



National Fund for Municipal Workers TWO POT SYSTEM – INSTRUCTION TO OPT IN

Only applicable to Members 55 years and older on 1 March 2021

NB: The A034 form will automatically be discontinued from 1 September 2025 effectively, as members will no longer have the option to opt in.

SECTION A – PERSONAL and MEMBERSHIP INFORMATION

Membership Number	<input type="text"/>
Surname	<input type="text"/>
Full names	<input type="text"/>
E-mail address	<input type="text"/>
ID number (ATTACH COPY OF YOUR ID)	<input type="text"/>
Employer (MUNICIPALITY)	<input type="text"/>
Employee number (PAYSリップ NUMBER)	<input type="text"/>

IMPORTANT INFORMATION

- The Two-Pot legislation came into effective on 1 September 2024.
- Members who were 55 years or older on 1 March 2021 have the choice to elect if they want to be part of the Two-Pot System regime.
- The decision to opt in to the Two-Pot System is irrevocable and the member may not change his/her choice later.
- It is important that members are aware that the decision to opt in to the Two Pot System will have implications on their payment options available upon the date of withdrawal.
- Members who elect to opt in may not be able to receive their full benefit as a lump sum amount.
For this reason, members need to consult with their financial advisor first to fully understand the implications of their decision, before making the decision to opt in to the Two-Pot Retirement System. In terms of legislation members will only have the option to opt in until 31 August 2025.
- For record purposes, EMPLOYERS must please ensure to store a copy of the member's signed A034 form on their employment records for future reference. In addition, EMPLOYERS must also please submit a copy of the signed A034 form to the NFMW using the below email address: receipting@nationalfund.co.za

SECTION B – DECLARATION BY MEMBER

I hereby confirm that I elect to participate in the Two-Pot system as indicated above.

I further agree/declare that:

1. I have consulted with my financial advisor and am aware of the consequences of my decision to opt in to the Two-Pots System.
2. I also understand that the instruction to opt in is irrevocable.
3. I accept sole responsibility for the choice selected above and irrevocably indemnify the National Fund for Municipal Workers, its Board of Trustees, my employer or any representative of the aforementioned entities for any losses or damages that I may incur as a result of this instruction and hereby relinquish all rights to any potential claim that I might have against the mentioned entities.

Signature: Member

Date

SECTION C – DECLARATION BY EMPLOYER / NFMW REPRESENTATIVE

I , hereby confirm that I am a duly authorised Employer/Fund representative of the above member.

Please select the appropriate option below to give effect to the above instructions:

I further confirm that I have received and implemented the member's instruction in relation to the Two-Pot system opt in

OR

I require the NFMW's assistance to implement the member's instruction to opt in to the Two-Pot System.

Signature:

Date

Official Stamp