

EMPLOYER PARTICIPATION APPLICATION (CLASSIC)

THIS FORM IS TO BE SUBMITTED 2 MONTHS PRIOR TO THE FIRST PREMIUM BEING DUE

FUND AND CONSULTANT DETAILS

PARTICIPATING EMPLOYER NAME: _____
(to appear on rules and other Fund documentation)

WHICH FUND WOULD YOU LIKE TO PARTICIPATE IN? PENSION PROVIDENT

COMMENCEMENT DATE: _____ FUND ANNIVERSARY DATE: _____
(For Benefit Statement purposes)

FINANCIAL YEAR END: _____ (Month)
(For Rate Review purposes)

ACCREDITED CONSULTANT'S DETAILS

FIRST NAME: _____ SURNAME: _____

COMPANY NAME: _____

TELEPHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS: _____

EMPLOYER DETAILS

COMPANY

REGISTERED NAME: _____

REGISTERED PHYSICAL ADDRESS: _____

POSTAL CODE: _____

POSTAL ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NO.: _____ FAX NO.: _____

PAYE NO.:

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CONTACT PERSON

FIRST NAME: _____ SURNAME: _____

TITLE (Mr/Mrs/Ms): _____ LANGUAGE PREF: _____

TELEPHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS: _____

BANKING DETAILS

ACCOUNT NAME: _____

BANK NAME: _____

BRANCH NAME: _____ BRANCH CODE: _____

TYPE OF ACCOUNT: _____ ACCOUNT NUMBER: _____

BRANCHES / COST CENTRES

Please complete if the Employer has more than one Branch and requires reports to be split accordingly.

Please complete if the Employer has more than one Cost Centre and requires reports to be split accordingly.

BRANCH NAME

COST CENTRE NAME

*Please note that the FSCA does not allow affiliated employers to join as one participating employer i.e. each legal entity (employer) should join an umbrella fund as a separate participating employer.

ELIGIBILITY & CATEGORIES

ELIGIBILITY

ALL PERMANENT EMPLOYEES OF THE EMPLOYER

MEMBERSHIP CATEGORIES AND NORMAL RETIREMENT AGE

A category is defined as a group of employees that share the same retirement age, contribution rates and risk benefits.

MEMBERSHIP CATEGORY	MEMBERSHIP CATEGORY NAME	NORMAL RETIREMENT AGE (PLEASE SELECT)	
Category 1	ALL MEMBERS	60	65

RATES, FEES AND PREMIUMS

CONTRIBUTION RATES	CATEGORY 1
Contributions: Employer	8.00%

ADMINISTRATION FEES	CATEGORY 1
Administration Fee (incl. VAT)	
Consulting Fee (incl. VAT)	
Fund Costs (incl. VAT)	

RISK BENEFITS	CATEGORY 1
Capital Disability Premium	0.37%
Dread Disease Premium	0.09%
Life Cover Premium	1.25%
Funeral Cover Premium	0.39%

CONTINGENCY RESERVE - COSTS

The 'Fund Costs' amount under 'Administration Fees' in the 'Rates, Fees and Premiums' section will be invested in the following Investment Portfolio:

Investment Manager: Alexander Forbes
Investment Portfolio: Alexander Forbes Investments Banker
Account Name: Alexander Forbes Limited ISL-Main Clearing Account
Bank Name: Rand Merchant Bank
Branch Name/Code: RMB Corporate Banking, Johannesburg (255005)
Account Number: 62472486804
Payment Reference Number: 10242 (Verso Umbrella Provident Fund) 10243 (Verso Umbrella Pension Fund)

INSURER DETAILS

COMPANY NAME: **JigSaw Underwriting Managers**

TELEPHONE NO. **083 630 0978**

FAX NO. **010 447 2234**

PHYSICAL AND POSTAL ADDRESS: **Belvedere Office Park, Block B, Pasita Street, Bellville 7530**

E-MAIL: **Corinne@jigsawsa.co.za**

BANKING DETAILS

ACCOUNT NAME: **NMG RISK POOL ADMINISTRATORS**

ACCOUNT NUMBER: **621 234 272 22**

BANK NAME: **FIRST NATIONAL BANK**

TYPE OF ACCOUNT: **CURRENT**

BRANCH CODE: **255 005**

RISK BENEFITS: LIFE COVER

POLICY DETAILS: POLICY REFERENCE NUMBER (PAYMENT REFERENCE NUMBER):

IF THERE IS A CLAIM AGAINST THE POLICY, THE BENEFIT IS PAID DIRECTLY TO THE MEMBER / BENEFICIARY (Unapproved / Free-standing i.e. Benefit from this policy is not stated in the Rules of the Fund)

RISK BENEFITS: CAPITAL DISABILITY COVER

POLICY DETAILS: POLICY REFERENCE NUMBER (PAYMENT REFERENCE NUMBER):

IF THERE IS A CLAIM AGAINST THE POLICY, THE BENEFIT IS PAID DIRECTLY TO THE MEMBER / BENEFICIARY (Unapproved / Free-standing i.e. Benefit from this policy is not stated in the Rules of the Fund)

