

Liberty Corporate – A division of Liberty Group Limited Reg. No. 1957/002788/06 An Authorised Financial Services Provider (Licence No. 2409) Libridge Building, 25 Ameshoff Street, Braamfontein, 2001 P O Box 2094, Johannesburg 2000 *t*. +27 (0)11 408 2999 For claims forms: e <u>lc.serv@liberty.co.za</u> For queries: e <u>lc.servicecentre@liberty.co.za</u> t 086 0222 322

WITHDRAWAL NOTIFICATION FOR UNCLAIMED BENEFITS

Section 1 - Requirements

Please note that before we can pay a claim, all original documents to be couriered or delivered to our office:

The Unclaimed Benefits Team

Liberty Corporate 25 Ameshoff Street Braamfontein

Documents required for a withdrawal/retirement claim	Copy provided	
Original certified copy of the member's ID document /copy or the front and back of the ID smart card For non-South African members, an original certified copy of passport	🗌 Yes	🗌 No
Original certified copy of the member's bank statement	🗌 Yes	🗌 No
If the statement is not from one of the 5 major banks (Nedbank, Standard, FNB, ABSA, Capitec), we also require a letter from the bank with the following validation details: Member's full name Member's ID number Confirmation that the account is open Date that the account was opened	☐ Yes	□ No
Proof of previous employment or fund membership (e.g. member benefit statement, salary slip)	☐ Yes	🗌 No
If member wishes to purchase an annuity or transfer the benefit to another Approved Retirement Fund, details of the Fund and contact person's details	☐ Yes	🗌 No

Documents required for a death claim	Copy provided	
Original certified copy of the member's ID document /copy of the front and back of the ID smart card For non-South African members, an original certified copy of passport	🗌 Yes	🗌 No
If the value of the estate exceeds R250 000, original certified copy of the letter of executorship	🗌 Yes	🗌 No
Original certified copy of the Executor of the Estate Late's ID document /copy of the front and back of the ID smart card	🗌 Yes	🗌 No
If the value of the estate is less than R250 000, original certified copy of the letter of authority	🗌 Yes	🗌 No
Original certified copy of the Beneficiary's ID document /copy of the front and back of the ID smart card (as indicated on the letter of authority)	🗌 Yes	🗌 No
Original certified copy of the Estate Late bank statement or Beneficiary's bank statement (is indicated on the letter of authority)	🗌 Yes	🗌 No
Proof of previous employment or fund membership (e.g. member benefit statement, salary slip)	☐ Yes	🗌 No

In addition, if the original claim documents are delivered by a third party, Liberty Corporate requires the following:

Additional requirements	Copy provided	
A letter of authority from the member/executor authorising the third party to deliver the documents	🗌 Yes	🗌 No
The third party must bring a their ID document or ID Smart Card when they deliver the documents to verify their identity	🗌 Yes	🗌 No

Section 2 - Member details								
Please note, fields marked with an asterisk (*) are compulsory and claims cannot be processed without this information.								
Membe	r's ID number	*	Membership n	umber *				
	r's full name	Surname *						
(as per	ID document)	First names *						
Note: P	lease forward a	copy of your ID document/ copy of	the back <u>and</u> front of the ID sm	art card with t	his form.			
1.1 N	/lember's annua	I taxable income for preceding year	r or last salary *R					
1.2 P	Postal address	*						
		*			Code			
1.3 R	Residential addre	ess *						
		*			Code			
14	/lember's contac	ct Work	Home	Cell				
		e tax reference number *						
Section	n 3 - Transfer o	f benefits						
2.1 D	Do you wish to tr	ransfer the benefit? Yes] No					
lf	"Yes", please c	complete 2.2, or complete Section 3	3.					
2.2 N	lame of fund or	New fund/policy						
2.3 T	ype of fund/poli	су						
Contact	t name		Contact n	umber				
Email a	ddress	ess Fax number						
Insuran	ice company			_				
SARS f	und approval no	 please insert remaining digits) 	1 8 / 2 0 /	4 /				
		ached normal retirement age or b	evond, he/she must retire from	m the fund, h	e/she may	/ not with	draw.	
		deceased, please provide the Est	-		-			
Section	n 4 - Payment d	letails						
l reques	st Liberty to pay	the amount due to the member by	direct deposit into the following	account:				
Name o	of bank		Name of branch					
Account	t number		Branch number					
Account			Type of account					
,								
		Member signature			Date			
					Dale			

