



No benefit will be paid before this instruction form is in the employer's/administrator's possession.

**1 | PARTICULARS OF FUND**

Name of Fund

Name of Member Spouse's Employer

**2 | PARTICULARS OF MEMBER SPOUSE**

Title

Initials

Surname

First Name/s

Date of Birth

D	D	M	M	Y	Y	Y	Y
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I.D. Number (Attach a Copy of ID)

Contact Number

Email Address

Physical Address

	Postal Code	

Postal Address

	Postal Code	

**3 | PARTICULARS OF NON-MEMBER SPOUSE**

Title

Initials

Surname

First Name/s

Date of Birth

D	D	M	M	Y	Y	Y	Y
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I.D. Number (Attach a Copy of ID)

Contact Number

Email Address

Income Tax Number

Physical Address

	Postal Code	

Postal Address

	Postal Code	

## 4 | INSTRUCTIONS

Please indicate option:

Method of Payment

<input type="checkbox"/>	DIRECT CASH PAYMENT	<input type="checkbox"/>	TRANSFER TO ANOTHER FUND
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If "Transfer to Another Fund" is selected, please provide the following details:

Name of Fund

Fund's Registration Number

Fund's Contact Details

*\*Please note that you could be, depending on the date of your divorce order and/or the tax-specific provisions in your divorce settlement agreement, be liable to pay the tax on the portion of the pension interest allocated to you.*

## 5 | AUTHORISATION TO PAY BENEFIT AND INDEMNITY

For security reasons, if you select a direct cash payment, your portion of the pension interest will be deposited directly into a bank account.

Name of Account Holder

Name of Bank

Account Number

Account Type

Name of Branch

Branch Code

## 6 | FOR OFFICE USE ONLY

Date Received by the Employer/Administrator (Please attach proof of date of receipt)

D	D	M	M	Y	Y	Y	Y
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**\*NOTE:** The administrator will pay or transfer (whichever is applicable) the amount to which the non-member spouse is entitled within 60 days of the date of receipt of this instruction form. Should the Administrator fail to make such payment or transfer within the 60-day period, interest will be added to the non-member spouse's benefit and will be paid to her/him by the administrator.

Non-member Spouse's Signature

D	D	M	M	Y	Y	Y	Y
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Date Signed by Non-member Spouse