

# NEW MEMBER APPLICATION FORM

The purpose of this form is for you to instruct the Fund and its administrator that you wish to be registered as a member of the Fund on your employment at a local authority or on your appointment as a Councillor. This instruction is important as it confirms your chosen insured death, disability and funeral benefits, your investment strategy and your chosen Voluntary Critical Illness Benefit.

## YOUR PERSONAL AND CONTACT DETAILS

Correspondence language: English  Afrikaans  Xhosa   
\*This option is applicable to your member newsletter and your one-on-one engagement with the Fund's call centre. All other Fund communication will be available in English.

Title Dr  Mr  Mrs  Ms  Prof

Surname  First names

Maiden name  Date of birth

Identity number  Income tax reference number

Revenue office

Residential address

Postal code

Postal address

Postal code

Home telephone number  Work telephone number

Cell phone number\*  Fax number

Email address\*

\* Your cell phone number and email address are important as this enables the Fund to communicate with you.

## INSURED DEATH BENEFIT OPTION

Confirm your current age by marking with "X" and select the relevant death benefit option by circling the required multiple of annual pensionable salary death cover you require.

Current age	Current age "X"	Confirm your selection by circling the multiple of cover for your current age.						
		Multiples of annual pensionable salary available per age band.						
Younger than 30		No cover	1	2	3	4	5	
Aged 30 to 39		No cover	1	2	3	4	5	
Aged 40 to 49		No cover	1	2	3	4	5	6
Age 50 to 54		No cover	1	2	3	4	5	
55 and older		No cover	1	2				

If no death benefit selection is made, the default level of cover, as decided by the Fund, will be applied. The applicable default per age band is lightly shaded. The premium for the above insurance cover is funded from the employer's contribution towards the Fund. For further information regarding this benefit, please refer to the Fund's website: www.laretirementfund.co.za.

## INSURED DISABILITY BENEFIT OPTION

All new members are automatically covered for a disability income benefit. At entry you are allowed to opt out of the disability income insurance benefit. If you select not to be covered for this benefit, you will only be allowed to re-join the disability income insurance benefit at very specific instances (i.e. marriage, divorce, births, promotion or death of a spouse) and on condition that you exercise the option within 3 months of the specific event.

Please select your choice by ticking the appropriate block;

I elect to be covered for the disability income benefit

I elect not to be covered for the disability income benefit. I understand that I can only re-join this benefit under very limited circumstances and on condition I make this selection within 3 months of the event allowing me to re-join the insurance scheme.

Signature ..... (only sign if you elect not to be covered for the disability income benefit)

The premiums for the above insurance cover is funded from the employer's contribution towards the fund.  
 For further information regarding this benefit, please refer to the Fund's website: www.laretirementfund.co.za.

## INVESTMENT OPTION

Please complete either option A or B by ticking the relevant block/s:

### OPTION A:

Allocate 100% of my contributions in terms of the Fund's default Life Stage Portfolio

OR

### OPTION B:

Allocate my contributions to one of the individual Life Stage phases:

Investment phase	Tick the appropriate block
Accumulation phase	
Consolidation phase	
Preservation phase	
Cash Plus	
Shari'ah Portfolio	

For further information regarding this option, please refer to the Fund's website: [www.laretirementfund.co.za](http://www.laretirementfund.co.za).

## FUNERAL BENEFIT OPTION

Please select one of the following options by ticking the relevant block:

Option 1  
R30 000 (main member, spouse and children 14 and older); R20 000 (children 6 to 13); R10 000 (children 0 to 5); R5 000 (stillborn) @ R47.00 pm

Option 2  
R40 000 (main member, spouse and children 14 and older); R20 000 (children 6 to 13); R10 000 (children 0 to 5); R5 000 (stillborn) @ R62.70 pm

Option 3  
R55 000 (main member, spouse and children 14 and older); R27 500 (children 6 to 13); R10 000 (children 0 to 5); R10 000 (stillborn) @ R86.20 pm

The above cover is funded from the employer's contribution towards the fund. Please note that Option 1 is the fund's default and it will be applied where no choice is made.

