NOTIFICATION OF DIVORCE

Physical Hertford Office Park
Building B
90 Bekker Rd
Vorna Valley
Midrand 1685
Postal PO Box 3119 Halfway House 1685
Tel 011 544 8300
Fax 011 544 8301/2
E-mail umbrella.claims@salteb.co.za

The following documents must be submitted with this form:

a) Original certified copy of the member's Identification document
b) Original certified copy of the ex-spouses Identification document
c) Original certified copy of the Divorce Order
d) Proof of bank details of the ex-spouse (when full or part of benefit is paid in cash)
e) Policy application form and contact details (when benefit is preserved)

PROCESSING WILL BE DELAYED UNTIL ALL THE REQUIRED DOCUMENTS ARE SUBMITTED

SECTION 1: EMPLOYER DETAILS

Fund	
Employer	
Paypoint	

SECTION 2: MEMBER DETAILS

Membership number			
Company number			
Full names			
Surname			
Date of birth	/ /	Identification number	
Date of marriage	/ /	Date of divorce	/ /
e-mail			
Cell phone number			
Home phone number			
Postal address			
		Postal code	
Residential address			
		Postal code	

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SECTION 3: PERSONAL PARTICULARS OF NON-MEMBER SPOUSE (EX-SPOUSE)

Full names			
Surname			
Date of birth	/ /	Identification number	
Tax number			
e-mail			
Cell phone number			
Home phone number			
Postal address			
		Postal code	
Residential address			
		Postal code	

SECTION 4: PAYMENT INSTRUCTION DETAILS

Payment options and instructions

Note: *The beneficiary must familiarise him-/herself with the options available and the respective benefits and implications of each of these options prior to exercising his/her payment option*

I hereby authorise SALT Employee Benefits (Pty) Ltd to pay the benefit as indicated below:

☐	Full cash payout	☐	Tax-free portion cash payout, transfer remainder
☐	Part cash payout, transfer remainder	☐	Full transfer, no cash payout

If part cash payout, indicate % or amount to be paid	%		R

Bank details for cash payout

Note: *The account must be in the name of the beneficiary. In the case of a joint bank account, a stamped letter from the bank confirming that the account is held in both names is required. SALT Employee Benefits (Pty) Ltd will not accept responsibility for any losses that may arise from this arrangement. Please attach an original certified copy of a bank statement stamped by the bank, or an original letter stamped by the bank, or a cancelled cheque to prove validity and ownership of the account.*

Bank name					
Branch code		Branch name			
Account Number					
Account Holder					
Account type	☐ Cheque	☐	Savings	☐	Transmission

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Details for transfer of benefit

Please supply the following information about the approved fund or institution to which your benefit is to be transferred

Nature of transfer	☐	Transfer to Approved Retirement Fund of employer
	☐	Transfer to Approved Preservation Fund or Approved Retirement Annuity

Details of Approved Retirement Fund of employer

Employer			
Contact person		Contact Number	
Fund name			
Fund administrator			
Contact person			
Telephone no.		e-mail	

Details of Approved Preservation Fund or Approved Retirement Annuity

Financial advisor			
Telephone number		e-mail	
Institution			
Policy type			
Policy application number			
Contact person			
Telephone no.		e-mail	

Bank details for transfer of benefit

Bank name					
Branch code		Branch name			
Account Number					
Account Holder					
Account type	☐	Cheque	☐	Savings	☐ Transmission

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SECTION 6: EX SPOUSE DECLARATION

I,_____ (full names) hereby declare that the above information is true and correct in every detail and SALT Employee Benefits (Pty) Ltd is hereby authorised to make payment as stated above.
The tax implications have been fully explained to me and I declare that I understand all options.
I agree that payment above shall constitute good and effectual settlement and shall be full and final discharge to Salt Employee Benefits (Pty) Ltd and the fund of its liability in terms of the Rules of the Fund.

Ex-spouse signature	Date