



Change Request Form

RETHINK RETIREMENT

Please e-mail completed forms to admin@justsa.co.za

No instruction will be processed unless all requirements have been met and all relevant documentation received.

Policyholder's details

Policy number	
Surname	
First name(s)	
ID or passport number	
Tax number	

New details

Please only complete where relevant personal details have changed

Postal address		
Physical address <i>(If new address details are provided, please attach proof of address not older than 3 months)</i>		
Contact number		
Email address		
Banking Details <i>(If new banking details are provided, please also attach a stamped bank statement not older than 3 months)</i>	Account Holder's Name	
	Bank Name	
	Account Number	
	Branch Code	
	Account Type	

Tax details

I wish to opt-out of the Paragraph 2 (2B) directive that you have received from SARS and would like to apply my tax rate as (Please tick the applicable box)

The SARS standard PAYE tax tables <i>(This means the tax rates will remain the same)</i>	<input type="checkbox"/>			
My preferred tax rate <i>(You must provide us with a tax directive issued by SARS if you want us to deduct an amount less than the applicable tax rate)</i>	<input type="checkbox"/>	R	<input type="checkbox"/>	OR
				%

Note the following deductions for tax:

A directive must be updated annually, and it is your responsibility to do this and provide an updated directive to us. If we do not receive an updated tax directive, tax will be deducted according to the applicable tax table.

Other change instructions: <i>(Describe the changes you would like to make)</i>	
Effective date	

Declaration

I/We acknowledge, understand, and accept that Just SA may use the information I/we have provided in this form for any of the following purposes:

- to effectively administer the policy
- to detect and prevent fraud
- to comply with auditing and record-keeping requirements
- to comply with legal and regulatory requirements
- to verify my/our identity
- to share information with service providers with whom Just SA has a business agreement to process such information on our behalf or to those who provide services to Just SA

Signed at	
Date	
Signature of policyholder	