National Fund for Municipal workers
Application for Membership

Please use block letters and complete in black pen

Name of local council	

SECTION A	PARTICULARS OF EMPLOYEE
Surname	
Full names	
Income tax number	
Postal address	
	Postal code
Telephone Number – Mobile	
Telephone Number – Office	
Telephone Number – Home	
e-Mail address	
Date of birth	D D M M Y Y Y Y
Employee number	
ID number *(Attach a copy of your ID)*	
Marital status	Unmarried Married Divorced Widow/er
	If divorced, date of divorce D D M M Y Y Y Y
Gender	Male Female
Would you prefer to receive your fund value quarterly via SMS? *(The mobile number above will be used)*	YES NO

SECTION B	FUND OPTION SELECTION
Fund option selection:	☐ Category A (2% Fund) ☐ Category C (Main retirement fund)

SECTION C — RISK BENEFIT SELECTION

Category A (2% Fund)

☐	A1	Death	1 x Annual salary
		Disability	1 x Annual salary
☐	A0	NO RISK COVER - Funeral cover only	

Category C (Main retirement fund)

☐	C1	Death	1 x Annual salary
		Disability	1 x Annual salary
☐	C3	Death	3 x Annual salary
		Disability	3 x Annual salary
☐	C5	Death	5 x Annual salary
		Disability	3 x Annual salary
☐	C0	NO RISK COVER – Funeral cover only	

SECTION D	REGISTRATION of QUALIFYING DEPENDANTS for FUNERAL BENEFIT

I hereby declare that the following person/s is/are my qualifying spouse and child/ren:

PLEASE NOTE THAT AT THE DATE OF JOINING THE FUND, A QUALIFYING SPOUSE OR EXTENDED FAMILY MEMBER (ADDITIONAL NOMINATED SPOUSE) WILL NOT QUALIFY FOR FUNERAL COVER IF THEY HAVE ALREADY REACHED THE AGE OF 75 YEARS.

Full name and surname	Relationship	Date of birth

SECTION E	NOMINATION of BENEFICIARIES for DEATH BENEFITS

I hereby request the Fund, in the event of my death, to pay the amount which may become payable from the Fund as a result of my death, or such a portion thereof as is specified below, to the person(s) nominated below, subject to the provision of the rules of the Fund.

I realise that in certain circumstances the Trustees of the Fund will, in terms of the Pension Fund Act, Section 37 (c), be compelled not to honour my request.

Full names and surname	Relationship	Date of birth	Percentage of benefit
			100%

I hereby provide the following motivation/comments in support of the above stated nominations:

I acknowledge that my rights and obligations are determined exclusively in terms of the rules of the Fund and Scheme. With regards to disability benefits these include the following, inter alia:

(a) If I become medically disabled as described in the rules of the Fund within twelve months after becoming a member and the causes can be traced to a state of disease or bodily injury during the twelve months immediately prior to membership, the claim for disability benefits will not be admitted.

(b) Should disability benefits increase, paragraph (a) above will apply to that part of the benefit which is increased.

_____   _____
Signature: Applicant   Date

Section F, Section G and Section H below must be completed by the EMPLOYER

SECTION F	SALARY and CONTRIBUTION INFORMATION

Please note:
From 1 August 2012, the contribution rates for all new members joining in Category C have been fixed at 7.5 % (2 % for Category A members) for member contributions and 18 % (2 % for Category A members) for employer contributions, unless the *Conditions of Service* in the employment contract between the member and the employer stipulate different rates (in which case written confirmation from the employer is required). The onus is on the employer to ensure that *Conditions of Service* are in adherence to relevant bargaining council agreements or any other statutory prescriptions to that effect.

Category A (2% Fund)		Category C (Main retirement fund)	
MONTHLY pensionable salary	R -	MONTHLY pensionable salary	R -
EMPLOYEE contributions	%	EMPLOYEE contributions	%
EMPLOYER contributions	%	EMPLOYER contributions	%

SECTION G	SERVICE and MEMBERSHIP COMMENCEMENT DATES

Date of appointment at employer	D D M M Y Y Y Y
Pensionable service start date	D D M M Y Y Y Y
Fund membership commencement date	0 1 M M Y Y Y Y

Employment status of applicant *(please tick the applicable option below)*:

☐ Permanent Worker   ☐ Contract Worker   ☐ Councillor

SECTION H	DECLARATION by EMPLOYER

I declare on behalf of the Employer that the Employee qualifies for membership in terms of the Rules and that the particulars given above true and correct.

Official Stamp

_____   _____

Authorised signature: Employer   Date