

Legacy Beneficiary Fund

Request for special payment by guardian or major beneficiary

Notes:

- This form is to be completed by the guardian or the major beneficiary (provided that the beneficiary is independent).
- The completed application form and supporting documents must be forwarded to the administrator at <u>LBF@sanlam.co.za</u> or faxed to 086 676 1892.
- An application for payment will only be processed once all the required information and documents have been provided to this office.
- Any special payment made will be deducted from the investment in the fund. Special payments will be
 approved or rejected based on benefit invested and monthly income payable until the beneficiary becomes
 financially independent (according to the rules of the fund).
- Special payments can lead to the decrease of monthly income.
- Please submit one form per beneficiary/payment request.

SECTION A: Beneficiary's personal particulars											
Member number:											
Title:			Date of birth:								
Full names and surname:											
ID number:	number:			Passport number:							
SECTION B: Guardian's/Major beneficiary's particulars											
Title:			Date of birth:								
Full names and surname:											
ID number:			Passport number:								
SECTION C: Contact details of guardian/major beneficiary											
Contact number(s):	Home:			Cell:							
E-mail address:											
Home address:			Postal add	Iross:							
			1 Ostal auc								

SECTION D: Banking details of guardian/major beneficiary (if benefit is payable to the guardian/major beneficiary)																		
Spe	cial payment request f	or: Clothes:					Tr	rans	port:	School f		fees:			Other:			
If other, please specify:																		
Nan	Name of bank:						ı	Name of account holder:										
Acc	ount number:						I	Branch code:										
Acc	ccount type: Savings			Cheque						Current				Trar	Transmission			
Please note that payments cannot be made to credit card or bond accounts.																		
SECTION E: Banking details of creditor/s (the account into which payment is being made)																		
Special payment request for: Clothes									sport:		School fees:			Other:				
	ner, please specify:	1.0						Transport. Ochoorrees.										
	editor 1: Name of bank: Name of account holder:																	
Acc	ccount number:							Branch code:										
Acc	Account type: Savir				Cheque					Current				Tra	Transmission			
Cre	ditor 2: Name of bank	::						Name of account holder:					:					
Acc	unt number: Branch code:																	
Acc	Account type: Savings				Cheque					Current				Tra	ansmission			
Please note that payments cannot be made to credit card or bond accounts.																		
SE	CTION F: Documents	s to be si	ubm	itted v	with	n the	ар	plic	ation							Atta	che	d
1											YES	NO						
2	2 In the case of a minor beneficiary : An original certified copy of the Identity Document, Smart ID card (include both sides) or the birth certificate.									t,	YES	NO						
3	3 Bank statement (not older than three months) or a bank mandate of banking details.										YES	NO						
4	4 Quotation(s) and/or invoice(s) with date stamp not older than three months.										YES	ES NO						
SEC	CTION G: Declaration	n by the	guar	rdian/	maj	or be	ene	eficia	ary									
1.																		
(full name of guardian/major beneficiary), hereby declare that all particulars furnished in this form and accompanying documentation are true and correct.																		
	Signature or right hand thumbprint of guardian/major beneficiary			_				Full name					e		_			
	Date																	