Please confirm the details of your spouse to be insured:

Surname

First name

Identity number or passport number

Please note: If you are in a co-habiting relationship, your partner can only be listed if neither you nor your partner are married.

If you are married to two or more people, qualifying spouse shall mean:

- Only the spouse you have confirmed in writing or
- In the case of multiple confirmations, only the spouse with whom you joined in marriage first.

Once a spouse has been confirmed, the confirmation remains in force as long as you are married to the listed spouse.

Please complete the separate funeral benefit beneficiary nomination form.

For further information regarding this benefit, please refer to the Fund's website: [www.laretirementfund.co.za](http://www.laretirementfund.co.za).

## VOLUNTARY CRITICAL ILLNESS BENEFIT OPTION

Please select one of the following irrevocable options by ticking the relevant block:

Option 1  
No cover (Please note that if you elect no cover on appointment, you cannot at any other stage apply for this cover.)

Option 2  
R100 000 cover (R14.96 pm (up to age 40); R50.95 pm (age 41-50); R126.67 pm (age 51-65))

Option 3  
R200 000 cover (R28.58 pm (up to age 40); R97.39 pm (age 41-50); R241.82 pm (age 51-65))

Option 4  
R300 000 cover (R40.39 pm (up to age 40); R140.99 pm (age 41-50); R351.16 pm (age 51-65))

The above cover is funded from the employer's contribution towards the fund. Please note that Option 1 is the fund's default and it will be applied where no choice is made.

For further information regarding this benefit, please refer to the Fund's website: [www.laretirementfund.co.za](http://www.laretirementfund.co.za).

## VOLUNTARY EXTENDED FAMILY FUNERAL COVER OPTION

Please refer to the separate application form and details on the Fund's website: [www.laretirementfund.co.za](http://www.laretirementfund.co.za).

## TRANSFER DETAILS

You are permitted to transfer all or some of your retirement savings held in other retirement funds to the LA Retirement Fund. The Fund administrator will contact you within 4 months of you joining the LA Retirement Fund to formally request you to supply all your paid-up certificates received from other retirement funds of which you are a member. You will be asked to confirm if you wish to transfer any of the savings into the Fund.

## EMPLOYER DETAILS

### To be completed by the employer

Name of employer

Employee number

Date of employment

Date of joining the fund

Annual pensionable salary

Occupation

Has the employee been appointed in terms of section 57 of the Local Government Municipal Systems Act, 2000? Yes  No

If yes, please provide details.

Date of commencement of contract

Please specify the total deemed contribution rate in respect of Councillors:  7.5% OR  10%

## INTOUCH AND INTERACT SMS SERVICES SUBSCRIPTION

You will automatically be registered for both services. This will enable you to view your member share value online via the fund's secure website and you may also request your member share value and insured death and disability cover from the fund's administrator via sms. Please refer to the fund's website for the terms and conditions related to these services.

## YOUR DECLARATION

This section is to be completed by you, the member.

I hereby confirm that:

- The details provided herein are true and correct;
- I understand the insured risk benefit options and the investment options available to me and that I am making an informed choice;
- I have completed and attached the Confidential Beneficiary Nomination Form to this application;
- In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Verso Financial Services (Pty) Ltd can be held liable for such losses;
- Use of your personal information held by the Fund:

The Fund is committed to the adherence and compliance of the Protection of Personal Information Act (POPIA) and is committed to ensuring the protection of the personal information of members and fund officers. This commitment is encompassed in the Fund's Data Protection and Privacy Policy which ensures that the Fund and its service providers process personal information responsibly and in a manner that demonstrates their commitment to upholding the right to privacy of members and fund officers, subject to justifiable limitations.

It is therefore legitimate and appropriate for the LA Retirement Fund (the Fund) to contact members and to use personal information for the purpose of explaining benefit options and processes.

"Personal information" includes the following:

1. Title, name, surname, gender, ID number, marital status, mobile, work and home telephone numbers, email address and home/work address
2. Entry and exit dates, normal retirement age, member share value
3. Data held by the employer that is relevant to the operation of the Fund e.g. notification of termination of employment, change of contact details etc.

