

FUND ADMINISTRATION FORM MEMBER DETAIL CHANGE

UMBRELLA FUND / FUND NAME _____

PARTICIPATING EMPLOYER _____

MEMBER'S DETAILS

MEMBER NO. _____ EMPLOYEE NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

CAUSE OF CHANGE

- Marriage Divorce
 Birth of a child Change in Dependents
 Other: _____

MEMBER'S DETAILS THAT HAVE CHANGED

SURNAME _____ FIRST NAMES _____

GENDER: MALE FEMALE DATE OF BIRTH _____

IDENTITY NUMBER _____ MARITAL STATUS _____

DATE OF MARRIAGE _____ SPOUSE'S DATE OF BIRTH _____

SPOUSE'S SURNAME AND FIRST NAMES _____ NO. OF CHILDREN _____

PREFERRED LANGUAGE FOR CORRESPONDENCE: ENGLISH AFRIKAANS

INCOME TAX REFERENCE NUMBER _____ REVENUE OFFICE OF LAST TAX RETURN _____

POSTAL ADDRESS _____

PHYSICAL ADDRESS _____

HOME TEL NO. (_____) _____ WORK TEL NO. (_____) _____

CELL PHONE NO. _____ FACSIMILE NO. (_____) _____

E-MAIL ADDRESS _____

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



DOCUMENTS

- Only the original form will be accepted, no photocopies or facsimiles.
- If the change is as a result of marriage, please attach a certified copy of the Marriage Certificate and spouse's ID Book.
- If the change is as a result of divorce or death of a spouse, please attach a certified copy of the Divorce Order or the Death Certificate.