

NEW MEMBER ENTRANT FORM FOR EMPLOYEES

Instructions on how to type on this editable form (Please complete the form in pen if you prefer).

1. Save the form on your computer and then type your details directly onto the form where you see. To select a specific , please click on it to look like this .
2. After completing the form, please save again and print. Sign the form where indicated on page 1 and give all 3 pages together with your beneficiary form and ID copy to your Authorised Signatory. To join in a month, the Authorised Signatory must send the forms to Alexander Forbes by the 8th of that month.

Participating employer			
Member's surname			
Member's full names			
Category of member (X)	<input type="checkbox"/> Employee	<input type="checkbox"/> Candidate attorney	<input type="checkbox"/> Director <input type="checkbox"/> Partner
ID number and tax number	ID	Tax	
Date of birth and sex		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Member's postal address (H) & code			
Contact telephone numbers & code	(H)	(W)	
E-mail address			
Date joined your employer			
Date to join LPF & Fund salary pm		R	

PROVIDENT FUND: MONTHLY CONTRIBUTION

- Member's contribution 5% of Fund Salary and Employer contribution 5% of Fund Salary, or
 Employer only contributions - please tick %:- 5% or 7.5% or 9% or 10% or 12.5% or 15%

Contribution type for employer only contributions

- Total cost of Employment Non-contributory Other (details)

PROVIDENT FUND: ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVCs) TO BE PAID MONTHLY

Member's extra contribution: R _____ Employer's extra contribution: R _____ /0.52%

SIGNATURES AND MEMBER DECLARATION

I hereby declare that I have read the material provided in respect of the Investment Solutions' Portfolios offered by the Fund. I hereby choose to invest my provident fund contributions paid from the date of joining the provident fund and those of my employer in the investment portfolio as indicated on page 2. I understand that in order to switch my benefit out of this portfolio, a switch instruction must be completed and forwarded to the Alexander Forbes Call Centre.

I understand that if no portfolio is selected, my contributions will be invested as per the New Trustee Default Model – Age 65. I understand that my Fund Credit (benefit) will receive direct returns, positive or negative, which are earned on the investments made in my chosen portfolio. I acknowledge that on retirement or resignation from the Fund, I will have no further claim against the Fund or my employer apart from the value of the benefit payable to me in terms of the Rules of the Fund. I indemnify and hold Alexander Forbes and the Fund harmless against any claim of whatsoever nature arising from my membership of the Fund.

Member's Signature _____ Date _____

Employer's Authorised Signatory _____ Date _____

Employer's stamp

To be completed by the employee joining the LPF

IMPORTANT NOTE: It is a condition of employment that all new employees at a firm join the LPF after 12 months of service or earlier if preferred. Please refer to pages 2 and 3 regarding the choice of a portfolio.



NEW TRUSTEE DEFAULT MODEL–AGE 65 OR INDIVIDUAL MEMBER CHOICE

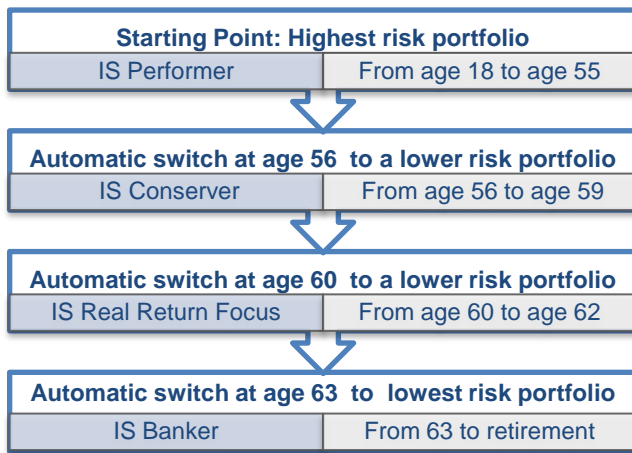
Firm:

Surname & initials:

Instructions on choosing an investment portfolio

1. Please select either the **New Trustee Default Model–age 65** (default model) on the **LEFT OR** a **specific portfolio** under **Individual Member Choice** on the **RIGHT**.
2. If you do not exercise a choice, your contributions will be invested as per the New Trustee Default Model–Age 65.

NEW LPF TRUSTEE DEFAULT MODEL-AGE 65



or INDIVIDUAL MEMBER CHOICE (tick)

<input type="checkbox"/>	IS Performer
<input type="checkbox"/>	IS Conserver
<input type="checkbox"/>	IS Real Return Focus
<input type="checkbox"/>	IS Banker
<input type="checkbox"/>	IS Oasis Crescent Balanced High Equity (Shari’ah compliant)

In the context of this form, risk typically describes the possibility that an investment may fluctuate over time, i.e. the degree of unpredictability in the return of the investment. Being willing to accept a higher level of risk often means that investors can achieve a greater potential return on their investments over the long term.

Notes on the New Trustee Default Model – age 65

1. Members can choose the **default approach** which is called the New Trustee Default Model – Age 65.
2. In this investment model, members’ savings are invested in portfolios according to their ages and time to retirement. For younger members their money is invested in portfolios with high equity exposure. This is because historically portfolios with higher equity levels have generated better results over longer terms. The investment portfolios for older members closer to retirement are designed to preserve the capital and investment gains underlying the investment. Therefore, switches in portfolios are conducted as part of an overall strategy and not in an attempt to time the investment markets.
3. The participating member’s benefits and future contributions will be switched during the month in which he reaches the relevant number of years to retirement.
4. The Trustees review the investment strategy of the model continually, and will make periodic changes to the underlying investments in line with the objectives of the strategy.

