

## MEMBER DETAIL CHANGE

UMBRELLA FUND / FUND NAME \_\_\_\_\_

PARTICIPATING EMPLOYER \_\_\_\_\_

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### MEMBER DETAILS

MEMBER NO. \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

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### UPDATED MEMBER DETAILS

*Please only complete details that have changed*

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

GENDER: MALE  FEMALE  MARITAL STATUS \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

*(Both of the above addresses are required by the SA Revenue Services - SARS)*

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PREFERRED LANGUAGE FOR CORRESPONDENCE:  ENGLISH  AFRIKAANS

INCOME TAX REFERENCE NO. \_\_\_\_\_ REVENUE OFFICE OF LAST TAX RETURN \_\_\_\_\_

### SPOUSE'S DETAILS (if applicable)

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_ COMMUNITY OF PROPERTY?  YES  NO

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**DECLARATION**

I hereby confirm that the above details are correct and that I will make no claim against the Fund in the event of any loss, damage or claim from the use of this information, or in the event that incorrect information has been supplied by me.

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF EMPLOYER \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYER STAMP

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**SUPPORTING DOCUMENTS REQUIRED**

- If the change is as a result of marriage, a copy of the Marriage Certificate and spouse's proof of identity.
- If the change is as a result of divorce or death of a spouse, a certified copy of the Divorce Order or the Death Certificate.

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**NOTES**

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.