



**COLUMBUS  
RETIREMENT  
FUND**

# Savings withdrawal Form

(SWCRF2025)



**Ensimini**

## Instructions to complete this form

1. This form must be completed and signed by members who wish make a savings withdrawal in terms of the rules of the fund to which they belong.
2. It constitutes the member's instruction to the fund and its administrator.
3. Members must make sure that they fully understand the implications of selecting a savings withdrawal. Members are encouraged to engage with a registered Financial Services Provider prior to initiating a savings withdrawal.
4. The member must ensure that all information requested is completed in full, and that all relevant supporting documentation referred to herein is attached to the form. Failure to do so will cause delays in processing the member's instructions.
5. Only one savings withdrawal is allowed in a tax year. A tax year runs from 1 March to the end of February each year.
6. A minimum amount of R 2,000.00 may be taken as a savings withdrawal.
7. The savings withdrawal cannot exceed the balance available in the Savings Pot.
8. The completed form together with supporting documents must be forwarded to the Employer. The Employer must submit the completed form together with supporting documents to [TwoPotInfo@Ensimini.com](mailto:TwoPotInfo@Ensimini.com) with subject heading Savings Withdrawal.

**Should you require assistance from a financial advisor, kindly e-mail [theron.pd@columbus.co.za](mailto:theron.pd@columbus.co.za) and an advisor will be in contact with you to assist with all your financial planning needs.**

## 1. FUND AND EMPLOYER DETAILS

Fund Name	
Employer Name	

## 2. MEMBER PERSONAL DETAILS

Surname			
First Names			
Income Tax Number			
Identity / Passport Number		Date of Birth	DD/MM/YYYY
Residential Address			
		Code	
Postal Address			
		Code	
Cellphone Number / Alternative Contact Number			
Email Address			



### 3. INDEBTEDNESS

Deductions from benefits are only permissible in the following circumstances:

- Where the member's indebted in respect of a housing loan in terms of Section 19(5) of the Pension Funds Act
- Damage caused to the Employer as a result of the member's misconduct, dishonesty, theft or fraud, where a court order or admission of guilt has been obtained
- Valid court order e.g., divorce or maintenance

Please indicate if you have any of the following pending or in progress?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
× Housing loan in terms of Section 19(5)	Amount	R			
× Indebtedness to the Employer as a result of damage caused by the member	Amount	R			
× Maintenance Order	Amount	R			
× Divorce Order	Amount	R			

Please attach supporting documentation in respect of above, in respect of courts kindly attach a certified copy thereof.

### 4. SAVINGS WITHDRAWAL TRANSACTION

The benefit will be paid to the member's bank account per the bank account details provided. No payments can be made to a third party's bank account

The relevant administration fee, as agreed by the Fund, and income tax will be deducted from this amount before payment is made.

Income tax will be determined by SARS, based on the member's marginal tax rate.

Please indicate the amount you wish to withdraw as a savings withdrawal in the space provided below.

Savings withdrawal selected before deductions	Amount	R
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### 5. MEMBER BANK ACCOUNT INFORMATION

Account Holder's Name	
Account Number	
Bank / Branch Code	
Type of Account	
Documentation required:	
<ul style="list-style-type: none"> <li>• Copy of Identity document</li> <li>• Bank stamped confirmation of banking details, not older than 3 months.</li> </ul>	



#### 6. DECLARATION BY MEMBER

By signing this, I confirm that:

1. I understand and have familiarised myself with the implications of making a savings withdrawal.
2. I understand the admin fee in respect of processing the savings withdrawal will be deducted from the savings withdrawal amount.
3. All information on this form is correct and complete. Any incorrect or incomplete information may delay processing of my instruction.
4. I hereby agree that I will be responsible for any loss that I may suffer as a result of the fund and its administrator acting on incorrect information I may have provided herein.

<b>Name &amp; Surname</b>		<b>Identity Number</b>	
<b>Member's Signature</b>		<b>Date</b>	DD/MM/YYYY

In the event of any queries please feel free to contact the Fund Administrator, Ensimini Administration Services (Pty) Ltd at [TwoPotInfo@Ensimini.com](mailto:TwoPotInfo@Ensimini.com).

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