

Two Pot Savings Claim - Divorce order consent form



To be completed by member

Name and surname

is a member ("member") of the ("the Fund")

Fund name

and has submitted a savings withdrawal claim in the amount of

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The law requires a non-member spouse to provide consent where a member has submitted a savings withdrawal claim if:

- there is a pending divorce order in terms of the Divorce Act or an application has been made for a court order in respect of the division of assets of a marriage in accordance with the tenets of any religion; **and**
- the Fund and Alexander Forbes Financial Services (Pty) Ltd ("Alexforbes") have been provided with written notification of the above.



Note: If a savings withdrawal claim is paid by the Fund, the member's balance in the Fund will be reduced by the value of the savings withdrawal benefit.

Please ensure that all the required information is captured accurately.

Please return the completed form to:

AFDO@alexforbes.com

Section A | Non-member spouse details

Fill in the details below

Your name(s)

Your surname

Title ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other (specify)

Identity or passport number

Date of birth

Residential address

Unit number

Complex name

Street number

Street or farm name

Suburb

City or town

Country

Code

Postal address (if it differs from residential address)

Code

Contact details

Please give us your *personal* (not professional) contact details.

Cell

Home

Email

Section B | Consent declaration

1. I confirm that I am the non-member spouse in the divorce matter under case number

Case number

2. I understand that my consent is required for the member to make a savings withdrawal claim as there is a pending divorce or application to the court.

3. Please tick the appropriate box below

In light of the above:

• I provide my consent

☐

Or

• I **do not** provide my consent

☐

to the Fund and Alexforbes to proceed with the savings pot withdrawal claim submitted by the member.

Section C | Your declaration (non-member spouse)

Please read and sign that you agree with the following:

- 1. I understand all of the content of this form.
- 2. I understand that this consent is legally binding.
- 3. I confirm that the content of this form is correct and has been signed by me freely and voluntarily.
- 4. I understand that if there is any loss suffered as a result of me providing the Fund and Alexforbes with incorrect information, neither Alexforbes nor the Fund are responsible for the losses.
- 5. I understand that should I decide to change my consent, there is a risk that the member's saving withdrawal benefit may have been paid and neither the Fund nor Alexforbes can be held liable in these circumstances.

Full name

Sign here _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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