



### 3. Person acting on behalf of investor

**Please note**

- Cell number and email address fields must be completed.

**CAPACITY OF PERSON ACTING ON BEHALF OF INVESTOR:**

Curatorship  Legal Guardian Other

**PERSONAL 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)  Nationality

**CONTACT DETAILS**

Cell (mandatory) +  (0)

Email address (mandatory)

Alternate telephone +  (0)

Residential address   
  
  
  
Code

Postal address (if different)   
  
  
  
Code

### 4. Retirement details

**From which Fund do you wish to request early retirement due to ill-health?**

Nedgroup Investments Pension Preservation Fund  Nedgroup Investments Retirement Annuity Fund

Nedgroup Investments Provident Preservation Fund

### 5. 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 self-employed 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?

## 6. Occupation

Employer/business name

Your occupation

What duties did you perform before your disability?

  
  
  

What duties did you perform after 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)?

Date   
D D M M Y Y Y Y

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

Date   
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

## 7. Additional information


## 8. Investor declaration

I confirm and certify that:

- I am responsible for my decision to request early retirement and have considered whether this request is suitable for my needs.
- I am authorised to act on behalf of the investor (if applicable) and I will be personally responsible for this instruction should this not be the case.
- I did not receive advice from Nedgroup Investments about this instruction.
- I understand and agree to the information in the latest Investment Agreement.
- I understand that this request will only be processed on receipt of all required documentation.
- I understand, accept and authorise that additional enquiries/information/reports may be made or requested by the Fund and administrator and the cost of making enquiries and obtaining any information/reports from any person, including medical reports, will be for my own account.
- I understand and accept that my request to retire early is subject to the rules of the Fund and relevant legislation.
- All of the information and documents provided by me or on my behalf about this request, whether in my handwriting or not, are accurate and complete.

Investor	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Name	<input type="text"/>		
Authorised signatory	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Name	<input type="text"/>	Capacity	<input type="text"/>
Authorised signatory	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Name	<input type="text"/>	Capacity	<input type="text"/>
Authorised signatory	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Name	<input type="text"/>	Capacity	<input type="text"/>

Nedgroup Investments (Pty) Limited (Company registration number 1996/017075/07)  
Incorporating Nedgroup Collective Investments (RF) Proprietary Limited (Company registration number 1997/001569/07); Nedgroup Investment Advisors Limited (Company registration number 1998/017581/07) an authorised Financial Services Provider (FSP Licence No. 1652) Sponsor of the Nedgroup Investments Retirement Funds

Nedbank Clocktower Clocktower Precinct V&A Waterfront Cape Town 8001  
PO Box 1510 Cape Town 8000 South Africa  
[www.nedgroupinvestments.com](http://www.nedgroupinvestments.com)  
Directors: I Ruggiero NA Andrew CE Sevenoaks

# ANNEXURE A: DECLARATION BY EMPLOYER

## Ill-Health Early Retirement Request

Nedgroup Investments Retirement Annuity, Pension and Provident 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)

Four empty rectangular text boxes stacked vertically for providing job functions.

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

Four empty rectangular text boxes stacked vertically for describing the impact of a medical condition.

Please indicate whether the employee

- is still at work
- is working-part-time
- is on sick leave
- is working in an alternative position

What is the alternative position?

One empty rectangular text box for describing an alternative position.

- was retrenched
- has resigned
- has been placed on early retirement from employer pension/provident fund due to ill-health. Please provide supporting information
- was dismissed

Provide reason

One empty rectangular text box for providing a reason.

- other

Provide details

One empty rectangular text box for providing other details.

Date of official termination of employment

Eight small input boxes for date, labeled D, D, M, M, Y, Y, Y, Y from left to right.

#### 4. Additional information

Eight empty rectangular text boxes stacked vertically for providing 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  
signatory

Date          
D D M M Y Y Y Y

Name

Capacity

Official employer stamp



# ANNEXURE B: REPORT BY ATTENDING MEDICAL SPECIALIST

## Ill-Health Early Retirement Request

Nedgroup Investments Retirement Annuity, Pension and Provident Preservation Funds



### 10. 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?

Yes  No

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?

Good  Fair  Poor  Nil

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.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Official stamp of doctor's practice