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APPLICATION FOR MEMBERSHIP EMPLOYERS

Name of Participating Employer

Fund Number: _____ (office use only)

Thank you for expressing interest in joining the Legal Provident Fund. The Fund looks forward to assisting your employees to save towards retirement. Please complete this form and return it to zzlpf@aforges.co.za.

Please note that separate new member application forms need to be completed by each of your employees.

EMPLOYER DETAILS

Full company name	
Physical Address	
Postal Address	
Docex number (if applicable)	
Date joining the Fund (This must be a future date at the start of the month)	
Preferred payment method	Electronic transfer <input type="checkbox"/> Or Debit order <input type="checkbox"/>
Details of individual responsible for providing monthly contribution schedules and completing claim forms	
Name	
Telephone number	
Email address	
Details of director responsible for paying monthly contributions*	
Name	
Telephone number	
Email address	

* Note that the Pension Funds Act specifies that all directors will be legally responsible if no single director is specified

BENEFITS TO BE OFFERED TO EMPLOYEES

Please tick the applicable boxes below. Please note that an additional administration fee of R23.60 per member per month (as at June 2020) is payable should the employer choose to offer Life Cover or disability cover as detailed in Section B and Section C below. Other administration fees are deducted from the employer contribution. Further details can be found in the latest member booklet.

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 = 2.7 X the member(s) annual salaries (up to the Automatic Acceptance Level)
 2% premium = 5.4 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 2.7 or 5.4 X annual salaries linked to life cover selected above)
 No

EMPLOYER DECLARATION

Please note that in signing this new employer application form you are agreeing to the following:

- 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 Fund's Administrator, 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 Funds 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 employer details, including company name or contact persons, and 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.

AUTHORISED SIGNATORIES

Authorised Signatory: _____ Date: / /

Name in block letters: _____

Position at Participating Employer: _____

NB
COMPANY
STAMP