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## NEW MEMBER APPLICATION

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

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

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### 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

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### EMPLOYMENT DETAILS

EMPLOYEE NO. \_\_\_\_\_ EMPLOYER \_\_\_\_\_

BRANCH \_\_\_\_\_ COST CENTRE \_\_\_\_\_

DATE OF JOINING SERVICE \_\_\_\_\_ DATE OF JOINING FUND \_\_\_\_\_

ANNUAL PENSIONABLE SALARY \_\_\_\_\_ OCCUPATION \_\_\_\_\_

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## TRANSFER DETAILS

You are permitted to transfer all or part of your retirement savings held in other retirement funds to this Fund. Please indicate below whether you wish to transfer any benefits from previous funds and the Fund's administrator will contact you to assist you and to obtain all your paid-up certificates received from other retirement funds of which you are a member.

DO YOU WISH TO TRANSFER ANY MONEY FROM YOUR PREVIOUS FUND(S)?

YES       NO

If Yes, please complete the details below:

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

\*The transferee (receiving) fund is reliant on the receipt of transfer documentation and proof of payment. It is therefore the responsibility of the member to ensure that the transferor (previous) fund is timeously informed of the decision to transfer the benefit.

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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

- Proof of employee's identity

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