I understand that during my membership of the Fund, my personal information will be disclosed to the Administrator, Verso Financial Services Pty Ltd and other third parties contracted by the Fund, provided that such information will only be used for the purposes of:

- Encouraging retirement planning by assisting members to fully understand the various Fund options
- Explaining trustee elected/default options and encouraging members who do not want to opt for the default options to obtain financial advice before making decisions.
- Contacting members at various life stages to make them aware of all their options and the possible implications of their choices on their retirement planning.

This consent is provided on the clear understanding that:

- i. The Fund has concluded written agreements with its service providers and will ensure that your personal information is protected through adequate provisions in these agreements;
- ii. This information will be provided solely for the purposes of providing relevant retirement planning information and advice to myself;
- iii. Wherever reasonably possible, such information is to be encrypted.

Your full name

Your signature

Date

### EMPLOYER'S DECLARATION

This section is to be completed by the employer.

It is hereby confirmed and warranted that:

- The employer will deduct the contribution that is required in terms of the rules of the fund until the date that the member leaves our employment and the contribution will be paid to the Fund;
- The information contained herein is correct;
- The employer hereby unconditionally absolves the Fund, the board of trustees and Verso Financial Services (Pty) Ltd and as necessary indemnifies and keeps indemnified the fund, the board of trustees and Verso Financial Services (Pty) Ltd from and against all or any loss, damage, cost and expenses which the member, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso Financial Services (Pty) Ltd, on behalf of the fund, relying on and using any information supplied by the employer.

Full name of authorised official of the employer

Work telephone number

Facsimile number

Email address

Signature of authorised official of the employer

Date

Witness 1 signature

Witness 2 signature

EMPLOYER STAMP

### DOCUMENTATION REQUIRED

Please forward the following documents to the administrator:

1. A certified copy of the member's identity document\*
2. The member's completed Confidential Beneficiary Nomination Form
3. The original new member's application form and related documentation

\* If a copy of a smart ID card is provided, please provide certified copies of both the front and reverse sides of the card.

**Note:**

- Neither the fund nor Verso Financial Services (Pty) Ltd are responsible for any losses that may result from any delays caused by you and/or your employer not completing the form accurately and completely and by you not attaching the required documentation.
- Verso Financial Services (Pty) Ltd will process your personal information for valid and lawful reasons only.
- Verso Financial Services (Pty) Ltd will take care to keep your personal information safe and will obey any legal requirements in this regard.
- Verso Financial Services (Pty) Ltd may be contacted via the fund's call-centre as follows:  
Telephone number: 021 943 5305  
Email: support@laretirementfund.co.za

## **PROCESSING OF PERSONAL INFORMATION**

The Fund is committed to the adherence and compliance of the Protection of Personal Information Act (POPIA) and is committed to ensuring the protection of the Personal Information of Members and Fund Officers. This commitment is encompassed in the Fund's Data Protection and Privacy Policy which ensures that the Fund and its Service Providers Process Personal Information responsibly and in a manner that demonstrates their commitment to upholding the right to privacy of Members and Fund Officers, subject to justifiable limitations.

It further establishes a common standard on the appropriate protection of Personal Information of Members and provides general principles regarding the right of individuals to privacy and to reasonable safeguarding and protection of their Personal Information. The Board of Management, in its commitment to comply with POPIA, requires that the Fund's Service Providers adhere to the lawful Processing of Personal Information in line with POPIA. The Data Protection and Privacy policy therefore also specifies minimum requirements and standards that are to be adhered to with regards to the Processing of Personal Information by Service Providers of the Fund.

The Fund has concluded written agreements with its service providers and will ensure that your personal information is protected through adequate provisions in these agreements. If any of the Fund's service providers are abroad, the Fund will not share your personal information with them, unless we are satisfied that they have adequate security measures in place to protect your personal information.

The Fund may use your information or obtain information about you for the following purposes:

- Underwriting in respect of Fund risk benefits
- Assessment and processing of Fund benefit claims
- Member communication
- Verification of personal information
- Claims checks (industry Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Updating your personal information
- Sharing information with service providers we engage to process such information on our behalf or who render services to the Fund.

You may access your personal information that we hold and you may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.