



Securing your financial well-being Legal Provident Fund FSCA no: 12/8/6313/1

Private Bag X21, Brooklyn Square, 0075. Tel: 012 452 7111 (switchboard). Email: zzLPF@aforbes.co.za
 Website: www.afonline.co.za • www.legalprovidentfund.co.za

NEW MEMBER ENTRANT FORM FOR LEGAL PROVIDENT FUND (“LPF”)

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. To select a specific , please place an X in the box 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 4 pages together with your beneficiary form and ID copy to your Employer’s Authorised Signatory. To join in a month, your Employer Authorised Signatory must send the forms to Alexander Forbes before the 7th of that month.

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/ Senior Employee	<input type="checkbox"/> Partner
ID number and tax number	ID	Tax		
Date of birth and gender			<input type="checkbox"/> Female	<input type="checkbox"/> Male
Member’s postal address (H) & code				
Contact telephone numbers & code	(Cell)	(W)		
E-mail address				
Date joined your Employer				
Date to join LPF & Fund salary pm		R		
Benefit salary (only applicable to directors/senior employees)		R		

PROVIDENT FUND: MONTHLY CONTRIBUTION

Member contributions of 5% (please tick if you will be contributing to the Fund)

Employer contributions - please tick %:

5% or 7.5% or 9% or 10% or 12.5% or 15%

LPF: ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVCs) TO BE PAID MONTHLY

Member’s **extra** contribution: R

Employer’s **extra** contribution: R

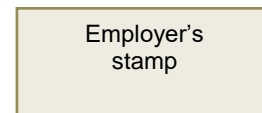
SIGNATURES AND MEMBER DECLARATION

I hereby declare that I have read the material provided in respect of the investment portfolios offered by the Fund. I hereby choose to invest my LPF contributions, if applicable, paid from the date of joining the LPF and/or 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 lifestage portfolio.

I understand that my Fund credit (benefit) will be credited with investment returns, positive or negative, which are earned on the investments made in my chosen portfolio. I acknowledge that on termination of service resulting in my exiting the LPF, I will have no further claim against the LPF or my Employer apart from the value of the benefit payable to me in terms of the rules of the LPF. I understand that I cannot exit the LPF whilst still in service. I indemnify and hold Alexander Forbes and the LPF harmless against any claim of whatsoever nature arising from my membership of the LPF.

Member’s Signature _____ Date



Employer’s Authorised Signatory _____ Date

To be completed by the employee joining the LPF

IMPORTANT NOTE: It is a condition of employment that all new employees at a firm must join the LPF after 12 months of service or earlier if preferred. Please refer to page 2 regarding the choice of an investment portfolio. Please refer to page 3 to appoint your beneficiaries.



Legal Provident Fund

DEFAULT LIFESTAGE PORTFOLIO OR INDIVIDUAL MEMBER CHOICE

Employer:

Surname & initials:

Instructions on choosing an investment portfolio

1. Please select either the **default lifestage portfolio** **OR** a **specific portfolio** under **individual member choice**.
2. If you do not exercise a choice, your contributions will be invested as per the lifestage portfolio.

I choose the lifestage portfolio:

I confirm that I have chosen the lifestage portfolio and I acknowledge and understand that 100% of my future contributions to the LPF will be invested in the lifestage portfolio as follows:

MEMBER AGE	AFI PERFORMER	AFI REAL RETURN FOCUS	AFI BANKER
Age 18 to 56	100%	-	-
Age 56 to 57	70%	30%	-
Age 57 to 58	60%	40%	-
Age 58 to 59	50%	50%	-
Age 59 to 60	40%	60%	-
Age 60 to 61	30%	70%	-
Age 61 to 62	20%	80%	-
Age 62 to 63	10%	90%	-
Age 63 to 64	-	90%	10%
Age 64 and older	-	67%	33%

I choose individual member choice:

I confirm that I have chosen the portfolio/s indicated below and I acknowledge and understand that 100% of my future contributions to the LPF will be invested as follows:

INVESTMENT PORTFOLIO

AFI ACCELERATOR	%
AFI PERFORMER	%
AFI REAL RETURN FOCUS	%
AFI BANKER	%
AFI SHARI'AH HIGH GROWTH	%
TOTAL	100%

Member's Signature _____ Date

Employer's Authorised Signatory _____ Date



BENEFICIARY NOMINATION FORM

Employer:

Member's Surname & First Names:

Please read the notes on page 3 before completing this form.

TABLE 1: DEPENDANTS

Includes your spouse and both major and minor children. Percentage can be "0%".
Please refer to IMPORTANT NOTES on page 3 for the full definition of a dependant.

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

TABLE 2: NOMINATED BENEFICIARIES (NOMINEES)

Excludes your spouse and both major and minor children.
Please refer to IMPORTANT NOTES on page 3 for the definition of a nominee.

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

I, hereby wish to nominate the above-mentioned person(s) to be considered for any death benefits payable in the proportions indicated.

TABLE 3: BENEFICIARIES IN THE EVENT OF ANY PERSONS PREDECEASING ME

In the event of any of the person(s) indicated above predeceasing me, it is my wish that their shares, if any, **should be apportioned** among my **surviving dependants and nominees** in the proportions indicated below:

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

MEMBER AND WITNESS DETAILS AND SIGNATURES

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:** _____

Employer stamp

Member's Surname & Initials:

SPECIAL CONDITIONS (Please write in this section. If you need more space, please add extra pages)

IMPORTANT NOTES

The Trustees are required in terms of the Pension Funds Act, 1956, as amended, to consider all dependants and nominated beneficiaries and to apportion the benefits equitably after a thorough investigation has been undertaken. The amount allocated to an identified dependant/s and/or nominated beneficiary/ies is at the discretion of the Trustees and is based on many factors, including but not limited to financial dependency, and takes into consideration the benefit available to be distributed. The Trustees will consider this Nomination of Beneficiaries Form but are not legally bound by it. The LPF benefits do not form part of your estate and therefore cannot be distributed in terms of a will.

Who is a dependant?

A dependant in relation to a member, means:

- 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—
 - 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.

Who is a nominated beneficiary?

A nominated beneficiary is a natural or juristic person who is not financially dependent on you but you would still like this person to be considered to receive a part of your LPF benefit. An allocation, if any, to such nominated beneficiary/ies is considered once the needs of all the identified dependants have been met.

HOW TO COMPLETE THIS FORM

Step 1: List your dependants' details in Table 1

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 all 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 a friend).

Step 2: Allocate (share) the benefit

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 -

- 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%.

Step 3: List details of any nominated beneficiaries in Table 2

A nominee is not a dependant but you would still like him or her to receive a part of your benefit.

Step 4: Give a motivation under "SPECIAL CONDITIONS" (page 2)

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.