

**EQUINOX RETIREMENT ANNUITY FUND, EQUINOX PRESERVATION PENSION FUND OR EQUINOX PRESERVATION PROVIDENT FUND**

**Retirement Notification  
Early Retirement Notification**

The applicant must initial each page as well as any amendments made to the application form. Please fax all the pages of this form to CLIENT SERVICES at +27 (0) 11 388 3223 or email to [direct@equinox.co.za](mailto:direct@equinox.co.za). The client must retain the original document.

**Please tick the appropriate box depending on your Product:**

<b>Equinox Retirement Annuity Fund</b> <input type="checkbox"/>	
Financial Services Board Registration number	37710/V
SARS Registration number	18/20/4/41951

<b>Equinox Preservation Pension Fund</b> <input type="checkbox"/>	
Financial Services Board Registration number	37711/V
SARS Registration number	18/20/4/41949

<b>Equinox Preservation Provident Fund</b> <input type="checkbox"/>	
Financial Services Board Registration number	37712/V
SARS Registration number	18/20/4/41950

<b>Please tick the appropriate box depending on your retirement option</b>	
<input type="checkbox"/> Retirement	
<input type="checkbox"/> Early retirement due to permanent disability or ill health**	
Supporting documents required:	
<ul style="list-style-type: none"> <li>• Declaration by employer to consider the disability claim.</li> <li>• A medical certificate completed by a medical doctor whom is currently or has treated the investor (at the cost of the investor).</li> <li>• A copy of the accident report if disability has been caused by an accident.</li> </ul>	
<p>**Please note that an investor may only request an early retirement benefit (i.e. before the investor has reached age 55) due to permanent disablement. The investor may make such a request when the investor is permanently disabled due to injury or illness, which in the opinion of the Trustees of the fund and based on medical evidence, renders the investor permanently incapable of satisfactorily performing his/her occupation or any other occupation which the investor is qualified for, by virtue of his/her training experience.</p>	

**1. Member Details**

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Names \_\_\_\_\_

ID Number \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

Physical address \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Telephone (Fax) \_\_\_\_\_ Telephone (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_ Tax number \_\_\_\_\_

Estimated taxable income for the current tax year R



**5. Insurer Details**

The entire benefit, or the balance after a cash lump sum payment, is to be invested as follows:

Name of the Annuity \_\_\_\_\_

Life Assuror / Institution \_\_\_\_\_

Please provide us with a copy of the completed Annuity Application form of the Life Assuror / Institution that will provide this annuity.

**6. Life Assuror Bank account details**

Name of Account Holder \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch Name \_\_\_\_\_ Branch Code \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account      Current       Savings       Transmission

**7. Conditions of withdrawal**

1. The investment will be switched (at the cost of the member) to an interest bearing fund/CIS pending completion of the transfer, to protect the member from devaluation of his/her transferrable amount.
2. The fund will apply for a tax directive and will only continue with the transfer once such tax directive has been received.
3. The transfer will be done in the form of a Rand amount and paid only into the bank account of the receiving retirement fund.
4. Fees payable by the client on the portfolio pending payment, will be deducted before the funds are paid to the client.

**8. Member Declaration**

1. I hereby declare that the information given above is true and correct and I instruct and authorize the Fund to pay all the monies due in accordance with the instructions above, subject to the rules of the Fund.
2. I understand and accept the conditions of the withdrawal as set out in this form.
3. I understand and accept that the Fund will have to apply for a tax directive if a cash benefit is requested and that the cash benefit requested herein is the pre-tax amount. I understand that the payment of the cash benefit will be delayed until a tax directive has been received. The Fund will deduct such tax before paying the cash benefit to me and/or the selected life assuror.
4. I understand that the amount payable at completion of this transfer may differ from the amount illustrated at the start of the transfer.

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

Applicant's initials