

FSCA no: 12/8/6313/1

Private Bag X21, Brooklyn Square, 0075. Tel: 012 452 7111 (switchboard). Email: [zzlpfadmin@alexforbes.com](mailto:zzlpfadmin@alexforbes.com)

Website: for Alexforbes: [www.afonline.co.za](http://www.afonline.co.za) | for Legal Provident Fund: [www.legalprovidentfund.co.za](http://www.legalprovidentfund.co.za)

## NEW MEMBER ENTRANT FORM

**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 5 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 Alexforbes before the 7<sup>th</sup> of that month.
3. To read about how your personal information is protected and used, please go to the privacy statement of the Fund [here](#) and Alexforbes [here](#).

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 & tax number	ID	Tax	
Date of birth & gender		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Member's residential address (H) and code			
Member's postal address (H) & code			
Contact telephone numbers & code	(Cell)	(W)	
E-mail address			
Date joined your Employer & Fund	Employer:	Fund:	
Fund salary pm (Salary used to calculate your contributions)			R
Benefit salary (only applicable to directors/senior employees (Death benefit cover))			R

## MONTHLY CONTRIBUTION

<b>Contribution Category:</b>	<input type="checkbox"/> Category A	<input type="checkbox"/> Category B (members do not contribute)
<b>Member Contribution rate – choose <u>one</u> of the following</b>		
Category A:	5%   7.5%   9%   10%   12.5%   15%   17.5%   22.5%	%
<b>Employer Contribution: <u>Exclusive</u> contribution rate – choose <u>one</u> of the following</b>		
Category A:	5%   7.5%   9%   10%   12.5%   15%   17.5%   22.5%	%
Category B:	5%   7.5%   9%   10%   12.5%   15%   17.5%   20%   22.5%   25%	%
<b>Employer Contribution: <u>Inclusive</u> contribution rate – choose <u>one</u> of the following</b>		
Category A:	8%   10.5%   12%   13%   15.5%   18%   20.5%   25.5%	%
Category B:	8%   10.5%   12%   13%   15.5%   18%   20.5%   23%   25.5%   28%	%

To be completed by the employee joining the Fund

## ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVCs) TO BE PAID MONTHLY

Member's <b>extra</b> contribution:    R	Employer's <b>extra</b> contribution:    R
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## 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 contributions, as applicable, and/or those of my Employer, from the date of joining the Fund in the investment portfolio as

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indicated on page 2. I understand that to switch my benefit out of this portfolio, a switch instruction must be completed and forwarded to the Alexforbes 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 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 understand that I cannot exit the Fund whilst still in service. I indemnify and hold Alexforbes 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

**IMPORTANT NOTE:** It is a condition of employment that all new employees at a firm must join the Fund on the day on which he/she starts employment. Please refer to the information below regarding the choice of an investment portfolio. Please refer to page 3 to appoint your beneficiaries.

