directly into my own bank account as specified above.

Retirement pot: Benefit to remain invested until date of retirement.

Important Notes

1 Two-Pot System

The "Two-Pot System" came into effect on 1 September 2024. This means that from 1 September 2024, your member share will consist of different pots: a vested pot, savings pot and a retirement pot.

Vested pot (if any): Your accumulated fund credit (vested and non-vested member share) up to 31 August 2024, plus interest thereon, will be allocated to this pot as well as any transfers received from the vested pot in another approved Fund.

Savings pot (if any): Ten percent of your vested pot on 31 August 2024, up to a maximum of R30 000, has been allocated to your savings pot and one-third of your future monthly contributions. You can make one withdrawal from this pot in a tax year, subject to the minimum withdrawal amount of R2 000.

Retirement pot (if any): Two-thirds of your future monthly contributions will be allocated to your retirement pot. No withdrawals can be made from this pot prior to retirement and the balance in this pot must be used to purchase a pension at retirement.

2 Withdrawal options

Vested pot (if any): This amount maybe preserved in the Fund, transferred to another approved Fund or taken in cash. If taken in cash the amount will be taxed according to SARS withdrawal tax tables.

Savings pot (if any): This amount must preserved in the Fund, unless it is less than R2 000 or you have not made an savings pot withdrawal in the current tax year, in which case it may be taken in cash. If this amount is taken cash this amount will be taxed according to your marginal tax rate.

Retirement pot (if any): This amount must preserved in the Fund until retirement or transferred to another approved Fund.

Benefit Claim Form (continued)

3 Paid up benefits

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.

Communication: You will receive an annual benefit statement (including a confidential beneficiary nomination form) should your full benefit remain in the Fund as a paid-up benefit and if your retirement pot remains invested with the Fund.

Fees: For information on the fees payable for Paid-Up membership, please contact the Fund's Administrator.

Fund Administrator's contact details

Should you require assistance please contact the Fund on 021 943 5300 / 087 330 2001 or send your ID number and contact number to info@verso.co.za and a fund administrator 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 for assistance.

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).

Financial Advice

By completing this section, you provide the administrator with permission to contact and deal directly with your financial adviser.

Complete this section if your financial adviser assisted you with the selection of your most appropriate benefit payment option.

Financial adviser detail:

Name of Adviser

Email address

Contact number

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

Employer Name

Business Address

Email address

Contact number

Claim Details:

Date of termination of service:

Reason for Termination:

(Resignation, Dismissal, Abscondment, Retrenchment, Transfer)

Contribution Details

Final Month of contributions

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

R

(Fund's home loan facility)

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 (www.verso.co.za).

Employer Banking Details

Account Holder

Bank Name

Account Number

Branch Name

Branch Code

Type of Account:

☐

Cheque

☐

Savings

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.
- The employer acknowledges that, where the member does not exercise a benefit option and / or sign the form, the member will automatically become a paid-up member in the fund three months after the Administrator has been informed that the member's employment was terminated.
- The Employer agrees to release the Fund and Verso Benefits Administrator (Pty) Ltd from any liability and promises to compensate them for any losses, damages, expenses, or costs that may be suffered by the member, beneficiaries, or any other person, whether directly or indirectly, due to Verso Benefits Administrator (Pty) Ltd relying on and using information provided by the Employer. This particularly applies if the Employer did not obtain the member's signature on this form.

Name/s & Surname of Authorised Signatory

Signature of Authorised Official

Date

Place

**Official Company
Stamp**

Supporting Documents Required

- Proof of your bank account, not older than 3 months.
- Certified copy of your identification documents, not older than 3 months. If it is smart identification, both sides must be copied and certified.

Payment will be made solely upon receipt of a tax directive which has been issued by the South African Revenue Service (SARS).

Note: Verso Benefits Administrator (Pty) Ltd is committed to protecting the privacy of personal information of all data subjects as required by the Protection of Personal Information Act (POPIA). We will use all reasonable efforts to ensure that any personal information is processed in a secure manner and for the purpose for which it is intended. Please go to www.verso.co.za to view our privacy policy (POPIA) statement.