



**CALIBRE**  
WEALTH MANAGERS

## LIQUIDATION PAYMENT INSTRUCTION

**FUND** : ..... **PENSION/PROVIDENT\* FUND** (\*delete as appropriate)

**Part. Employer** : .....

- ▶ **Please read the attached "Guidance for completion of the Payment Instruction Form" carefully before completing the form.**
- ▶ **On completion, please return the form plus all annexures to Calibre Wealth Managers (CWM) via fax - 086 236 0113 or email to [natalie@calibrewealth.co.za](mailto:natalie@calibrewealth.co.za)**

### PERSONAL DETAILS

Surname : .....

First names : .....

Date of Birth : ...../...../...../ ID No : .....

Tax Office : ..... <sup>1</sup> Tax No : .....

Postal/Residential : .....

address : .....Code.....

Contact tel : (H) .....(W).....(Cell).....

Email .....

<sup>2</sup> **Are you divorced?**  (indicate yes or no). If yes, attach copy of divorce order.

### ACKNOWLEDGEMENT OF DEBT –Must be completed by every member

1. I am/am not\* indebted to the employer in any way \*delete appropriately  
**If yes, please complete 2 and/or 3 below**
2. I acknowledge liability to the employer in respect of theft, fraud or misconduct, resulting in loss to the Employer in the amount of R .....
3. I acknowledge liability to the employer in respect of a housing loan granted in accordance with the provisions of the Pension Funds Act. The outstanding balance amounts to R ..... as at .....

By signing this form, Calibre Wealth Managers are authorized to deduct any amount reflected in 2 or 3 above and to pay it to the employer.

**REASON FOR EXIT :**

voluntary withdrawal  dismissal  retrenchment  retirement  other  .....

**3 PAYMENT INSTRUCTION**

Do you require advice on the options available to you ? Yes  No   
(Contact Graeme Orange - details below)

Pay cash via EFT (complete part A)  or Transfer to another fund (complete part B)

If only part is taken as cash, specify amount or % required as cash payment : .....  
(complete part B in respect of any balance)

**A. Cash payment via EFT (all required information must be supplied)**

Bank : ..... Branch code : .....

<sup>4</sup> Acc Type : ..... : Acc number .....

<sup>5</sup> Accountholder : .....

**A cash payment is subject to possible taxation. Should you wish to avoid such a situation, you may contact Graeme Orange on 011 433 1395 or email him on [graeme@calibrewealth.co.za](mailto:graeme@calibrewealth.co.za) for advice in this regard or you may contact your personal Financial Advisor.**

**B. Transfer to an approved retirement funding vehicle  
If yes, please indicate**

Y	N
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Details of the Fund .....

Name & contact details of the contact person .....

(Please attached a copy of the application form)

**DECLARATION AND INSTRUCTION BY MEMBER**

I hereby declare that all information provided by me in this form is, to the best of my knowledge, true and correct. CMW is furthermore authorized to pay any amount due to me into the bank account, the details of which have been supplied above. Should any error however have been made in the information I have supplied, CMW and/or the Fund will not be liable for any loss I may suffer as a result of any payment made in terms of the details so provided.

Signed : .....

Dated : ..... 20.....

## **GUIDANCE FOR COMPLETION OF THE PAYMENT INSTRUCTION FORM**

We are aware that the speedy payment of your benefit claim is of utmost importance to you. To enable us to achieve this goal, it is vitally important that you adhere to the following instructions and requests:

1. When completing the form, please
  - use black ink;
  - provide all required information. Any omissions may result in a delay in processing your payment;
  - write legibly, preferably using block letters;
  - provide us with as many contact details as possible; and
  - ensure that the form is signed and dated.
2. When submitting your completed form to CWM, the following additional documents are required:
  - Certified copy of your ID or other form of identification ie passport, driver's license etc;
  - Verification of your bank details. This can either be a copy of a recent bank statement (less than 3 months old) or a letter from the bank, confirming your banking details;
  - If you have become divorced during your membership of the fund, we require a copy of the Divorce Order and in particular the statement of division of assets, if available.
3. Certain requirements require extra explanation and have numerically been notated on the form ie <sup>1</sup>Tax No:

**Note 1. Tax number.** We cannot process your payment without this number as we have to apply for a tax directive from SARS. This does not necessarily mean that your benefit will be taxed. If you do not have a number, you should call on your nearest SARS Office and register.

**Note 2. Divorced?** If you have become divorced during your membership of the fund, legislation requires us to determine whether the Court has made an order with regard to the division of any accrued pension benefit. Therefore, if you are divorced, please attach a copy of the divorce order and, if available, the statement of division of assets.

**Note 3. Payments by CWM.** Care must be taken that the information provided is correct. CWM cannot take responsibility for any payment made based on incorrect information.

Due to the high incidence of crime and fraud, we do not accommodate any cash payments or payments by cheque.

**Note 4. Account Type.** Indicate whether Savings, Transmission or Cheque Account, We cannot accommodate payments to Credit Accounts or Housing Bond Accounts.

**Note 5. Account Holder.** Legislation prevents us from making payment to any person other than the member. If for any reason, payment cannot be made to the member, written explanation, supported by legal documentation, where appropriate, must be provided to CMW.

4. We trust this guide will assist you in completing this form, but if you need clarification or assistance on any aspect, please contact us on 011 433 1395 and we will gladly assist.