RISK BENEFITS: DREAD DISEASE

POLICY DETAILS: POLICY REFERENCE NUMBER (PAYMENT REFERENCE NUMBER):

IF THERE IS A CLAIM AGAINST THE POLICY, THE BENEFIT IS PAID DIRECTLY TO THE MEMBER / BENEFICIARY (Unapproved / Free-standing i.e. Benefit from this policy is not stated in the Rules of the Fund)

RISK BENEFITS: FUNERAL COVER

POLICY DETAILS: POLICY REFERENCE NUMBER (PAYMENT REFERENCE NUMBER):

IF THERE IS A CLAIM AGAINST THE POLICY THE BENEFIT IS PAID DIRECTLY TO THE MEMBER / BENEFICIARY (Unapproved / Free-standing i.e. Benefit from this policy is not stated in the Rules of the Fund)

NOTE: PAYMENT OF POLICY PREMIUMS - THE EMPLOYER PAYS THE RISK PREMIUM TO THE FUND (together with fund contributions)

INVESTMENT MANDATE

INVESTMENT CHOICE

Default Investment Choice

INVESTMENT PORTFOLIO OPTION:

The following Investment Portfolio has been approved by the Board of Trustees.

Risk Profile	Investment Portfolio	Investment Account Number	Percentage of Investment
Moderate/Conservative	Sanlam Monthly Bonus Fund		100%

AUTHORISATION OF MANDATE BY EMPLOYER

I _____ (FULL NAME) hereby confirm that:

- That the investment and portfolio options were explained to me by my consultant.
- I am aware of the fact that the member's contributions would be invested in the Fund's bank account until such time that the portfolio/s have been opened by the consultant.
- The Trustees of the Verso Umbrella Retirement Funds and/or our consultant may act on our behalf regarding the execution of our investment options.

SIGNATURE: _____

DATE: _____

HOME LOANS

Will home loans be offered to members via this fund? Yes No

Is there an existing collateral home loan arrangement? Yes No

If 'Yes', with which financial institution? _____

Please note:

- As a registered credit provider in terms of the National Credit Act, the bank may not be able to accept the transfer of existing home loans.
- If home loans are to be offered to members, the bank must assess the loans to be transferred to establish whether they comply with the requirements of the National Credit Act.
- Where these loans do not comply with the requirements of the National Credit Act, the bank won't be able to accept transfer of these loans and the home loans may have to be settled before transfer of the affected members to the fund.
- The availability of the home loan facility is subject to the completion of the relevant bank documentation and the finalization of the formal agreement.

ADDITIONAL INFORMATION/DOCUMENTATION

Please provide the following information / documentation in electronic format:-

MEMBER DETAILS

- Employee Number*
- Category*
- First Names*
- Surname*
- Gender*
- Date of Birth*
- ID Number
- Marital Status*
- Date Joined Employer*
- Date Joined Fund*
- Tax Number
- Street Address
- Postal Address
- Phone
- Fax
- Email
- Language Preference (If this information is not supplied, the system will default to ENGLISH)
- Annual Pensionable Salary*

* Please note that this information is required in order to load a member.

SECTION 14 TRANSFERS

In terms of the Verso Umbrella Retirement Funds' policy, a Participating Employer with long outstanding Section 14/s may not participate in the Fund until such time as the Section 14 application/s have been approved. The Trustees require the following information to evaluate the current position.

PRE-TRANSFER

Are there any Section 14 transfers in progress pre-transfer? YES NO

If so, please provide the following information / documentation:-

- In the case of Section 14 Applications, pending FSCA Approval, copies of all FSCA correspondence.

POST-TRANSFER

Does the transfer involve a Section 14 application? YES NO

If so, please provide the following information / documentation:-

NAME OF EXISTING FUND _____

DETAILS OF EXISTING ADMINISTRATOR

COMPANY _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____

ATTACHMENTS

- Copy of Communication done by the Transferring Fund
- List of transferring members
- Details regarding the handing over of Home Loans in respect of transferring members to be provided under 'Home Loan' Section of this document.

ATTACHMENTS

Please provide copies of the following:-

- Signed Tender
- Letter of Appointment
- Consulting Service Level Agreement
- Provisional/Final registered Special Rules
- Risk Policies
- Completed 'Verso Umbrella Retirement Funds FNB Smart Housing Loan Surety Agreement' Form (if applicable)

AUTHORISATION

EMPLOYER

I _____ (FULL NAME) hereby confirm that:

- I have the authority to sign the document on behalf of the participating employer/Manco.
- We have read, understood and accept the 'Terms and Conditions' and 'Administration Service Standard' as set out in this tender document.
- The information provided in this form is to the best of my knowledge correct.
- Verso Financial Services (Pty) Ltd will not be held liable for any losses or damages due to acting on incorrect information provided in or together with this form.
- If this form has not been completed in its entirety and all relevant supporting documents has not been provided, Verso Financial Services (Pty) Ltd reserves the right to re-negotiate the effective implementation date.
- If the information on this form differs to the signed tender, Verso Financial Services (Pty) Ltd reserves the right to re-evaluate the administration fees quoted.
- I am aware that this form is not a legal document and Verso Financial Services (Pty) Ltd will only be responsible for the Fund's administration once the relevant information has been provided to enable Verso Financial Services (Pty) Ltd to effectively implement and administer the fund.

