

## **DIVORCE CLAIM FORM( SPOUSE)**

NAME OF FUND: (tick appr	ropriate box)			
SUPERANNUATION	RETIREMENT		PROVIDENT	
DETAILS OF S	SPOUSE			
TITLE:			_	
SURNAME AND INITIALS:				
			=	
ID NUMBER:			_	
NAME OF EMPLOYER:			_	
DATE OF MARRIAGE:			_	
DATE OF DIVORCE:			_	
POSTAL ADDRESS			RESIDENTIAL ADRESS	
TELEPHONE NO:				
CELL NO:				
INCOME TAX REFERENCE NO :				
E-MAIL ADDRESS:				
(***PLEASE NOTE THIS BENEFIT WILL	NOT BE PROCESSED WI	тноит <i>а</i> со	NFIRMED ACTIVE TAX RE	FERENCE NUMBER)
DEPOSIT LUMP SUM II	NTO PERSONAL ACC	OUNT (NO	JOINT ACCOUNTS)	
BANK:				
BRANCH NAME (CODE):				
ACCOUNT NO:				
NAME OF ACCOUNT HOLDER:				
ATTACH A COPY OF A	STAMPED BANI	K STATEI	MENT .MARRAIG	E
			L DIVORCE ORDE	
OTHER INSTRUCTI	ONS: (EXAMPLE : TRANSFE	R FUNDS TO	ANNUITY ETC)	
SIGNATURE	<del></del>	WIT	NESS SIGNATURE	
DATE OF SIGNATURE		DAT	E OF SIGNATURE	