

**DIVORCE ORDER CLAIM FORM
BY NON-MEMBER SPOUSE**

Please complete in BLOCK LETTERS. Tick appropriate block unless otherwise indicated.

The following documents must accompany this form:

- Copy of the divorce order.
- Copy of the complete settlement agreement.
- Copy of member's ID / Passport (Please submit front and back copy of new Identity card for validation and claim payment).
- Copy of the non-member spouse's ID / Passport (Please submit front and back copy of new Identity card for validation and claim payment)

Policy Number - -

SECTION A: FUND AND EMPLOYER DETAILS

Name of Fund

Name of Employer

SECTION B: MEMBER DETAILS

Title Initial/s

First Name Surname

Date of Birth

Botswana ID Yes ☐ No ☐ ID/Passport Number

Passport Country of Origin

Telephone - work Fax

Telephone - home Cellphone

Email Address

SECTION C: NON-MEMBER SPOUSE DETAILS

Title Initial/s

First Name Surname

Date of Birth

Botswana ID Yes ☐ No ☐ ID/Passport Number

Residential Address

Postal Address

Annual Salary Income Tax Number

Tax Office Telephone - Work

Fax Telephone - Home

Cellphone Email Address

SECTION D: WITHDRAWAL DETAILS AND OPTIONS

I want to:

- ☐ take the benefit as a lump sum (the benefit will be subject to tax)
- ☐ transfer the benefit to an approved pension fund, approved pension preservation fund or approved retirement annuity fund;

SECTION E: BANK ACCOUNT DETAILS (IF A LUMP SUM PAYMENT WAS SELECTED)

Note: A lump sum payment will be subect to tax

Bank Name

Name of Receiving Fund

Branch Name Branch Code

Account Type ☐ Current/Cheque ☐ Savings ☐ Transmission ☐

SECTION F: TRANSFER DETAILS (IF TRANSFER WAS SELECTED)

Bank Name	<input type="text"/>		
Name of Receiving Fund	<input type="text"/>		
Branch Name	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	Current/Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Financial Adviser's Name	<input type="text"/>		
Financial Adviser's Code	<input type="text"/>		
Financial Adviser's Telephone Work	<input type="text"/>		
financial Adviser's Fax Work	<input type="text"/>		
Financial Adviser's Email Address	<input type="text"/>		

Note:

- A transfer of benefits to another approved fund will not attract any tax.
- While this claim is being processed, the benefit will be placed in Botswana Life Funds low risk bank account in order to eliminate the possibility of the benefit being reduced due to volatile market conditions.

SECTION G: DECLARATION BY NON-MEMBER SPOUSE

I

(full names)

declare that:

All particulars furnished in this form are true and correct;

Payment by electronic transfer shall constitute full and final settlement discharging Botswana Life retirement annuity fund AtWork of its liability.

Signed at

Name

Designation

Signature

Date

D

D

M

M

Y

Y

Y

Y

SECTION H: FOR OFFICIAL USE

Received by Name _____

Signature _____ Date

D	D	M	M	Y	Y	Y	Y
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