



# CLAIM NOTIFICATION

**ALEXANDER FORBES UNCLAIMED BENEFIT PRESERVATION FUND**

Pension Fund

 Tick

Provident Fund

 Tick

Member Number
Name of Employer/Paypoint

**1. MEMBER'S PARTICULARS** (please complete in full)

Surname	<input type="text"/>															
First names	<input type="text"/>															
Maiden name	<input type="text"/>															
ID/Passport number	<input type="text"/>	Country of issue	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Residential address	Unit number	<input type="text"/>	Complex	<input type="text"/>												
	Street number	<input type="text"/>	Street/Farm name	<input type="text"/>												
	Suburb	<input type="text"/>						City/Town	<input type="text"/>							
	Country	<input type="text"/>						Code	<input type="text"/>							
Postal address	<input type="text"/>															
	<input type="text"/>															
	<input type="text"/>										Code	<input type="text"/>				
Telephone numbers	Home	<input type="text"/>						Work	<input type="text"/>							
	Cell	<input type="text"/>						E-mail	<input type="text"/>							
	Period of employment outside RSA prior to withdrawal	<input type="text"/>	Completed years	From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income tax number	<input type="text"/>						Revenue office	<input type="text"/>								

Non-completion of the above may result in a delay in the settlement of this claim.

**2. IS THERE A DIVORCE OR MAINTENANCE COURT ORDER ISSUED AFFECTING THE PAYMENT OF FUND BENEFITS?**

Yes       No      If yes, please provide a copy of the court order.

**3. DOCUMENTATION TO BE ATTACHED**

Certified copy of Identity Document	<input type="checkbox"/>	Cancelled cheque or original Bank Statement reflecting the bank account number	<input type="checkbox"/>
Proof of membership of previous fund (membership certificate, benefit statement or letter from Employer)	<input type="checkbox"/>		

**4. PAYMENT INSTRUCTIONS: Payment and distribution of benefit.**

1. Full benefit to be transferred to Alexander Forbes Preservation Fund  (Please contact us for the application form)
2. Full benefit to be transferred to another preservation fund
3. Full benefit to be paid to the member

**Please note:**

- Bank account details supplied must be in respect of **claimant's own account** (Third party payments **will not be** allowed)
- All payments are made by electronic fund transfer.
- Payment will only be made on receipt of the **original** claim form and **original** documentation requested in Part 3 above.

