

SECURE WEB APPLICATION FORM

The purpose of this form is for you, the member, to request access to your data from the fund's secure website. An employer may also be granted access to view certain records.

NOTE: 'MACRO' ACCESS WILL ONLY BE GRANTED IF AUTHORISED BY A WEB GATEKEEPER

ACCESS LEVEL

Please indicate the access level for which you are applying:

* MACRO ACCESS - view all employee records (applicable to employers only) * COMPLETE SECTIONS A & B

* MICRO ACCESS - view my records only (applicable to members only) * COMPLETE SECTION A ONLY

SECTION A: TO BE COMPLETED BY THE MEMBER/APPLICANT

Name of employer

Fund membership number (If applicable) Employee number

Surname First names

Date of birth Identity number

Postal address

Postal code

Physical address

Postal code

Home telephone number Work telephone number

Cell phone number Fax number

Email address

I, the undersigned, pledge my adherence to the confidentiality of all passwords issued to me. I understand that my password will be unique and all activities performed under my access code will be monitored.

Signature Date

SECTION B: TO BE COMPLETED BY AN AUTHORISED WEB GATEKEEPER AT YOUR EMPLOYER

I, the undersigned, confirm that the MACRO ACCESS requested is essential in order for the applicant to perform the duties assigned to him/her. I hereby authorise this application.

Full names (please print)

Date

Signature

EMPLOYER STAMP

NOTE

- Only the original form will be accepted, no photocopies or facsimiles.
- Your password is unique and should under no circumstances be given to any person.
- Your employer's appointed Web Gatekeeper may revoke your password privileges at any time.