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## APPLICATION FOR MEMBERSHIP BY AN EMPLOYER

**Name of Participating Employer**

Employer Number: \_\_\_\_\_ (office use only)

Thank you for your interest in joining the Legal Provident Fund ("the Fund"). The Fund looks forward to assisting your employees to save towards retirement. Please complete this application form and return it to:

[zzlegalprovadmin@alexforbes.com](mailto:zzlegalprovadmin@alexforbes.com).

### PROTECTION OF PERSONAL INFORMATION

To read about how your personal information and the information of your employees is protected and used, please go to the privacy statement of the Fund [here](#) and Alexforbes, in its capacity as the Fund's administrator, [here](#).

### PARTICIPATION REQUIREMENTS

The employer applies to participate in the Fund by completing this application form. The employer undertakes to ensure that all permanent employees join the Fund. Each employee must complete a new entrant form to enable the Fund to create a member record.

- Several participation decisions need to be made by you. To assist you in making these decisions, please refer to the decision tree that can be accessed [here](#). Note that the Fund administration fees are notionally deducted from the employer contribution rate chosen. These fees are reviewed annually, and any changes take place on the 1<sup>st</sup> of April each year. Further details can be found in the latest member booklet or the Fund's website: [www.legalprovidentfund.co.za](http://www.legalprovidentfund.co.za).
- Each permanent employee must complete a separate New Member Entrant Form that can be accessed [here](#).

## EMPLOYER DETAILS

|  |  |
|--|--|
| <b>Full company name</b>   |  |
| <b>Company registration number</b>   |  |
| <b>Company VAT number</b>  |  |
| <b>Physical Address</b>  |  |
| <b>Postal Address</b>  |  |
| <b>Website address</b>   |  |
| <b>Docex number (if applicable)</b>  |  |
| <b>Date joining the Fund</b><br>(This must be a future date at the start of the month with a minimum of a full month's notice) |  |

**Details of individual responsible for providing monthly contribution schedules and completing claim forms**

|   |  |
|---|--|
| Name  |  |
| Telephone number  |  |
| Email address   |  |
| <b>Details of <u>director</u> responsible for paying monthly contributions*</b> |  |
| 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 APPLY TO EMPLOYEES

Once you have made your decisions, please tick the applicable boxes below:

### A. CONTRIBUTIONS

#### A1. Contribution Category

The contribution category applicable will be as follows:

☐ Category A: where members and the employer contribute

**OR**

☐ Category B: where only the employer contributes

#### A2. Inclusive or Exclusive contribution rate

Contributions will be made as follows:

☐ Exclusive contribution rate.

Here the insured benefit premiums (such as death and disability cover as indicated below) are paid over and above the employer contribution rate chosen. The employer contribution rate will change if the insured benefit costs change.

**OR**

☐ Inclusive contribution rate.

Here the insured benefit premiums are included in the employer contribution rate chosen. The employer contribution rate will not change even if the insured benefit costs change.

The contribution rates are reflected on the New Member Entrant Form.

### B. INSURED BENEFITS

The Employer can elect to provide the following insured benefit cover:

- Only death benefit cover (often referred to as “Group Life Assurance” or “GLA”), or
- GLA and a linked disability lump sum benefit, or
- GLA and a monthly disability income benefit (often referred to as permanent health insurance or “PHI”).

Whilst insured benefit cover is optional at employer level, once you have chosen to have cover, all your permanent employees must be covered.

Note that an insured benefit administration fee of R28.35 per member per month is payable should you choose to provide insured benefit cover as detailed in Section B below. This fee is reviewed annually, and any changes take place on the 1<sup>st</sup> of April each year. If you have selected an Exclusive contribution rate, this is payable in addition to the contribution rate. If you have selected an inclusive contribution rate, the fee is included in the contribution rate.

## B1. Optional death benefit cover

### Employees

The death benefit cover applicable will be as follows:

☐ 1% premium = 2.02 X the member(s) annual Fund salary (up to the Automatic Acceptance Level).

OR

☐ 2% premium = 4.05 X the member(s) annual Fund salary (up to the Automatic Acceptance Level).

Your employees are able to select the level of cover suited to their needs. Cover levels can only be changed effective 1 July each year and at least one month's notice is required to effect a change. Cover levels can also be changed if a life event occurs. Examples of a life event include, marriage, divorce, birth of child, adoption, etc.

Further details can be found in the latest member booklet or the Fund's website: [www.legalprovidentfund.co.za](http://www.legalprovidentfund.co.za)

### Senior employees

Your senior employees (designated as such by the employer and would typically be partners or directors) have the option to elect an insured death benefit – referred to as a "Benefit Salary"- in increments of R50 000, with the minimum level of cover being R50 000 and the maximum level of cover R4 000 000.00. The premium for Benefit Salary chosen is calculated as the Rand cost per R1000 of cover. Premium rates change each year on 1 July. Further details can be found in the latest member booklet or the Fund's website: [www.legalprovidentfund.co.za](http://www.legalprovidentfund.co.za)

## B2. Optional disability benefit cover

The disability benefit will be as follows:

☐ Monthly disability Income benefit.

OR

☐ Disability lump sum benefit. If a claim is admitted, the lump sum disability benefit payment triggers a retirement from the Fund. The benefit payment is therefore subject to annuitisation requirements.

Note that this option is only available if you have chosen death benefit cover.

In addition to the Automatic Acceptance Level there are further terms and conditions in the insurance contract that apply. A summary of important terms and conditions are available on the Fund's website at:

[www.legalprovidentfund.co.za](http://www.legalprovidentfund.co.za).

## EMPLOYER DECLARATION AND UNDERTAKING

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

### Membership

- It is compulsory for all your permanent employees to join the Fund as a condition of employment.
- All your permanent employees must join on the day on which he/she starts employment.

### Registered Rules

- In law you are required to comply with the registered Rules, a copy of which can be found on the Fund's website: [www.legalprovidentfund.co.za](http://www.legalprovidentfund.co.za).

### Section 13A of the Pension Funds Act, No 24, 1956, as amended

- This section of the Act relates to the payment of contributions. You must pay contributions into the Fund's bank account such that they reflect in the Fund's bank account within 7 days after the end of the month in which the contributions are due.
- Non-payment of contributions is a criminal offense, with consequences of potential personal liability for the directors of a company.
- Contributions received late will be subject to "late payment interest".
- You are required in law to provide specific personal information to the Fund for all members. A list of the information required will be provided to you by the Fund administrator ([zzlegalprovadmin@alexforbes.com](mailto:zzlegalprovadmin@alexforbes.com)).
- 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.

**Legal requirements in terms of specific personal information to be provided for each employee**

- You are required in law to provide specific personal information (cell phone number and email address) to the Fund for all employees to enable the Fund to communicate directly with employees and to share this information with the appointed insurers.

**AUTHORISED SIGNATORIES**

Authorised Signatory: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Position at Participating Employer: \_\_\_\_\_

Date: \_\_\_\_\_

