



Employer Application for Participation

in the

National Fund for Municipal Workers

EMPLOYER								
Employer name								
Participation commencement date	D	D	M	M	Y	Y	Y	Y
Contact person name								
Contact number								

PARTICULARS OF EMPLOYER

► GENERAL CONTACT INFORMATION

Business physical address											
Business postal address											
Province											
Telephone number (Switchboard)											

► MUNICIPAL MANAGER INFORMATION

Name and Surname										
Office telephone number										
Mobile number										
E-mail address										

► CHIEF FINANCIAL OFFICER INFORMATION

Name and Surname										
Office telephone number										
Mobile number										
E-mail address										

► ADMINISTRATIVE OFFICIAL INFORMATION The individual dealing with general pension fund matters, e.g. **termination of employment**, etc.

Name and Surname										
Position										
Office telephone number										
Mobile number										
E-mail address										

► ADMINISTRATIVE OFFICIAL INFORMATION The individual dealing with pension fund **contributions** and payments. *[If different from above]*

Name and Surname										
Position										
Office telephone number										
Mobile number										
E-mail address										

NORMAL RETIREMENT AGE

All members	65 years
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PARTICIPATION

The qualification requirements for membership are:	» Permanent employment, or
	» Contract employment *
	* If the agreement allows, contract employees may nominate their annual pensionable salary (normally 60% of total package). It should however be noted that although joining the fund is voluntary, membership will remain compulsory until the expiry of the employment contract.

RISK COVER – AVAILABLE OPTIONS

Fund category	Risk category	Benefit
Category A members	A1	1 x Annual Salary for Death and 1 x Annual Salary for Disability *
	A2	2 x Annual Salary for Death and 1 x Annual Salary for Disability
	A3	3 x Annual Salary for Death and 1 x Annual Salary for Disability **
Category C members	C1	1 x Annual Salary for Death and 1 x Annual Salary for Disability, or
	C3	3 x Annual Salary for Death and 3 x Annual Salary for Disability*, or
	C5	5 x Annual Salary for Death and 3 x Annual Salary for Disability, or
	C0	No death or disability cover, ONLY funeral cover benefits.

IMPORTANT NOTES:

*A1 is the default risk cover option on Category A and C3 is the default risk cover option on Category C, if no other option is selected by the member.
** Members who elect risk cover A3 option on Category A will be contributing 3 %, while the employer will only be contributing 2 %

INVESTMENT CHOICES AVAILABLE

Investment portfolios	Various portfolios, each with different risk/return profile are available for members who specifically opt for <i>Individual Member Choice</i> .
Life-Stage model	Members who do not opt for the <i>Individual Member Choice</i> , will by default be linked to the life stage model, which moves investments in relation to a member's age.

HOME LOANS

The NFMW does not issue direct loans to members. However, the fund will issue a guarantee to an accredited home loan financier, offering a part of the member's fund credit as collateral.

Employers need to enter into a separate agreement with the home loan provider, before members will be allowed to apply for loans.

REMUNERATION AS BASIS FOR CALCULATION OF CONTRIBUTIONS AND BENEFITS

Contributions	Calculated as percentage of a member's pensionable salary.
Risk premiums	Calculated as percentage of a member's pensionable salary.
Risk benefits	Calculated as multiple of a member's pensionable salary.

CONTRIBUTION DUE DATES

Payment due	Need to reach the fund's bank account on or before the 7 th of the month following the month to which it applies. Non-discretionary penalty interest as prescribed by the Financial Sector Conduct Authority, will apply to ANY late payment, regardless of the reason.
Supporting documentation	Should preferably accompany the payment of contributions, but by law, no later than the 15 th of the month following the month to which it applies. Members may suffer financial loss if payments or documentation are not received on time.

A draft billing schedule, sorted alphabetically, will be provided to the employer. For the first month, the employer may e-mail the updated contribution schedule to receipting@nationalfund.co.za for review, before making payment.

CONTRIBUTIONS RATES

Fund option	Member contribution (% of member's pensionable salary)	Employer contribution (% of member's pensionable salary)
CATEGORY C	<input type="text"/> <input type="text"/> , <input type="text"/> %	<input type="text"/> <input type="text"/> , <input type="text"/> %
CATEGORY A	<input type="text"/> <input type="text"/> , <input type="text"/> %	<input type="text"/> <input type="text"/> , <input type="text"/> %

CONDITIONS***This application is subject to:***

- » Conditions and stipulations of the rules of the fund, as well as any amendments thereof;
- » Applicable legal stipulations and conditions;
- » Any additional conditions as the fund deems necessary;
- » Extension of approval;
- » The options exerted above.

AGREEMENT

The employer undertakes to pay over monthly contributions timeously on or before the 7th day of the month following the contribution month. The Pension Funds Act prescribes that the money must reflect in the fund's bank account no later than the 7th of the month. Employers should therefore make transfers or deposits at a date that would accommodate inter-bank transaction times. In this regard, the employer understands that the following rules apply:

1. Should the 7th fall on a weekend or public holiday, payment must be done by the last working day before the weekend or public holiday.
2. Schedules of payment (containing the prescribed minimum required information as stipulated in the FSCA Conduct Standard) must be forwarded to the fund before or on the day that payment is made. These schedules must be submitted electronically via e-mail.
3. Non-discretionary penalty interest as prescribed by the Financial Sector Conduct Authority, will apply to ANY late payment, regardless of the reason.
4. If payment has not been made, the members will be zero receipted. This implies that there will be no risk cover for employees for that specific month. Should a risk claim thus arise, the employer accepts full responsibility and liability for payment of such

The employer understands that the following progressive action will be taken by the fund if contribution payments and schedules are not received on the following prescribed dates:

7th day of the month – A reminder will be forwarded to the employer by the fund if payment is not received on this date.

15th day of the month – A reminder will be forwarded to the employer by the fund if either the payment or schedule is not received on this date.

22nd day of the month – The fund's Principal Executive Officer is informed of the employer's failure to comply and members are informed accordingly via SMS.

60 days outstanding – The Financial Sector Conduct Authority is informed of the employer's failure to comply.

90 days outstanding – The South African Police Service and Pension Funds Adjudicator is informed of the employer's failure to comply.

CERTIFICATION BY EMPLOYER

I, the undersigned, and duly authorised to do so, hereby declare that the information provided in this application form is complete and true.

Signed at on this day of 20

SIGNATURE EMPLOYER REPRESENTATIVE

CAPACITY

OFFICIAL STAMP

SIGNATURE WITNESS

CAPACITY

WITNESS NAME AND SURNAME

ACKNOWLEDGEMENT BY THE FUND

PRINCIPAL EXECUTIVE OFFICER

SIGNATURE WITNESS

INITIALS and SURNAME

FUND ADMINISTRATION OFFICER

SIGNATURE WITNESS

INITIALS and SURNAME

National Fund for Municipal Workers CONTACT DETAILS

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