

Sanlam Umbrella Fund

New entrant form

☐ Sanlam Umbrella Pension Fund

☐ Sanlam Umbrella Provident Fund

SECTION A : Personal Detail

Participating Employer:			
Paypoint:		Scheme Number:	
Title and Initials:		Date of Birth:	
Full Names and Surname:			
Gender:		ID Nr / Passport Nr:	
Language:		Marital Status:	
Employee Number:		Tax Number:	

SECTION B : Member Detail

Joined Fund:	/ /	Joined Company:	/ /	Pensionable Service:	/ /
Pensionable Salary:	R	Risk Salary:	R		
Occupation:		Category:			
South African Citizen:	Yes	No	South African Resident:	Yes	No

SECTION C : Contact Detail

Home Address:			Postal Address:	
Contact Number(s):	Home:		Cell:	
E-mail address:				

SECTION D : Investments

Please note that new members will be invested as per the Sub-fund's selected default investment strategy. Members in the Comprehensive option, who elect to make use of the alternative investment choice options must submit a separate, signed Member Investment Selection form, after which their investments will be moved to their chosen portfolios.

SECTION E : Declarations

1. Declaration by the member

I, the undersigned member, hereby confirm that the information given herein is true and correct.

I understand that Sanlam requires access to my personal information in order to administer my retirement fund. I consent to my employer to provide Sanlam with the necessary information.

Member's Signature

Date

2. Declaration on behalf of Participating Employer

I/We declare on behalf of the Employer that the above-mentioned employee qualifies for membership in terms of the Rules of the Fund and that the particulars given above are true and correct.

Signed at _____ on _____ ccyy _____

Capacity

Name

Signature

Please e-mail the completed documentation to: sanlamumbrellafund@sanlam.co.za or fax to 086 613 5040