



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 claim forms: e lcb.customerservices@liberty.co.za f +27 (0)11 408 2158
 For queries: e lc.contact@liberty.co.za t +27 (0)11 408 2264

WITHDRAWAL NOTIFICATION FOR DIVORCE ORDERS

Please ensure that all the required information and benefit payment instruction details are completed as accurately as possible.
 Once we commence processing the claim payment, the transaction may not be reversed.

1. Member's details

Please note, fields marked with an asterisk (*) are compulsory and claims cannot be processed without this information.
 *All notifications must be accompanied by a stamped divorce order and a settlement agreement.

Fund name *	Fund number *
Employer's name	Employee/payroll ref number
Member's ID number	Membership number *
Member's full name	
Surname *	
Forenames *	

Please attach a copy of the member's ID document/ copy of the back and front of the ID smart card with this form.

Residential address	Code
Postal address	Code
Contact number	Work _____ Home _____ Cell _____
Date of divorce order *	Member's income tax number _____

2. Non member spouse details

2.1	Full names (as per ID document) *	
	Surname *	
	Identity number *	Income tax number _____
	Salary R _____	per month _____
2.2	Residential address	Code _____
2.3	Postal address	Code _____
2.4	Contact number	Work _____ Home _____ Cell _____

3. Transfer of benefits

3.1	Is the benefit to be paid to the non-member spouse in cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Is the benefit to be transferred to another approved pension/ provident / retirement annuity or preservation fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", please complete 3.3	
3.3	Name of fund	New administrator _____
	Fund administrator contact name	Contact number _____
	E-mail address	Fax number _____
	Insurance company/ product provider _____	
	SARS Fund approval number	1 8 / 2 0 / 4 /
	Receiving fund registration number _____	

In the event of any modification or variation of this standard form Liberty, will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

4. Payments particulars

I request Liberty to pay the amount due to me as a non-member spouse by direct deposit into the following account:

Name of bank _____

Name of branch _____

Branch number _____

Account number _____

Type of account _____

Account number _____

An **ORIGINAL** cancelled cheque or **ORIGINAL** account statement must be attached for verification purposes, otherwise processing could be delayed.

- NB**
- **Payment will not be made into a 3rd party's account.**
 - **Liberty Life will not make payment by cheque.**
 - **Benefits paid from the fund are payable in Rand (R).**
 - **For divorce claims, it is up to the non – member spouse concerned to make any necessary arrangements to transfer his/her benefit outside of South Africa, should he/she subsequently leave the country.**

Non-member spouse's signature

Date

Important to note: Member's approval will be required for divorce orders prior to 13.09.2007. Claims may be rejected if the divorce order is deemed to be invalid.

Contact us

Queries

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

Liberty Corporate Contact Centre

Email address: lc.contact@liberty.co.za

Tel. number : +27 (0)11 408 2999

Fax number: +27 (0)11 408 2264

Complaints

Our complaints handling procedure is available on our website (www.liberty.co.za), or we can send it to you on request. Complaints should be directed in writing to:

The Complaints Resolution Manager

Liberty Corporate

P O Box 2094, Johannesburg, 2000

Email address contactlcb@liberty.co.za

Tel number +27 (0)11 408 2771

Fax number +27 (0)11 408 4440

OR The Liberty Internal Adjudicator

Liberty Group

P O Box 10499, Johannesburg, 2000

Email address internaladjudicator@liberty.co.za

Fax number +27 (0)11 408 4195

If the complaint is not resolved to your satisfaction by Liberty, you may contact one of the legislative bodies that have been tasked to look after your interests a customer

For fund complaints

The Pension Funds Adjudicator

P O Box 580, Menlyn, 0063

Email address enquiries@pfa.co.za

Tel. number +27 (0)12 748 4000

Fax number 086 693 7472

OR The Ombudsman for long term insurance

The Honorable Mr. Justice RP McLane

Private Bag X45, Claremont, 7735

Email address info@ombud.co.za

Tel. number +27 (0)21 657 5000

Sharecall +27 (0)86 010 3236

+27 (0)21 674 0951

For complaints regarding a financial adviser

FAIS Ombudsman

PO Box 74571, Lynnwood Ridge, 0010

Email address info@faisombud.co.za

Tel number +27 (0)12 470 9080

Fax number +27 (0)12 348 3447