

Oasis House · 96 Upper Roodebloem Road · University Estate · 7925 P.O. Box 1217 · Cape Town · 8000 · South Africa Tel: +27-21-413 7860 • Fax: +27-21-413 7918

LOCAL RATE: 0860 100 786 Email: ors@za.oasiscrescent.com Website: www.oasiscrescent.com

An authorised Pensions Fund Administrator

## **OASIS CRESCENT RETIREMENT ANNUITY FUND**

Company Reg. No. 1997/002777/07
Oasis Crescent Retirement Annuity Fund Reg. No. 12/8/ 36992/1

WITHDRAWAL

1. The Terms and Conditions and Fund Rules that apply to this product, must be read in conjunction with this form and is available on www.oasiscrescent.com.     2. Kindly complete all fields in the form, using BLOCK CAPITALS.     3. This completed form, and any supporting documentation, should be submitted to Oasis as per the contact details above.     4. We will process this application once all duly completed documentation is received.			
Member Number  Date: D D M M Y Y Y Y			
MEMBER DETAILS  Marital Status: Married  Single  Divorced  Widowed  Title:  Initials:			
Full name of Account Holder:			
Residential Address:			
Postal Code:			
Telephone Number: Mobile/Cell phone: Mobile/Cell phone:			
CASH WITHDRAWAL DETAILS  Amount to be withdrawn  % (Up to 33.3%)  Rand			
Date of withdrawal: D D M M Y Y Y Y Pensionable Salary at withdrawal R			
Tax Reference Number Tax Office			
TYPE OF WITHDRAWAL Less than R7000			
At retirement: Value less than R75,000 Up to 1/3, or R only (which is less than 1/3)			
AMOUNT TO BE INVESTED / TRANSFERED % To be invested % Up to or in excess of 2/3 Section 14 Transfer			
Please provide the details below of the Fund who will be receiving the investment for the purposes of retirement			
Fund Name:			
Telephone Number: Percentage of benefit to be transferred: %			
Fax: Email: Email:			
Contact Person:			
BANK DETAILS Account type: CURRENT SAVINGS TRANSMISSION			
(Only in the name of the investor - to which any cash amounts will be paid). Changes in bank details must be supported by a cancelled chequ on a bank statement not older than 3 months			
Name of bank			
Branch name Account number			
Branch code Name of account holder			
TRANSFEREE BANK DETAILS Account type: CURRENT SAVINGS TRANSMISSION			
Changes in bank details must be supported by a cancelled cheque on a bank statement not older than 3 months			
Name of bank			
Branch name Account number			
Branch code Name of account holder			



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On resignation from the Fund your investment will be transferred to the Benefit Settlement Portfolio, pending the resolution of procedural matters and the approval of any regulatory bodies, including SARS. The Benefit Settlement Portfolio is part of the Fund and non-permissible income is disbursed by the Fund on behalf of members to a registered charitable institution in accordance with the Shari'ah principles of the Fund. The Benefit Settlement Portfolio protects the member against falls in the value of their investment. However, members also do not share in any potential growth in the Fund during the time their investment is held in the Benefit Settlement Portfolio. If your tax affairs are not in order, your money will remain in the benefit settlement until such time as you have resolved your tax affairs.

Signature of Member	Signature of Person Assisting	Capacity of Person Assisting
		D D M M Y Y Y Y FOR OFFICIAL USE
Captured Name	Signature	
		D D M M Y Y Y Y
Authorised Name	Signature	