

AUTHORISED SIGNATORIES

Employer:

Important Notes

1. The Authorised Signatories refer to the persons who have been authorised by the employer to represent LPF matters by their signatures.
2. If possible, please ensure that a Primary Signatory is provided as well as a Secondary Signatory in the event of the Primary Signatory not being available.
3. As soon as you are aware of a change in signatory, please complete and forward a replacement form to the Administrator (Alexander Forbes). This will become the latest form and will supersede any other list of authorised signatories that has been provided to the Administrator in the past.
4. The Employer accepts full and complete responsibility for the accuracy and integrity of all instructions to the Administrator.

A. Primary Signatory

Full Names		
Contact details	Tel:	Email:
Daily administration	<input type="checkbox"/> Monthly Billing <input type="checkbox"/> Benefit Statements <input type="checkbox"/> Certificates of Membership	
Authorised to amend, receive and complete	<input type="checkbox"/> Disability forms <input type="checkbox"/> Withdrawal forms <input type="checkbox"/> Retirement forms <input type="checkbox"/> Death forms	
Specimen signature		The Monthly Billing (member schedule) to be send by <input type="checkbox"/> Email or <input type="checkbox"/> Post
Address (post/doceX)		

B. Secondary Signatory

Full Names		
Contact details	Tel:	Email:
Daily administration	<input type="checkbox"/> Monthly Billing <input type="checkbox"/> Benefit Statements <input type="checkbox"/> Certificates of Membership	
Authorised to amend, receive and complete	<input type="checkbox"/> Disability forms <input type="checkbox"/> Withdrawal forms <input type="checkbox"/> Retirement forms <input type="checkbox"/> Death forms	
Specimen signature		

C. Signatory to receive and amend Monthly Billing (member schedule)*

Full Names		Date of Birth
Email		Specimen signature

* Please complete if the Monthly Billing should be sent to a person other than the signatories listed above.

Employer's authorization (sole practitioner, advocate or senior partner/director)

Employer's stamp	Full names	
	Signature	Position