National Fund for Municipal workers

Application for Membership

SEND COMPLETED FORM TO E-MAIL: receipting@nationalfund.co.za

The Fund will not be liable for any losses or delays as a result of forms sent to an e-mail address other than the above.

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

SECTION B FUND OPTION SELECTION

Fund option selection: ☐ Category A (2% Fund) ☐ Category C (Main retirement fund)

***Please note: Members who elect the risk cover A3 option on CAT A will be contributing 3%, while the employer will only contribute 2%.**

SECTION C RISK BENEFIT SELECTION

Category A (2% Fund)

☐	**A1**	**Death**	**1 x Annual salary**
		Disability	**1 x Annual salary**
☐	**A2**	**Death**	**2 x Annual salary**
		Disability	**2 x Annual salary**
☐	**A3***	**Death**	**3 x Annual salary**
		Disability	**3 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, Section H and Section I below must be completed by the EMPLOYER

SECTION F MEMBER SALARY BANKING DETAILS FOR TWO-POT WITHDRAWAL PURPOSES

(Please attach applicant's bank statement)

Bank name		Branch name	
Account number		Branch code	
Account holder name and surname			

_____

Signature: Applicant

SECTION G 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 H 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 I 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