1. Important Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.1** | This form is to be used when transferring benefits between administrators/product providers. | | | |
| **1.2** | Hollard Investments is a division of Hollard Life Assurance Company Limited. | | | |
| **1.3** | All documents can be sent via email to customercare@hollardinvestments.co.za or faxed to +27(0)11 351 3816. | | | |
| **1.4** | **Hollard Banking Details:** | | | |
|  |  | | | |
|  | **Hollard Provident Preservation Plan** | | | |
|  | **Bank Name:** | Standard Bank | **Branch Code:** | 00 02 05 |
|  | **Account Name:** | Prime Pres Provident Hollard | **Branch Name:** | Johannesburg |
|  | **Account Type:** | Business Current Account | **Account No.:** | 000 002 228 702 7 |
|  |  | | | |
|  | **Hollard Pension Preservation Plan** | | | |
|  | **Bank Name:** | Standard Bank | **Branch Code:** | 00 02 05 |
|  | **Account Name:** | Prime Pres Pension Hollard | **Branch Name:** | Johannesburg |
|  | **Account Type:** | Business Current Account | **Account No.:** | 000 002 228 645 4 |
|  |  | | | |
|  | **Hollard Living Annuity** | | | |
|  | **Bank Name:** | Standard Bank | **Branch Code:** | 00 02 05 |
|  | **Account Name:** | HLAC-Hollard Inv Inflow Account | **Branch Name:** | Johannesburg |
|  | **Account Type:** | Business Current Account | **Account No.:** | 000 335 665 |
|  |  | | | |
|  | **Hollard Retirement Annuity Plan** | | | |
|  | **Bank Name:** | Standard Bank | **Branch Code:** | 00 02 05 |
|  | **Account Name:** | Prime Retirement Annuity Hollard | **Branch Name:** | Johannesburg |
|  | **Account Type:** | Business Current Account | **Account No.:** | 000 490 202 |
|  |  | | | |
|  | **Hollard Retirement Accumulator** | | | |
|  | **Bank Name:** | Standard Bank | **Branch Code:** | 00 02 05 |
|  | **Account Name:** | HSL Regent Life Retirement Annuity Fund | **Branch Name:** | Johannesburg |
|  | **Account Type:** | Business Current Account | **Account No.:** | 000 002 228 705 1 |

1. On behalf of Transferring Fund/Insurer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.1** | **Particulars of Transferring Fund/Insurer:** | | | | | | | | | | | | | | | | | |
| Registered Fund/Insurer Name: | | | | | |  | | | | | | | | | | | |
| Fund FSB Registration Number: | | | | | |  | | | | | **SARS Approval No.:** | | | | |  | |
| **Type of Fund:** | | | Defined Contribution Fund | | | | | | | | **Defined Benefit Fund** | | | | | | |
| **2.2** | **Particulars of Member:** | | | | | | | | | | | | | | | | | |
| **Title:** |  | | **First Name & Surname:** | | | | |  | | | | | | | | | |
| **Income Tax No.:** | | | |  | | | | **ID/Passport No.:** | | | | |  | | | | |
| **Date of Birth:** | | | |  | | | | | | | | | | | | | |
| **2.3** | **Membership Details:** | | | | | | | | | | | | | | | | | |
| **Start Date:** | |  | | | | **Date of withdrawal from transferring fund:** | | | | | | | | |  | | |
| **2.4** | **Particulars of Benefit to be Transferred:** | | | | | | | | | | | | | | | | | |
| Member’s Gross Benefit: | | | | | **R** | | | | **Amount of Benefit to be Transferred:** | | | | | | | | **R** |
| Details of Portion not being Transferred: | | | | | | | **R** | | | | | | | | | | |
| Unclaimed Benefits Previously Taxed: | | | | | | | **R** | | | | | | | | | | |
| Transfer by Non-Member Spouse Previously Taxed: | | | | | | | | | **R** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **The following restrictions or conditions apply in respect of the benefit being transferred:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **In terms of instructions received from or on behalf of the member, the benefit being transferred is to be applied as follows:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **2.5** | **Previous Allowable Deduction Details:** | | | | | | | | | | | | | | | | | |
| Payment to the spouse in respect of a divorce order: | | | | | | | | | | **Yes** | | **No** | | | | | |
| Housing loan settlement payment: | | | | | | | | | | **Yes** | | **No** | | | | | |
| Other (please specify): | | | | | | | | | | **Yes** | | **No** | |  | | | |

