RETIREMENT INSTRUCTION
RETIREMENT ANNUITY FUND

CORONATION FUND MANAGERS

A. Personal Details

Title: _____ Surname: _____

First name(s): _____

Investment number: _____ Investment level: _____

ID/Passport number: _____

Postal address: _____ Code: _____

Residential address: _____ Code: _____

Contact telephone number: ( ) _____ Fax number: ( ) _____

Cellphone number: _____

E-mail address: _____

B. Retirement Options

Please specify: ☐ Retirement or ☐ Ill health

Date of retirement: ____/____/____ or Age: _____

Do you wish to take a portion of your benefit as a cash lump sum? ☐ Yes ☐ No

If yes, please specify the cash lump sum amount:

One third R | | | | | | | | Cents | | or Other amount* R | | | | | | | | Cents | |

* Amount cannot exceed one third

Bank account into which the cash lump sum must be paid:

Name of bank: _____ Account number: | | | | | | | | | | | |

Branch name: _____ Branch code: | | | | | | | | |

Type of account: ☐ Current ☐ Transmission ☐ Savings

Name of account holder: _____

Please note: A cancelled cheque or recent bank statement must accompany this application.
Payments will not be made to third-party accounts, including credit cards and money market accounts.

The entire benefit, or the balance after a cash lump sum payment, if any, is to be used to purchase the following compulsory annuity:

Name of life/living annuity*: _____ Life assurer/institution: _____

** Please forward a copy of your application form.*

Bank details of life assurer/institution:

Name of bank: _____ Account number: | | | | | | | | | | | |

Branch name: _____ Branch code: | | | | | | | | |

Applicant's initials

C. Details Required for Income Tax Purposes – If a Lump Sum is Selected

Income tax reference number: _____ Income tax office: _____

Estimated taxable income for the current tax year: R | | | | | | | | | Cents | |

D. Statement by Member

I hereby warrant that the information given above is to the best of my knowledge correct and I instruct and authorise the Fund to pay all monies due in accordance with the instructions above, subject to the rules of the Fund.

Signature of member or authorised representative*: _____ Date: ____/____/____

** Please forward proof of authorisation.*

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Applicant's initials