Legal Provident Fund

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APPLICATION FOR MEMBERSHIP EMPLOYERS

Name of Participating Employer

_____

Fund Number: _____ (office use only)

EMPLOYER DETAILS

- In terms of the Fund Rules, I/We apply to join as an "Employer" with effect from: ☐☐/☐☐/☐☐☐☐.
- I/We will contribute on behalf of each member the amounts as provided for in the Rules.
- I/We understand that, unless contributions are deducted via a debit order, all contributions in respect of the Fund must be forwarded to the Administrators of Alexander Forbes by the second last working day of the month in which they are due. I/We understand that, in terms of Section 13A of the Pension Fund's Act (as amended), contributions received late will be subject to "late payment interest".
- I/We understand that it is a condition of employment that all new employees/directors join the Fund within one year of their employment (ref.: Income Tax Act, No 58 of 1962).
- I/We understand that all amendments in membership details (salary changes and addition of new members) must reach the Fund by the 8th of the month in which they are due to be amended.

PLEASE TICK THE REQUIRED OPTIONS (On behalf of Employees)

A. PROVIDENT FUND – METHOD OF CONTRIBUTION

The employee(s) method of contribution will be as follows:

☐ Normal employee contributions (employee and employer contributions)

☐ Total Cost of Employment (employer contribution only)

B. LIFE COVER (PREMIUM PAYABLE BY EMPLOYER)

I/We would like the employee(s) lives, subject to the policy maximums, to be covered by the following premium:

☐ **1% premium = 2.6** X the member(s) annual salaries (up to the Automatic Acceptance Level)

☐ **2% premium = 5.3** X the member(s) annual salaries (up to the Automatic Acceptance Level)

C. OPTIONAL DISABILITY BENEFIT (PREMIUM PAYABLE BY EMPLOYER)

I/We would like to join the disability benefit on behalf of the member(s):

☐ Yes -

☐ PHI monthly payment OR ☐ Capital disability lump sum payment

(either 2.6 or 5.3 X annual salaries linked to life cover selected above)

☐ No

AUTHORISED SIGNATORIES

Authorised Signatory: _____ Date: ☐☐/☐☐/☐☐☐☐

Name in block letters: _____

Position at Participating Employer: _____

NB
COMPANY
STAMP