



Private Bag x63
Pretoria
SOUTH AFRICA
0001

34 Hamilton Street
Arcadia
Pretoria

Call Centre : 0800 117 669
E-mail : enquiries@gepf.co.za
Website : www.gepf.co.za

THIS FORM MUST ONLY BE USED FOR RETIREMENT/DISCHARGE AFTER 31 OCTOBER 2019.

CHOICE FORM UPON RETIREMENT/DISCHARGE - FOR SPOUSE'S PENSION PAYABLE (GEPF MEMBERS only)

This form must be completed by any member of the GEPF who becomes entitled to a monthly annuity on retirement or exit from the Fund. The retiring member must indicate whether his or her spouse(s) or life partner must receive a standard (50%) or enhanced (75%) spouse annuity, when the member passes away. In order to qualify for the higher annuity, the member will receive a reduced retirement gratuity or annuity.

A) PERSONAL PARTICULARS OF MEMBER

Pension Number

Surname

First Name

Initials Title D.O.B Income Tax No

Salary No ID or Passport No

Cell No

Please ensure that you provide a valid and private cell number and e-mail address, as the GEPF will be communicating to you important information to you using your cell-phone and e-mail.

E-Mail

B) SPOUSE'S PENSION OPTION (GEPF Law Rule 14.2.2)

A single choice (from the options listed below) must be made between option no.1 (Standard) or option no.2 (Request a Quote for Enhanced Spouse Benefit).

The **Standard** option implies that the spouse of the deceased member will receive 50% of the pension payable to the pensioner (member) on his or her date of death.

The **Enhanced Spouse Benefit** option implies that the spouse of the deceased member will receive 75% of the pension payable to the member (pensioner) on the date of death.

In order for the spouse to receive this enhanced pension, the gratuity or annuity, the member will receive on retirement, will be reduced by a percentage that will be based on the age and gender of the member and the surviving spouse(s).

IMPORTANT!!

- 1) In order for the percentage reduction to be calculated, the member must provide the GEPF with the particulars of the spouse(s) or approved life partner on the second page of this form.
- 2) The GEPF will then provide the member with a quote that will reflect the reduction options based on the information provided.
- 3) The member must then indicate whether he or she wishes to proceed with the gratuity or annuity reduction, or whether he or she wishes to proceed with the standard benefit.

Note!

If a member selects the Standard Option, processing of the retirement benefit will proceed as normal. If a member selects the Request a Quote for Enhanced Spouse Benefit option, processing of the retirement benefit will be suspended until the member has responded to the quote and indicated which option he or she wishes to exercise.

1. STANDARD OPTION:

- The STANDARD OPTION implies the following:
- * A gratuity amount equal to 6.72% of the average final salary multiplied with years of pensionable service.
 - AND**
 - * A monthly pension amount equal to 1/55 of the average final salary multiplied with years of pensionable service.
 - AND**
 - * The surviving spouse(s) receive a monthly pension amount equal to 50% of the monthly pension due to the pensioner (member) on the date of death

OR

2. REQUEST A QUOTE FOR ENHANCED SPOUSE BENEFIT:

- The REQUEST A QUOTE FOR ENHANCED SPOUSE BENEFIT OPTION implies the following:
- * The member will provide the correct particulars of the spouse(s) to be considered on the next page.
 - * The GEPF will provide a quote reflecting the potential reduction in the retirement gratuity or annuity, based on the information provided.
 - * The processing of the retirement benefits will be suspended until the member has indicated which option he or she wishes to exercise.



PARTICULARS OF THE SPOUSE(S), OR APPROVED LIFE PARTNER, FOR WHOM THE ENHANCED SPOUSE BENEFIT QUOTE IS REQUESTED.

Important information:

- 1) By law, only one civil spouse OR one life partner OR one or more traditional or religious wives, allowed.
2) A life partner must be approved by the GEPF before he or she qualifies as a spouse.
3) Only spouses listed below will be considered for the enhanced spouse's benefit.
4) Certified copies of the ID(s) and proof of marriage or approval of the life partnership, must be attached to this form.

C) PARTICULARS OF CIVIL SPOUSE OR LIFE PARTNER OR (FIRST) TRADITIONAL/RELIGIOUS WIFE

Form for Civil Spouse or Life Partner details including Surname, First Name, Initials, Title, D.O.B, ID/PP, Relationship Type (Civil marriage, Life Partner, Traditional marriage, Tenet of religion), and Gender.

D) PARTICULARS OF SECOND TRADITIONAL/RELIGIOUS WIFE

Form for Second Traditional/Religious Wife details including Surname, First Name, Initials, Title, D.O.B, ID/PP, Relationship Type (Traditional marriage, Tenet of religion), and Gender.

E) PARTICULARS OF THIRD TRADITIONAL/RELIGIOUS WIFE

Form for Third Traditional/Religious Wife details including Surname, First Name, Initials, Title, D.O.B, ID/PP, Relationship Type (Traditional marriage, Tenet of religion), and Gender.

F) PARTICULARS OF FOURTH TRADITIONAL/RELIGIOUS WIFE

Form for Fourth Traditional/Religious Wife details including Surname, First Name, Initials, Title, D.O.B, ID/PP, Relationship Type (Traditional marriage, Tenet of religion), and Gender. Includes a note: 'If you have more than 4 spouses, please add copies of this page'.

G) CERTIFICATION BY MEMBER

I _____ (name and surname), the undersigned, declare that I understand that if I selected the standard retirement benefit, my choice is irrevocable. I also understand that if I selected the option to request a quote for an enhanced spouse's benefit, the processing of my retirement benefit will be suspended until I have responded in writing to the quote that will be supplied by the GEPF. I further understand that once I have responded to that quote, my choice is irrevocable.

Date signed form with grid for date entry.

Signature of Member OR Thumbprint of Member (if he/she cannot read/write) box.

Signature of Employer Representative box.

Official Employer Stamp box.

Tel No fields for Member and Employer Representative.