



Agri and Affiliated Sectors Provident Fund

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DIVORCE ORDER CLAIM FORM BY NON-MEMBER SPOUSE

TO BE COMPLETED BY THE NON-MEMBER SPOUSE

MEMBER DETAILS

MEMBER NO. _____ EMPLOYEE NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

GENDER: MALE FEMALE

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

NON-MEMBER SPOUSE DETAILS

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

GENDER: MALE FEMALE

PREFERRED LANGUAGE FOR CORRESPONDENCE: ENGLISH AFRIKAANS

INCOME TAX REFERENCE NO. _____ REVENUE OFFICE OF LAST TAX RETURN _____

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

WITHDRAWAL OPTIONS

Please refer to the **IMPORTANT NOTES** section below, before exercising an option.

- Pay the divorce benefit directly into my own bank account as specified below.
- Transfer the divorce benefit to another approved fund.

BANKING DETAILS (IF APPLICABLE) *(Please attach a copy of your bank statement)*

ACCOUNT HOLDER'S NAME (OF THE NON-MEMBER SPOUSE) _____

BANK NAME _____ ACCOUNT NUMBER _____

BRANCH NAME _____ BRANCH CODE _____

ACCOUNT TYPE: CURRENT SAVINGS TRANSMISSIONFOREIGN ACCOUNT (Tick if applicable) COUNTRY _____**TRANSFER DETAILS (IF APPLICABLE)**

NAME OF RECEIVING FUND _____

TYPE OF FUND _____

CONTACT DETAILS FOR PERSON AT RECEIVING FUND _____

FINANCIAL ADVISER'S NAME (IF APPLICABLE) _____

FINANCIAL ADVISER'S CELLPHONE NUMBER _____

FINANCIAL ADVISER'S EMAIL ADDRESS _____

DECLARATION BY THE NON-MEMBER SPOUSE

I _____ FULL NAMES

HEREBY CONFIRMED THAT:

1. The information contained herein is correct.
2. Payment shall constitute full and final settlement discharging the Fund and its administrator, Verso Financial Services of their liability.

SIGNATURE BY THE NON-MEMBER SPOUSE _____ DATE _____

SUPPORTING DOCUMENTS REQUIRED

- An original certified copy of the complete divorce court order. This order must be in terms of Section 7(8) of the Divorce Amendment Act 1989, to be binding on the Fund in order for the benefit payment to be made by the Fund.
- Copy of complete settlement agreement, if applicable
- Copy of member's ID/Passport.
- Copy of the non-member spouse's ID/Passport.
- Copy of the non-member spouse's bank statement, if divorce benefit is paid as a lump sum.

IMPORTANT NOTES**Financial Advice**

The Fund encourages members to constantly seek financial advice on all fund matters and particularly when benefits become payable.

Confidentiality

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.

Tax Directive

Payment will only be made on receipt of a tax directive, issued by the SA Revenue Service (SARS).

DECLARATION

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation. Verso Financial Services is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfill its obligations under the Act. As the privacy of our clients is important to us, we will make use reasonable efforts to ensure that any personal information, (including special personal information), provided to us is processed in a secure manner. Verso Financial Services takes its responsibility seriously in respect of securing the integrity and confidentiality of all personal information in its possession or under its control and has taken appropriate and reasonable technical and organisational measures to prevent – loss of, damage to or unauthorised destruction of personal information; and unlawful collection, access to or processing of personal information. Please go to www.verso.co.za to view our privacy policy statement.