

**PAID-UP MEMBER - CONFIRMATION OF MEMBER DETAILS FORM**

- Please assist us by completing all sections in full using CAPITAL letters.
- Indicate all options selected by means of a cross [X].
- Ensure that all information provided is accurate.
- Should you require any assistance with this form please contact Robson Savage (Pty) Ltd on 011 643 4520.

**Section 1: FUND DETAILS**

Name of Fund:

Name of Employer/Pay Centre:

**Section 2: MEMBER DETAILS**

Title: 



 Surname:

First Name(s):

RSA ID Number: 



 Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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If no RSA ID number, Passport Number:

Country of Issue:

Income Tax Number:

Contact Details:

Telephone Numbers: 



 or

E-mail Address:

Postal Address:

Postal Code:

Preferred Method of Communication:                      Post:                      E-mail:

Contact Details of a relative or friend (in the event that we cannot contact you):

Name:

Relationship e.g. spouse, brother, friend:

Telephone Numbers: 



 or

E-mail Address:

**Section 3: MEMBERSHIP DETAILS**

Employee Number:

Month of Final Contribution: 

M	M	Y	Y	Y	Y
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Investment Portfolio/s (Please choose an option below):

*Note: Your fund might not offer a choice of investment portfolios, in which case, your fund credit will remain invested in the Fund Portfolio as selected by the trustees. For more information please contact your human resources department.*

I do NOT wish to make any change to my investment portfolio/s on becoming a paid-up member.

I DO wish to make a change to my investment portfolio/s on becoming a paid-up member and confirm that I have completed and attached a Member Investment Switch Instruction form to this notification.

#### Section 4: DECLARATION BY MEMBER

I hereby confirm that:

- The information given on this form is true and correct.
- I am aware of and have considered all the options available to me on termination of employment before retirement.
- I understand that on becoming a paid-up member I am able to access my benefit at any stage by submitting a Withdrawal Notification form or a Retirement Notification form (from age 55 onwards) together with the necessary supporting documents as indicated on the form to the fund administrators. These forms are available at [www.robsav.com](http://www.robsav.com)
- I understand that on becoming a paid-up member I am able, at any stage, to transfer my benefit to another approved fund by submitting a Withdrawal Notification form together with the necessary supporting documents as indicated on the form to the fund administrators.
- Where applicable any outstanding balance on a housing loan taken out through the fund's loan facility will be settled by the fund when I become a paid-up member and my fund credit will be reduced by this amount.
- I will receive an annual benefit statement confirming my membership in the fund and the value of my fund credit at that time. This will be sent to me by my "Preferred Method of Communication" as indicated in Section 2 of this form.
- I understand that on becoming a paid-up member I no longer qualify for any of the group insured benefits linked to the fund and that premiums in respect of any such benefits will cease to be paid on my behalf.
- I am aware that an annual administration fee of 0.25% (inclusive of VAT) of my fund credit will be calculated and deducted monthly from my fund credit for the duration of my paid-up membership on the fund. The monthly fee will be capped at R400. (This cap will be reviewed annually.)
- Should I die before submitting a Withdrawal or Retirement Notification form, my death benefit will be paid to my beneficiaries as decided on by the fund trustees in terms of Section 37C of the Pension Fund Act. For this reason, I confirm that my previous employer has an updated Death Benefit Expression of Wish Form and understand that the onus is on me to submit a revised form should my wishes in this regard change. This form is available at [www.robsav.com](http://www.robsav.com) and can also be completed and submitted electronically by logging onto the website as a member.
- The onus is on me to advise the fund administrators of any change to my contact details and understand the importance of advising the administrators of any such changes.

\_\_\_\_\_

Member's Signature

\_\_\_\_\_

Date

#### Section 5: DECLARATION BY EMPLOYER

I understand and/or confirm that:

- The information given in Section 2 of this form is true and correct to the best of my knowledge.
- No further contributions will be paid to the fund on behalf of this member after the final contribution, as indicated in Section 3 of this form, has been paid.
- The employer will endeavour to ensure that the member signs this form.
- Where the member has not signed this form, the employer shall sign on behalf of the member.

Employer Stamp

Authorised Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_