COMPANY NAME: _____

SIGNATURE: _____ DATE: _____

DESIGNATION: _____

EMPLOYER STAMP:

CONSULTANT

I _____ (FULL NAME) hereby confirm that:

- The information provided in this form is to the best of my knowledge correct.
- Verso Financial Services (Pty) Ltd will not be held liable for any losses or damages due to acting on incorrect information provided in or together with this form.
- If this form has not been completed in its entirety and all relevant supporting documents has not been provided, Verso Financial Services (Pty) Ltd reserves the right to re-negotiate the effective implementation date.
- If the information on this form differs to the signed tender, Verso Financial Services (Pty) Ltd reserves the right to re-evaluate the administration fees quoted.
- I am aware that this form is not a legal document and Verso Financial Services (Pty) Ltd will only be responsible for the Fund's administration once the relevant information has been provided to enable Verso Financial Services (Pty) Ltd to effectively implement and administer the fund.

COMPANY NAME: _____

SIGNATURE: _____

DATE: _____

ANNEXURE 1: AUTHORISED SIGNATORIES

The following persons are authorised to sign on behalf of the company. Please ensure that a primary signatory is provided as well as a back-up signatory in the event of the primary signatory not being available.

AUTHORISED SIGNATORY I

NAME OF EMPLOYER/PAYPOINT _____

SURNAME _____ FIRST NAMES _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS _____

SPECIMEN SIGNATURE _____ DESIGNATION _____

AUTHORISED SIGNATORY II

NAME OF EMPLOYER/PAYPOINT _____

SURNAME _____ FIRST NAMES _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS _____

SPECIMEN SIGNATURE _____ DESIGNATION _____

AUTHORISED SIGNATORY III

NAME OF EMPLOYER/PAYPOINT _____

SURNAME _____ FIRST NAMES _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS _____

SPECIMEN SIGNATURE _____ DESIGNATION _____

AUTHORISATION

I _____ (FULL NAME) hereby confirm that:

- As soon as we are aware of a change in signatory (ies), we will notify Verso Financial Services (Pty) Ltd by completing and submitting this form.
- This is the latest form and it replaces / supercedes any other list of authorized signatories that has been provided to Verso Financial Services (Pty) Ltd in the past.
- The Employer accepts full responsibility for the accuracy and integrity of all instructions to Verso Financial Services (Pty) Ltd.
- Certified copies of the Identity Documents of the abovementioned individuals are required for purposes of compliance with the requirement of the Financial Intelligence Centre Act of 2001, and have been attached.

SIGNATURE: _____

DATE: _____

DESIGNATION: _____

COMPANY STAMP:

ANNEXURE 2: PERSONAL LIABILITY FOR NON-PAYMENT OF CONTRIBUTIONS

Contravention of Section 13A (payment of contributions to the fund) of the Pension Funds Act 24 of 1956 (the "Act") is a criminal offence and every director of a Company or every member of a Close Corporation or any person who is regularly involved in the management of the Company's or Close Corporation's overall financial affairs, or all the persons comprising the governing body of the employer, as the case may be, are personally liable for compliance with this section.

In terms of Section 13A(9)(a) of the Act the fund must request the employer to identify a "responsible person" that will be personally liable in the event of non-compliance with Section 13A.

If the employer should fail to comply with the nomination of a "responsible person", then all directors of the Company or all the members of a Close Corporation or any person regularly involved in the management of the Company or Close Corporation, or all the persons comprising the governing body of the employer, as the case may be, will be personally liable for non-compliance.

The following person is hereby identified by the employer as the "responsible person" with regard to the compliance with Section 13A of the Act in respect of the payment of contributions to the Fund.

RESPONSIBLE PERSON

NAME OF FUND _____

NAME OF EMPLOYER _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ ID NUMBER _____

DESIGNATION _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS _____

ATTACHMENTS

Please attach a certified copy of the "responsible person's" ID document.

AUTHORISATION

I _____ (FULL NAME) hereby confirm that:

- The Employer has nominated the abovementioned to act as the "responsible person" in terms of section 13(A)(9)(a) of the Act and he/she has duly accepted his/her appointment and understands his/her responsibilities.
- As soon as we are aware of a change in the "responsible person", we will notify Verso Financial Services (Pty) Ltd by completing and submitting a revised form.
- This is the latest form, which replaces / supercedes any other "responsible person" notification that has been provided to the Fund in the past.
- The Employer accepts full responsibility for the accuracy and integrity of all instructions and information provided to Verso Financial Services (Pty) Ltd.

SIGNATURE: _____

DATE: _____

DESIGNATION: _____

EMPLOYER STAMP: