Belmont Office Park, Twist Street, Bellville, 7530
PO Box 4300, Tyger Valley, 7536
Tel: (021) 943 5305
Email: support@laretirementfund.co.za
Website: www.laretirementfund.co.za
Facebook: www.facebook.com/LARetirementFund
WhatsApp: **076 073 0997** (from 08h00 to 16h00)
Fund Registration No: 12/8/1278

ANNUAL CHANGE IN INSURED DEATH BENEFITS OPTION FORM

The purpose of this form is for you, the member, to inform the Fund and its Administrator of your wish to change your insured death benefit option provided by the Fund.

YOUR PERSONAL AND CONTACY DETAILS

Pension number _____ Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Surname name _____ First names _____

Date of birth _____ Identity number _____

Residential address _____

_____ Postal code _____

Postal address _____

_____ Postal code _____

Home ☎ no. _____ Work ☎ No. _____

Cell phone no.* _____ Email address* _____

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

CHANGE OF DEATH BENEFIT OPTION

- A request to increase your funeral cover must be received by 30 September.
- The increased cover will only take effect once the assurer has confirmed acceptance and will be effective from the 1st of the month following the insurer's confirmation (earliest 1 July).
- A member requesting an increase in death cover may be subject to the submission of medical evidence to the insurer and the insurer will confirm if the request is accepted

DEATH BENEFIT

Current age	Current age "X"	Confirm your selection by ticking the multiple of cover for your current age. Multiples of annual pensionable salary available per age band						
Younger than 30		No Cover - 0	1	2	**3**	4	5	
Aged 30 to 39		No Cover - 0	1	2	**3**	4	5	
Aged 40 to 49		No Cover - 0	1	2	**3**	4	5	6
Aged 50 to 54		No Cover - 0	1	**2**	3	4	5	
Aged 55 and older		No Cover - 0	1	**2**				

Declaration and confirmation of death benefit option change:

Signed at _____ on this _____ day of _____ (month) _____ (year).

Your full name _____

Your signature _____ Date of signature. _____

Important Notes:

- You, the member, must inform the Fund's Administrator in writing of any increase in your death benefit option by 30 September. The insurer reserves the right to decline an increase in death benefit option, based on medical grounds.
- You, the member, must inform the Fund's Administrator in writing of any decrease in your death benefit option by 30 September.
- The premium for the above insurance cover is funded from the employer's contribution towards the Fund.
- Neither the Fund nor Verso Benefits Administrator (Pty) Ltd are responsible for any losses that may result from any delays caused by you not completing the form accurately and completely.
- Verso will process your personal information for valid and lawful reasons only.
- Verso will take care to keep your personal information safe and will obey any legal requirements in this regard.
- Verso may be contacted via the Fund's call-centre as follows:

  Telephone number: **021 943 5305**
  Email: **support@laretirementfund.co.za**
  WhatsApp: **076 073 0997** (from 08h00 to 16h00)

For further information regarding this benefit, please refer to the Fund's website: www.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.