GQM
Fund Administrators (Pty) Ltd
Quality Managed Retirement Fund Administration Services

Two-pot Early Access (Savings) Withdrawal Claim Form

A : Member details			
Fund name			
Employer name			
Title and Initials		Date of Birth	
Full Names and Surname			
Gender		ID Nr / Passport Nr Country Issued	_____
☐ **Attach a copy of ID/passport (if you have an identity card, submit a copy of the front and back of the card).**			
Employee Number		Tax Number	

B : Contact Details			
Residential Address		**Postal Address**	
Unit Number			
Complex (if applicable)			
Street Number			
Street/farm name			
Suburb/district		Suburb/district	
City/Town		City/Town	
Postal Code		Postal Code	
Contact Number(s)	Home	Cell	
E-mail address			

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C : Bank Details

Account Holder Name			
Name of Bank			
Account No		Branch Code	

Current ☐

Savings ☐

Transmission ☐

Please note the following:
Payment cannot be made to credit card or bond accounts
Payment cannot be made to third parties
Payments cannot be split into different bank accounts

☐ **Proof of bank details not older than 3 months. (Bank account confirmation letter/Stamped Bank Statement)**

D : Early Access (Savings) Claim Details

Claim Amount	R	Total annual/ Remuneration (Income)	R

Please note:

1. The minimum amount you can claim is R2 000.
2. If you have already claimed in the current tax year, you cannot claim again.
3. There will be an administration fee of R350, plus Vat deducted from the claim amount prior to applying for tax
4. The claim will be subject to a tax deduction at marginal tax rates
5. The amount of your total annual remuneration (Income) is required in order for SARS to deduct the correct amount of tax from your claim. If too little tax is deducted it will result in your owning SARS money at the time of your next tax assessment
   a. Tax deductions from claims is made based on a directive issued by SARS and the fund's administrator cannot be held liable for any over or under deductions.

E : Declaration regarding restrictions as it relates to your claim

1.	Do you currently have a home loan or home loan guarantee through the fund?	Yes ☐	No ☐
2.	Do you have or are you aware of any action to be taken against you by your employer as a result of fraud/theft/misconduct?	Yes ☐	No ☐
3.	Do you have pending or existing maintenance or divorce orders against you or any court orders as relates to the division of assets of a marriage in accordance with the tenets of any religion?	Yes ☐	No ☐

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By signing this page, you confirm the following:

1. You understand the options available to you and the impact of your claim on your future benefits.
2. You confirm the information provided is true and correct.
3. You understand that if there is any loss because you have given incorrect or incomplete information in this form neither GQM nor the fund can be held responsible as a result of this.
4. You confirm that you are making an informed decision.

Signed at	
Member's Signature	**Date**

E-mail this form to claimstwopot@gqm.co.za

Disclosure of information

GQM and the fund understand privacy and the confidentiality of personal information. If required, we may disclose your personal information to 3rd parties. These 3rd parties are insurance and service providers who are involved in the delivery of products or services to you. The same strict confidentiality standards are imposed on 3rd parties. Signing of this form confirms acknowledgement and consent to the above. We will treat personal information with caution and have security measures in place to protect it. The information provided will be used for intended purpose only. Such purposes include fund and related communications. We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.