

III-Health Early Retirement Request

Nedgroup Investments Retirement Annuity, Pension and Provident Preservation Funds



This form will only be accepted when submitted with a completed and signed 'Notice of retirement' form available from our Client Services Centre.

1. Retirement due to ill-health notes

1. In terms of the rules of the Fund and subject to the Income Tax Act provisions, you may request ill-health early retirement from the Fund, i.e. before age 55, if you are permanently disabled. You are permanently disabled if the trustees of the Fund are satisfied, based on medical evidence (requested by the trustees and provided by you at your own cost) that you are permanently incapable of working in your occupation.
2. You will be advised of the trustees' decision. If they are satisfied that you are permanently disabled, you must decide if you want to retire. If so, you must complete the Notice of Retirement form which can be obtained from your financial planner or the Client Services Centre.
3. If you cannot complete this form, it must be completed by a person who is authorised in law or appointed by the courts to manage your affairs.
4. The following documents must be submitted:
 - Ill-health Early Retirement Request form;
 - Copy of your South African ID (or valid passport of foreign national), if not previously provided;
 - Annexure A: Declaration by Employer form (if you are not self-employed)
 - Annexure B: Report by attending medical specialist. (Please note: if you have already and within the last six months obtained a similar report for other retirement funds, submit those reports and do not incur additional costs of obtaining a new report)
 - Supporting documents if acting on behalf of investor
 - Any relevant correspondence from medical practitioners, hospitals or employer pension/provident fund if you are already on ill-health early retirement

2. Investor details

Investor name

SA ID number / Passport number

3. Are you currently employed?

Are you currently employed?

☐ Yes ☐ No

Were you employed during the last 2 years?

☐ Yes ☐ No

If 'Yes', your current or last employer must complete annexure A.

Are you selfemployed or a business owner?

☐ Yes ☐ No

If 'Yes', will your business continue despite your disability?

☐ Yes ☐ No

If 'Yes', what will your involvement be in running the business?

4. Occupation

Employer / Business name

Your occupation

What duties did you perform before your disability?

How has your disability limited your ability to work in your occupation?

Will your medical condition permanently prevent you from working in your occupation?

☐ Yes ☐ No

What was the last date on which you were actively able to work (i.e. at work)?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

On what date did you officially cease work / was your employment officially terminated?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If you are not working now, will you be able to return to work?

☐ Yes ☐ No

Have you been placed on early retirement from your employer pension/provident fund due to ill-health?

☐

Yes

☐

No

If 'Yes', provide supporting information.

5. Additional information

ANNEXURE A: DECLARATION BY EMPLOYER

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Preservation Funds



1. What you need to know

1. The investor has requested early retirement (i.e. before age 55) from the Fund due to ill-health. The trustees will use the information provided in this form when they consider the employee's request.
2. An employee will be regarded as permanently disabled if the trustees of the Fund are satisfied, based on medical evidence (requested by the trustees and provided by the employee at his/her own cost), that the employee is permanently incapable of working in his/her occupation.
3. This form must be completed by the employee's current or last employer (in the last two years).
4. It is mandatory to have the official stamp of the employer in the signature section of this form.
5. Return the completed and signed form to the employee, who in turn must submit it to the Fund.

2. Employer details

Business name

Postal address

Code

Telephone

+

(0)

Fax

+

(0)

Email address

Contact person name

3. Employee details

Title and surname

First names

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SA ID number

Passport number
(if foreign national)

Employment start date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Last date on which employee was still able to actively perform his/her job (not necessarily the same date as official date of termination of employment)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Position held by employee (when still able to perform job)

What were the functions of this position (attach a job description if available)

Give a brief description of how the employee's medical condition has affected his/her ability to perform his/her job

Please indicate whether the employee:

☐

is still at work

☐

is working part-time

☐

is on sick leave

☐ is working in an alternative position

If selected, what is the alternative position?

☐ was retrenched

☐ has resigned

☐ has been placed on early retirement from employer pension/provident fund due to illhealth. Please provide supporting information

☐ was dismissed

If selected, provide reason

☐ other

If selected, provide details

Date of official termination of employment

D

D

M

M

Y

Y

Y

Y

4. Additional information

5. Declaration

1. The information given in this form is accurate and complete.
2. I understand that the employee has authorised the Fund and administrator to make further enquiries with and obtain information from the employer if required.

Investor / Authorised
signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name

Capacity

Official employer stamp

ANNEXURE B: REPORT BY ATTENDING MEDICAL SPECIALIST



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1. What you need to know

1. The investor has requested early retirement (i.e. before age 55) from the Fund due to ill-health.
2. In terms of the Rules of the Fund and subject to the provisions of the Income Tax Act, the trustees must be satisfied, based on medical evidence (as requested by the trustees and provided by the investor at own cost) that the investor is permanently incapable of working in his/her occupation.
3. The trustees will use the information provided in this form when they consider the investor's early retirement request.
4. This form must be completed by the investor's attending medical specialist (not general practitioner).
5. The investor must pay any costs associated with completing this report.
6. Return the completed and signed form to the investor, who in turn must submit it to the Fund.
7. It is mandatory to affix the of official stamp of the medical specialist practice in the signature section of this form.

2. Investor details

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number

(if foreign national)

Occupation

3. Attending medical specialist details

Title and surname

First names

Practice number / Government Institution

(if applicable)

Medical specialty

Postal address

Code

Telephone

(0)

Fax

(0)

Email address

Contact person name

4. Investor medical history

Date of first consultation

D

D

M

M

Y

Y

Y

Y

Date of initial diagnosis

D

D

M

M

Y

Y

Y

Y

Details of diagnosis

Are you still attending to the investor?

YesNo

If 'No', date of last consultation

D

D

M

M

Y

Y

Y

Y

In your opinion, what are the investor's chances of recovery?

GoodFairPoorNil

Explain the reasons for your opinion

In your opinion, does or will the investor’s medical condition render him/her permanently incapable of working or continue to work in his/her occupation?

☐

Yes

☐

No

If ‘No’, will the investor be able to return to work?

☐

Yes

☐

No

5. Additional information

6. Declaration

1. To the best of my belief and knowledge the information provided in this report is accurate and complete.
2. I understand that (a) the investor has authorised the Fund and administrator to make further enquiries with and obtain information from me if required (b) the cost (if any) of this report, and further required information will be for the account of the investor.

Authorised signature

Date

D

D

M

M

Y

Y

Y

Y

Official stamp of
doctor's practice

Nedgroup Investments

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