



ENTRY FORM FOR NEW MEMBER – DEFINED CONTRIBUTION

What prompted you to join SALA Pension Fund?

Consultant presentation Employer affiliation Word of mouth Human Resources information

Complete this form and return it to SALA Pension Fund. All fields must be completed.

Section 1 – Employer Details

Name of Municipality _____
Department/Section _____
Contact Person Name _____
Contact Person contact no. (w) _____
Municipality's postal address _____

For administration office use only
Membership Number _____

Section 2 – Employee Personal Details

Member's full Name (as per ID document) Surname _____
Forenames _____
Member's ID no _____ Employee/Payroll ref no _____
Member's residential address _____
Member's postal address _____
Member's contact no. (w) _____ (h) _____ (cell) _____
Alternative contact no. _____
Member's marital status Divorced Married Separated Single Widowed
Member's gender Male Female



Section 3 – Employee Beneficiary Details

I, the undersigned member, hereby nominate the following person/s to receive my fund benefits in the event of my death whilst still a member of the fund:

3.1 Financial Dependants

Name	Relationship to Member	Percentage Payable	Dependant's Date of Birth

3.2 Non-financial Dependants

Name	Relationship to Member	Percentage Payable	Dependant's Date of Birth

IMPORTANT NOTE:
 Members are able to update their nominated beneficiary details at any time. Separate beneficiary nomination forms are available from the Human Resources office for completion, should you wish to change the above details in the future.
 Once completed please ensure your Human Resources Department file it in your staff file.
 Same process must be followed when any additional beneficiary nomination form is completed.

Section 4 – Membership Information

Date of entry into service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of entry into fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Member's annual salary R _____

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When joining the Defined Contribution arrangement, one contribution rate must be selected from the list below.

Prior to the election of a contribution rate the member should discuss the options with the employer.

As per the Salary and Wage Collective Agreement as published by the South African Local Government Bargaining Council (SALGBC) new potential members may only join a defined contribution structure Fund. This is effective from 1 July 2015.

Per the agreement the employer will only contribute at 18%.

The contribution rate is final and no changes will be allowed at a later stage.

Employee Contribution Rate	Employer Contribution Rate	Tick your selection as agreed by you and the employer (✓)
7.50%	18.00%	

OR

9.00%	18.00%	
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IMPORTANT NOTE TO EMPLOYERS:

A copy of the member's valid Identity Document must be filed in the members staff file at the HR office.

Members older than age 65 may not join the Fund.

The member makes an irrevocable choice to join the Defined Contribution Fund, and no changes will be allowed at a later stage.

Section 5 – Signatures

I, the employee, have read and understand the information on this form.

Member's signature

Date

I, the employer, hereby certify that the above information is strictly true and correct and that the eligibility conditions set out in the rules have been complied with. Further I understand that personal risk cover will not become effective until the first contribution is received.

Employer's signature

Date

**OFFICIAL
COUNCIL
STAMP**