



## ADDITION OF MEMBER

### 1. GENERAL PARTICULARS (to be completed by the employer)

Scheme name \_\_\_\_\_ Scheme number \_\_\_\_\_  
Paypoint name \_\_\_\_\_ Member category \_\_\_\_\_

### 2. MEMBER PARTICULARS

Full name (as per I.D. document) Surname \_\_\_\_\_  
Forename/s \_\_\_\_\_  
Title \_\_\_\_\_ Gender Male  Female  SA citizen Yes  No   
Date of birth \_\_\_\_\_ I.D. Number/Passport Number \_\_\_\_\_  
Marital status Single  Married  Remarried  Divorced  Legally Separated  Widowed  Common/Tribal law   
Date of marriage \_\_\_\_\_ (if applicable)  
Maiden & previous surname(s) \_\_\_\_\_ (if applicable)  
Occupation \_\_\_\_\_  
Contact number \_\_\_\_\_  
Employee/Payroll ref number \_\_\_\_\_  
Date joined company \_\_\_\_\_  
Date joined scheme 01/ \_\_\_\_\_ /20 \_\_\_\_\_  
\* This is the date the employee first become eligible to join the scheme, no service prior to this date will be recognized  
Date Insured Benefits commenced 01/ \_\_\_\_\_ /20 \_\_\_\_\_  
\* Risk cover will not be back dated and all policy conditions will apply from current date  
Annual pensionable salary R \_\_\_\_\_  
Annual risk salary R \_\_\_\_\_ (only if different)

#### It is understood that

- No cover in respect of risk benefits commences for the employee unless the employee is actively at work performing normal full-time duties;
- Full-time employment - the employee admitted must be employed on a full-time basis (must work at least 60% of a normal working day).
- Cover in respect of all benefits for this employee commences only when written confirmation is given by Liberty Life;
- No risk is assumed by Liberty Life other than in accordance with conditions incorporated in the Rules and Policy of this scheme.

#### IMPORTANT

Please ensure you obtain and complete the following forms -

- Identification of Dependants and Nomination of Beneficiary;
- Investment Portfolio Selection - only available where the Trustees of the Fund/Employer expressly allow this and where a full Risk Profile is conducted with the person, by a suitably qualified Financial Adviser, accredited in terms of FAIS legislation (ask your Employer as to whether relevant and, if so, please attach election form)

Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

**3. MEMBER'S DECLARATION**

I, the undersigned, confirm that I have read and understand the conditions relating to application for membership and hereby apply for membership of the scheme. I declare that this application and declaration together with the statements made by me, whether in my handwriting or not, are true and correct and agree that such statements together with any forms, reports or any other information, completed or supplied by me or any party on my behalf shall form the basis of the contract and can be relied on for contracting. I declare that no material facts have been withheld; misstated or concealed by me and that I have disclosed and will continue to disclose all material facts until Liberty Life accepts the risk under the contract. I agree that any misstatement/omission of any material information or any breach of contractual duties may render the contract void from inception, and in such an event all contributions paid in respect thereof shall be forfeited and my membership of the scheme will be terminated.

I confirm having filled out an Identification of Dependants and Nomination of Beneficiary Form (which has been returned to my employer for safekeeping), and I have been informed of the implications thereof.

I request and authorise the deduction of contributions (which may be payable by me in terms of the Rules), from my salary, and it is understood that the authority is irrevocable while I continue to be employed by the employer.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

**4. EMPLOYER'S DECLARATION**

**I hereby declare that**

- The abovementioned employee qualifies for membership of the scheme in terms of its rules;
- The employee has been notified of the conditions incorporated in the Rules and Policy issued to the scheme relating to the assumption of risks by Liberty Life, and that failure to notify the employee of such condition shall not affect the operation thereof.

\_\_\_\_\_  
AUTHORISED SIGNATORY

\_\_\_\_\_  
DATE

Company stamp

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