Assumptions underlying the New Trustee Default Model–age 65

Before choosing to follow this investment model, please consider its underlying assumptions to satisfy yourself that they are reasonable in relation to your situation.

1. You will probably retire at around age 65 – if you plan to retire well before or after this age, the model may not be appropriate.
2. If you were to resign, you would preserve your money for your ultimate retirement.
3. You are comfortable to accept negative investment returns over short measurement periods whilst you are still some way off retirement.
4. You want to provide for a cash (money-market investment) or similar benefit **at retirement**. The model may not be appropriate if you plan to invest in an investment portfolio with an aggressive mandate (high equity content).

If a member requires investment advice on which investment portfolio is most appropriate for his or her needs, this can be obtained from the Alexander Forbes Individual Advice Centre. The member must contact the Centre on the number 0860 103 294 and ask to speak to one of the Financial Planners who has been dedicated to giving “Infund advice” for the Legal Provident Fund.

BENEFICIARY NOMINATION FORM

Participating Employer: _____

Member's Surname & First Names: _____

Please read the notes on page 2 before completing this form.

TABLE 1: DEPENDANTS

Automatically includes your spouse and both major and minor children. Percentage can be "0%".
Please refer to IMPORTANT NOTES on page 2 for the full definition of a dependant.

Full names and surname	Date of Birth	Relationship	Contact number / town	%
Total				100%

TABLE 2: BENEFICIARIES (nominees)

Excludes your spouse and both major and minor children.

Please refer to IMPORTANT NOTES on page 2 for the definition of a beneficiary.

Tick here for unapproved life cover benefit (only partners/directors/trustees are eligible)

Full names and surname	Date of Birth	Relationship	Contact number / town	%
Total				100%

MEMBER AND WITNESS DETAILS AND SIGNATURES

I, hereby wish to nominate the above-mentioned person(s) to receive any death benefits payable in the proportions indicated. In the event of any of the person(s) predeceasing me, it is my wish that their shares **should be apportioned** among my **surviving nominees**.

Member's signature: _____ **Date:** _____

I have not omitted any dependants and I undertake to submit a new form if my situation changes.

Witness signature: _____ **Name:** _____ **Date:** _____

Member's Surname & Initials:	
SPECIAL CONDITIONS (Please write in this section. If you need more space, please add extra pages)	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Employer stamp</div>	
IMPORTANT NOTES	
<p>The Trustees have a duty under the Pension Funds Act to apportion the benefits equitably between your dependants. Therefore, they will only distribute benefits to any nominated beneficiaries once the needs of the dependants have been met.</p> <p>The benefits do not form part of your estate and as such cannot be distributed in terms of a will.</p> <p><u>What is a dependant?</u></p> <p>A dependant in relation to a member, means:</p> <ol style="list-style-type: none"> i. a person in respect of whom the member is legally liable for maintenance; ii. a person in respect of whom the member is not legally liable for maintenance, if such person— <ul style="list-style-type: none"> – was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance; – is the spouse of the member, including a party to a customary union according to Black law and custom or to a union recognized as a marriage under the tenets of any Asiatic religion; – is a child of the member, including a posthumous child, adopted child and illegitimate child; iii. a person in respect of whom the member would have become legally liable for maintenance, had the member not died. <p><u>What is a beneficiary?</u></p> <p>A beneficiary is a natural or juristic person who is not financially dependent on you but you would still like this person to receive a part of your LPF benefit. The LPF Trustees will distribute the benefits to nominated beneficiaries only if the needs of the dependants have been met.</p>	
HOW TO COMPLETE THIS FORM	
<u>Step 1: List your dependants' details in Table 1 on page 1</u>	
<ol style="list-style-type: none"> 1. List the details relating to your spouse (if applicable) in the first column. If you have more than one wife, a customary law wife or a life partner, please include these details. 2. List <u>all</u> your children (both major and minor), including those adopted, from previous marriages or born outside of marriage. 3. List any legal dependants, such as a divorced spouse from a previous marriage to whom you are paying maintenance, or anyone else who receives financial support from you (for example an aged parent, a family member or even a friend). 	
<u>Step 2: Allocate (share) the benefit</u>	
<p>After you have listed all your dependants, you need to decide the percentage (if any) of your benefit you would like to allocate to each. To do this, please allocate a percentage of the total benefit to each dependant in the last column of the table. Keep in mind that -</p> <ul style="list-style-type: none"> – Not everyone on the list needs to have a share allocated to him/her. You can specify "0%". – The total percentage must add up to 100%. 	
<u>Step 3: List details of any beneficiaries in Table 2 on page 1</u>	
<p>A beneficiary is not a dependant but you would still like him or her to receive a part of your benefit.</p>	
<u>Step 4: Give a motivation under "SPECIAL CONDITIONS" (page 2)</u>	
<p>To assist the Trustees to distribute your benefit as fairly as possible, you can provide them with an explanation on why you have proposed certain share allocations to your beneficiaries.</p>	