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Tel: (021) 943 5305
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Facebook: www.facebook.com/LARetirementFund
WhatsApp: **076 073 0997** (from 08h00 to 16h00)
Fund Registration No: 12/8/1278

APPLICATION FOR REGISTRATION OF LIFE PARTNER

TO BE COMPLETED BY MEMBER

I, the undersigned, do hereby state under oath/solemnly declare that:

1. I have been cohabiting, as if married, with the person whose particulars are stated below (life partner) with the intention to continue doing so;
2. We have been cohabiting for at least 6 months and I regard him/her as my spouse;
3. We are (Delete whichever is not applicable):
   - mutually dependent on each other
   - in a dominant/servient relationship in circumstances where I am financially dependent on my life partner/my life partner is financially dependent on me (Delete whichever is not applicable)
4. We run a shared and common household at

   Residential/Physical address _____

   _____ Postal code _____

5. My life partner's particulars are as follows: (Please attach a certified copy of your life partner's ID document together with the completed 'Sworn Affidavit of Life Partner' form)

   First names _____ Surname _____

   Identity number _____ Date of birth _____

   Gender ☐ Male ☐ Female

6. I further undertake to provide my employer or the LA Retirement Fund with written notification should the above union come to an end;
7. I realise that registration of my life partner is subject to the material information in this affidavit being accurate and remaining so. I further acknowledge that submission of this application does not guarantee acceptance of my life partner for benefits by the LA Retirement Fund and that the LA Retirement Fund will have a final say regarding the allocation of any benefits due.

   Member number _____ Surname _____

   First names _____ Staff number _____

   Date of birth _____ Identity number _____

   Cell Number * _____ Email address * _____

   Your signature _____ Date of signature. _____

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

TO BE COMPLETED BY COMMISSIONER OF OATHS

1. The deponent acknowledges that he/she knows and understands the contents of the above declaration;
2. Delete which is not applicable:
   - I duly administered the oath as prescribed by law;
   - He/she objected to taking the oath and did not consider it to be binding on his/her conscience. I duly administered the affirmation prescribed by law; and
3. Thereafter the deponent signed the affidavit in my presence.

COMMISSIONER'S STAMP

Signature _____

Date _____