**DEFAULT LIFESTAGE PORTFOLIO OR INDIVIDUAL MEMBER CHOICE**

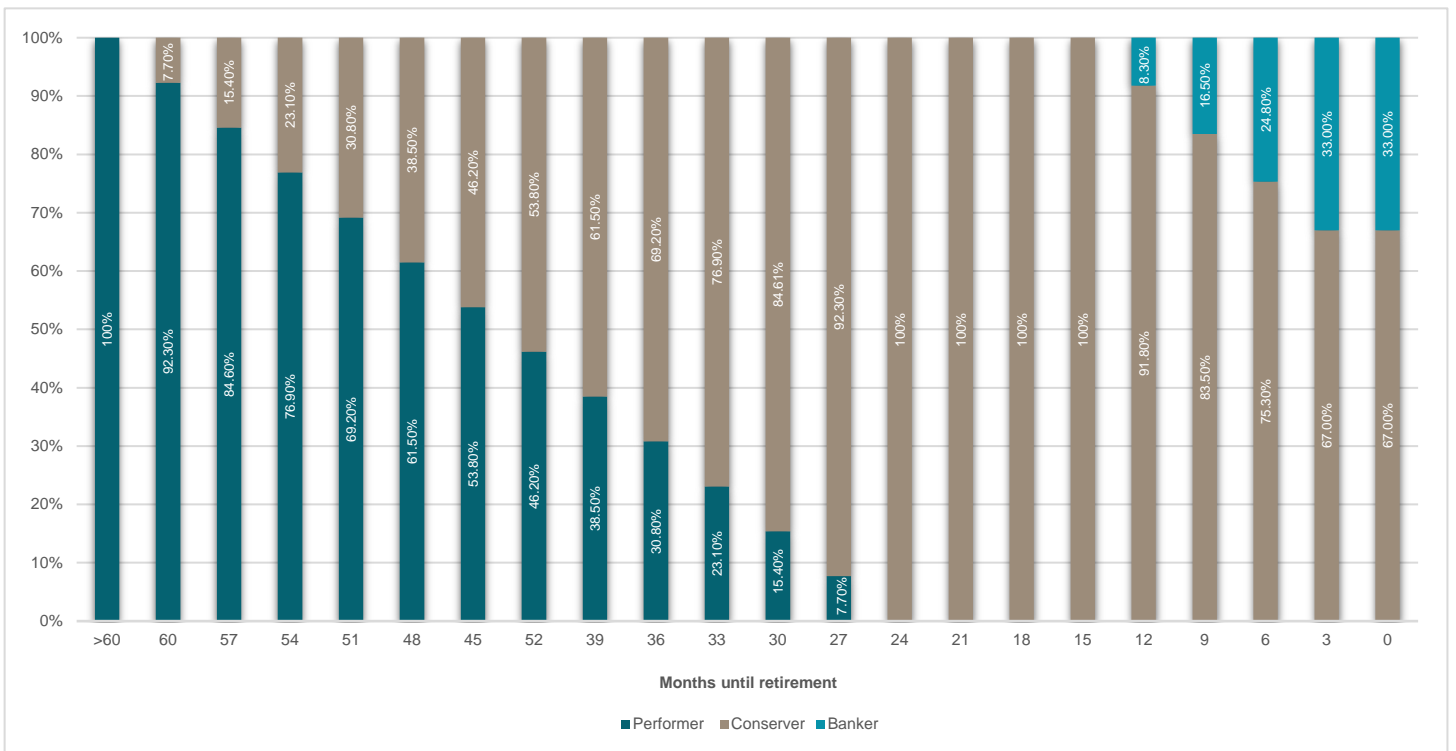
Employer:	
Surname & initials:	

**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 Fund will be invested in the lifestage portfolio as follows:



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**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 Fund will be invested as follows:

**INVESTMENT PORTFOLIO**

AFI ACCELERATOR	%
AFI PERFORMER	%
AFI CONSERVER	%
AFI BANKER	%
AFI SHARI'AH HIGH GROWTH	%
<b>TOTAL</b>	<b>100%</b>

Member's Signature

Date

Employer's stamp

Employer's Authorised Signatory

Date

**BENEFICIARY NOMINATION FORM**

Employer:

Surname & initials:

**Please read the notes on page 5 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 5 for full definition of a dependant.

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

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**TABLE 2: NOMINATED BENEFICIARIES (NOMINEES)**

**Excludes your spouse and both major and minor children.**

Please refer to IMPORTANT NOTES on page 5 for the definition of a nominee.

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

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	%
<b>Total</b>				<b>100%</b>

**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.

Employer's stamp

Witness Signature

Date

Witness Name

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


**Note: The Fund and Alexforbes will not share your completed Beneficiary Nomination Form with any third party except in the event of your death and then only if the third party follows the requested process set out in the Promotion of Access to Information Act of 2000, as amended, and its Regulations.**

**IMPORTANT NOTES**

The Trustees are required in terms of the Pension Funds Act, 1056, 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 Fund 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:
1. a person in respect of whom the member is legally liable for maintenance;
  2. a person in respect of whom the member is not legally liable for maintenance, if such person –
    - was, in the opinion of the Trustees, 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 recognised as a marriage under the tenets of any Asiatic religion;
    - is a **child of the member**, including a posthumous child, adopted child, and a child born outside of a recognised marriage;
  3. 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 Fund 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 allocation to your beneficiaries.