

NEW MEMBER APPLICATION

UMBRELLA FUND / FUND NAME _____

PARTICIPATING EMPLOYER _____

MEMBER DETAILS

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

EMPLOYMENT DETAILS

EMPLOYEE NO. _____ EMPLOYER _____

BRANCH _____ COST CENTRE _____

DATE OF JOINING SERVICE _____ DATE OF JOINING FUND _____

ANNUAL PENSIONABLE SALARY _____ OCCUPATION _____

PAID-UP BENEFIT

The Fund has a legal obligation to obtain confirmation of any retirement savings (so called paid-up benefits) that you may have in other registered pension or provident funds.

DO YOU HAVE ANY RETIREMENT SAVINGS IN ANOTHER PENSION OR PROVIDENT FUND?

YES NO

If Yes, please complete the details below, as far as possible:

	TRANSFER 1	TRANSFER 2	TRANSFER 3
NAME OF PREVIOUS FUND(S)			
MEMBER NUMBER(S)			
PREVIOUS EMPLOYER NAME(S)			
CONTACT NUMBER(S)			

You are furthermore permitted to transfer all or some of your retirement savings held in other retirement funds to this Fund. Please indicate below whether you wish to transfer any retirement savings from previous funds and the Fund’s administrator will contact you to assist you.

DO YOU WISH TO TRANSFER ANY RETIREMENT SAVINGS FROM ANOTHER PENSION OR PROVIDENT FUND AS LISTED ABOVE?

YES NO

This Fund is reliant on the receipt of transfer documentation and proof of payment. It therefore remains the responsibility of the member to ensure that the previous fund/s is/are timeously informed of the decision to transfer any benefit(s).

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

SUPPORTING DOCUMENTS REQUIRED

- Proof of employee’s identity

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.
- Where there is risk cover, the employee must be in active service on the date of joining the Fund.