1. Statement on behalf of Transferring Fund

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1** | The amount to be transferred (as detailed above) will be paid by means of Electronic Fund Transfer to the Receiving Fund’s bank account as soon as:   1. This Recognition of Transfer Form is returned, fully completed and signed, to the contact person shown below; 2. And the necessary authority to affect such transfer has been received from SARS. | | | | | | | | | | | | | | | | | | | | | |
| **3.2** | Confirmation of payment will be provided as soon as payment has been made. Please note that the value of the transferring benefit is subject to change due to market fluctuations and the response from SARS. | | | | | | | | | | | | | | | | | | | | | |
| **3.3** | **Particular of Contact Person:** | | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | Name & Surname: | | | |  | | | | | | | | | | | | | |
| Company Name: | | | | |  | | | | | | | | | Designation: | | | |  | | | |
| **Postal Address:** | | | | | | | | | | | | | | | | | | | | | |
| Postal address is as per residential address: | | | | | | | | | Yes | | | | No- please complete a postal address below. | | | | | | | | |
| **Address Type:** | | | PO Box | | | | Private Bag | | | Postnet Suite | | | | | | Box/Bag/Suite Number: | | | |  | |
| Post Office Name: | | | | | |  | | | | | | | | | | Code: | | |  | | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | |
| Office: | |  | | | | | | | | | **Mobile:** | | | |  | | | | | | |
| **\*Email:** | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | Company/Fund Stamp | | | |  | | | | | | | | Signature (on behalf of transferring fund): | | | | |  | | | | |
|  | Date: | | | | |  | | | |  |

1. Statement on behalf of Receiving Fund/Insurer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4.1** | **Particulars of Receiving Fund/Insurer:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registered Fund/Insurer Name:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Fund FSB Registration Number:** | | | | | | | | | | | | |  | | | | | | | | | | | **SARS Approval No.:** | | | | | | |  | | | | |
| **Type of Fund:** | | | | | **Defined Contribution Fund** | | | | | | | | | | | | | **Defined Benefit Fund** | | | | | | | | | | | | | | | | | |
| **4.2** | **Statement on behalf of Receiving Fund/Insurer:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. The transfer benefit as set out in 2.4 above will be applied for the benefit of the person specified in 2.2 above in the Fund as specified in 4.1 above. 2. If any request is received to deal with the benefit as set out in 2.4 above in any manner other than that set out in 2.2 or 2.4 above, such request shall not be implemented by the receiving Fund without prior written consent of the transferring Fund. 3. Information contained herein is correct and in particular, the banking details provided above have been confirmed as correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.3** | **Particular of Contact Person:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | | | | Name & Surname: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Company Name: | | | | | | | | |  | | | | | | | | | | | | | | Designation: | | | | |  | | | | | | | |
| **Postal Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address is as per residential address: | | | | | | | | | | | | | | | | Yes | | | | | No- please complete a postal address below. | | | | | | | | | | | | | | |
| **Address Type:** | | | | | | PO Box | | | | | | Private Bag | | | | | Postnet Suite | | | | | | | | | Box/Bag/Suite Number: | | | | | | | |  | |
| Post Office Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | Code: | | | |  | | | | | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office: | |  | | | | | | | | | | | | | | | | | **Mobile:** | | | | | |  | | | | | | | | | | |
| **\*Email:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.4** | **Banking Details of Receiving Fund:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank Name:** | | | |  | | | | | | | | | | | **Branch Name:** | | | | |  | | | | | | | | | **Code:** | | |  | | | |
| **Account Holder:** | | | | | | | |  | | | | | | | | | | | | **Account Number:** | | | | | | |  | | | | | | | | |
| **Account Type:** | | | | | **Transmission** | | | | | | | | | **Cheque/Current** | | | | | | | | **Savings** | | | | | | | **Other:** | | | |  | | |
| **Client Reference Number:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Company/Fund Stamp | | | | | | |  | | | | | | | | | | | | Signature (on behalf of transferring fund): | | | | | | | | |  | | | | | | | |
|  | Date: | | | | | | | | |  | | | | | | |  |