

NEW MEMBER APPLICATION FORM

FUND NAME: _____



Notes:

- Membership is compulsory for all employees on the date they qualify for membership.
- Members must be in active service on the first day of membership.
- The original of the New Member form and Beneficiary Nomination form must be kept by the Employer on the member's personnel file.
- It is the member's responsibility to ensure that they advise the HR Office of any change in address, personal information or information pertaining to their nominations.
- All fields on this form are mandatory and complete using block letters or tick [✓]

A - MEMBER DETAILS

Employer Name							
Title & Surname					Company Ref. No		
First Name & other Initials					Date of Birth		
Identity number		or passport number if no ID number			Gender		Male Female
Income Tax Number (TIN)					Revenue Office		
Contact details		Cell number(s)					
		Email address					
Addresses		Postal address			Residential address		
Marital Status		Married	Single	Divorced	Widowed	Separated	
Dependants		Yes	No	Number of children			
Spouse's Full Name (if applicable)							
Spouse's Date of Birth					ID number		
Date of Employment					Date of first contribution		
Occupation							
Pensionable salary		N\$			PM		PA

B – FUND BENEFITS AND CONTRIBUTIONS - MEMBER CHOICE

- Please consult your Fund Rules/Member Booklet for information on the available member options, alternatively, consult your Principal Officer or HR officer for clarity regarding the available options.
- Please note that if no option is selected here, you will be loaded with the Fund default option (where applicable)
- Once a new member is loaded based on the selected option below, you may only change your option at Fund Anniversary date or on the date as selected by the Fund.
- Please contact your HR Officer /Principal Officer and ensure you understand the terms and conditions before making your choice.
- Where the option is not applicable to your fund, please indicate **n/a** in the space provided.

Death benefit multiple	
Member Contribution Rate	
Investment Portfolio	
Member AVC contribution rate/amount	

BENEFICIARY NOMINATION FORM

WE URGE YOU TO UPDATE YOUR BENEFICIARY FORM ON A REGULAR BASIS PARTICULARLY AS AND WHEN YOUR CIRCUMSTANCES CHANGE.

The following person can assist in tracing any dependants: (please show initials & surname, ID and contact details)

<u>SPOUSE</u>	*Basis of marital union: Civil / Customary / Common law / Co-habitation							
Title, Initials & Surname, First Name	Date of Birth/	ID Number	Gender (M/F)	Tax Number	Basis of marital union*	% Share	Church Congregation membership/ Town/Village	Region where spouse resides and Traditional Authority, if appl
Contact details / address								
Contact details / address								
Contact details / address								

BENEFICIARY NOMINATION FORM

Member Name	Ref No
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<u>DEPENDENT CHILDREN</u>	A child of the member, including an illegitimate or legally adopted child, under the age of 18/21/25 (whichever is applicable) and unmarried; or a stepchild, under the above mentioned applicable age and unmarried, who, in the opinion of the Trustees, was substantially dependent on the member at the time of his/her death; provided that the Trustees may at their discretion include a child who is over the age of 18/21/25 (whichever is applicable) and is engaged in full time studies at an educational institution approved by the Trustees and was substantially dependent on the member.							
Initials & Surname, First Name	Date of Birth/	ID Number	Gender (M/F)	Tax Number	Basis of marital union*	% Share	Church Congregation membership/ Town/Village	Region where dependant resides and Traditional Authority, if appl
	<i>Contact details / address</i>							
	<i>Contact details / address</i>							
	<i>Contact details / address</i>							
	<i>Contact details / address</i>							
	<i>Contact details / address</i>							

BENEFICIARY NOMINATION FORM

Member Name		Ref No	
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<u>OTHER PERSONS SUPPORTED BY THE MEMBER</u>								
Initials & Surname, First Name	Date of Birth/	ID Number	Gender (M/F)	Tax Number	Basis of marital union*	% Share	Church Congregation membership/ Town/Village	Region where dependant resides and Traditional Authority, if appl
Contact details / address								
Contact details / address								
Contact details / address								

<u>NOMINEES</u>								
Initials & Surname, First Name	Date of Birth	ID Number	Gender	Tax Number	Relationship	% Share	Church Congregation membership/ Town/Village	Region where spouse resides and Traditional Authority, if appl
Contact details / address								
Contact details / address								
Contact details / address								

Additional Remarks:

BENEFICIARY NOMINATION FORM

Member Name		Ref No	
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Notes:

- The Financial Institutions and Markets Act regulates the payment of lump sum death benefits by the Fund. It is very important that a member notifies the Fund's Trustees in writing who his/her dependants are and any other person (nominee) he/she wishes to nominate to receive a portion of the benefit payable from the Fund in the event of the member's death.
- The Financial Institutions and Markets Act recognizes the following categories of persons as dependants:
 - A person for whom the member was legally liable to maintain (e.g. a minor child);
 - A person whom the Trustees consider as having in fact been dependent on the member for maintenance at the time of the member's death (e.g. a parent incapable of self-support);
 - The member's spouse (the surviving partner in a recognized marital union, including a customary union according to tribal law and custom);
 - A person for whom the member would have become legally liable for maintenance had the member not died (e.g. an unborn child).All dependants must thus be shown whether they are to receive a portion of the benefit or not. Please use additional copies of this form where space is insufficient.
- Please also ensure that all percentages allocated to all beneficiaries indicated on this form add up to 100%.
- In terms of the Financial Institutions and Markets Act the Trustees must take the above expression of wish into consideration when deciding on the equitable allocation of benefits to dependants and/or nominees and information provided by the employer / dependants / nominees.

D – SIGNATURES

Member: _____ **Date:** _____

Witness: _____ **Date:** _____

Employer: _____ **Date:** _____