

Satrix Retirement Plan Retirement notification

Important information

- Complete the form in block letters.
- Please mark the appropriate block(s) with an X.
- The request will only be processed if signed by the member or authorised person.
- Persons acting on behalf of a member must provide proof of appointment (power of attorney, letters of executorship, etc.). Only applicable if not already in Glacier's possession.
- The rules of the fund stipulate that you can retire at any time from the age of 55 years.

Send documents to

Glacier Financial Solutions E-mail: satrixrp@glacier.co.za Fax: 021 947 9210

Contact us for more information

- Phone our Client Contact Centre at: 0860 007 461
- Send an e-mail to: satrixrp@glacier.co.za

1. Contact details for further information
Name and surname:
Contact number: E-mail:
2. Document checklist
Title: Surname:
Full first names of member:
Income tax reference number
Identity or passport number
E-mail:
3. Retirement options
The option that you select may have tax implications. We will request a tax directive from the South African Revenue Services (SARS) to indicate the tax amount to be withheld from any lump sum payment. To prevent any delays with your tax diretive please ensure that your details and tax affairs are in order with SARS. Please note that once we have received the tax directive it cannot be cancelled.
Retirement Annuity
Existing investment number
Choose one of the following:
Use the full retirement benefit to purchase a compulsory annuity from a registered insurer.
Take one third as a cash lump sum and use the balance to purchase a compulsory annuity from a registered insurer.
Take R (less than one third) as a cash lump sum and use the balance to purchase a compulsory annuity from a registered insurer.

Glacier Financial Solutions

Glacier Place, 1 Sportica Crescent, Tyger Valley 7530 Private Bag X5, Tyger Valley 7536







4. Bank details for lump sum payment (if applicable)	
Payments will only be made into a bank account held in your name	o.
Name of account holder:	
Name of bank: Bran	ch name:
Account number: 6-Digit branch code:	
Type of account: Cheque Savings Transmission	
5. Details of compulsory annuity	
Transfer the retirement benefit to the registered insurer as indicated the completed and signed application form for that insurer. Glacier documents before proceeding with the transfer. These documents	will require your signature on additional
Name of annuity:	
Name of registered insurer:	
6. Declaration	
Glacier will not be held responsible for damages and/or losses incorrectly completed forms or failure to adhere to these proce	sustained due to incomplete, ambiguous or dures.
Once you have excercised your option, it is final and cannot be	
 After execution of the member's instruction, the applicable Person no further liability towards the member or his/her dependants. 	sonal Portfolios Retirement Annuity Fund(s) has
I hereby declare that the information is correct and that I am legally necessary assistance where legally required.	y competent to give this instruction, with the
Signature of member/authorised person	Signature of parent/guardian (if applicable)
Print initials and surname	
	Date D D M M C C Y Y