Contact us

Queries

For more information, please contact your accredited Liberty financial adviser, or the Liberty Corporate support centre:

Contact centre Tel.: +27 (0)11 408 2999 Fax: +27 (0)11 408 2264 Email address: lc.contact@liberty.co.za

Alternatively, you can write to us or visit our walk-in centre in Johannesburg.

Contact centre – Postal address	OR	Walk-in centre address
Liberty Corporate P O Box 2094 Johannesburg 2000		Libridge Building – 9 th floor 25 Ameshoff Street Braamfontein Johannesburg

Complaints

If your query, or issues that arise from it, are not resolved to your satisfaction by your financial adviser or our servicing staff within a mutually agreed timeframe, please lodge a complaint to us by accessing our complaints form on <u>http://www.liberty.co.za/Pages/contact-us.aspx</u>.

Alternatively, you may submit your complaint, in writing to:

The Complaints Resolution Manager	OR	The Liberty Internal Adjudicator
P O Box 2094 Johannesburg 2000 Fax +27 (0)11 408 4440 <u>contactlcb@liberty.co.za</u>		P O Box 10499 Johannesburg 2000 Fax +27 (0)11 408 4195 Email: <u>internaladjudicator@liberty.co.za</u>

Please include as much detail as possible and copies of documentation where available, as this will speed up the resolution process, including:

- The fund/participating employer and member numbers relating to the query/complaint
- What you are expecting from us in terms of resolving the issue(s)
- Your contact details so that we can get hold of you
- Any correspondence from Liberty that lead to the query
- The names of the people you have dealt with so far, if applicable
- The dates and times of these contacts
- Any other event that triggered the query, for example, an article in a newspaper

Our complaints handling procedure is available from our website (<u>www.liberty.co.za</u>) or we can send it to you on request. You must refer **complaints resulting from advice provided by an independent broker or another financial services provider** to the broker or financial services provider concerned.

We will endeavour to address and resolve your complaint. However, in the event of your complaint not being resolved to your satisfaction, and after following our complaints handling procedure, you may contact the following regulatory bodies for assistance.

Fund complaints

The Principal Officer

The Principal Officer is responsible and accountable for the day-to-day affairs of the Fund. If you have any unresolved complaints regarding the running of the fund, you may contact the Principal Officer of your fund details are available from your Administrator.

The Pension Funds Adjudicator

If you have any unresolved complaints about your **corporate fund** (pension, provident or preservation fund) that are subject to the jurisdiction of the Pension Funds Act 24 of 1956, you may contact the Pension Funds Adjudicator.

Address	Telephone	Fax	Email address
The Pension Funds Adjudicator P O Box 580	+27 (0)12 346 1738	+27 (0)86 693 7472	enquiries@pfa.org.za

The Ombudsman for Long-term Insurance

If you have any unresolved complaints about a long-term insurance policy (death, disability, dread disease, etc.) that is subject to the jurisdiction of the Long-term Insurance Act 52 of 1998, you may contact the Long-term Insurance Ombudsman

Address	Telephone	Fax	Email address
The Honourable Mr Justice RP McLaren Ombudsman for Long- term Insurance Private Bag X45 Claremont 7735	+27 (0)21 657 5000 Share call +27 (0)86 010 3236	+27 (0)21 674 0951	info@ombud.co.za

Complaints against a financial adviser

The FAIS Ombudsman

If you have any unresolved complaints or disputes about advice that was given to you by a financial adviser after 30 September 2004, contact the FAIS Ombudsman.

Address	Telephone number	Fax number	Email address
Ms Noluntu Bam The FAIS Ombudsman	+27 (0)12 470 9080		
P O Box 74571 Lynnwood Ridge 0040	Share call +27 (0)86 048 3446	+27 (0)12 348 3447	info@faisombud.co.za