



Retirement Fund and Related Insurance Option Form for new permanent office staff in the Sanlam Group

Annexure B

Full names _____

Surname _____

Identity number _____ Paycode _____

Telephone number _____ Date of permanent appointment _____ (dd/mm/ccyy)

For office use only

TGP: _____ Business Unit _____

Name and contact number of HR consultant _____

A. Paid-up benefits in other funds (previous employers) *(Please mark the applicable option with an "X")*

1. Paid-up member certificates issued in respect of retirement savings in other funds

Please indicate if:

1.1 any paid-up certificates were issued to you. *(mark the applicable block with 'X')*: Yes No

1.2 If yes,

- then please provide detail of all paid-up member certificates issued to you in respect of any other retirement savings;
- also indicate whether you wish to transfer the retirement savings held in respect of each paid-up certificate into the Sanlam Umbrella Provident Fund (SUF).

Name of the fund as reflected on the Paid-up Member Certificate	Indicate with 'X' if you want to transfer the paid-up benefits into SUF:SG	
	*Yes	No

***Important:** If you indicated "Yes" above please provide a copy of the relevant Paid-up Member Certificate to ssuf.enquiries@sanlam.co.za

Sanlam will arrange on your behalf to transfer the relevant retirement savings into the SUF:SG. If you do not provide a copy of the Paid-up Member Certificate, then Sanlam cannot request transfer of retirement savings on your behalf.

B. Retirement Fund (Sanlam Umbrella Provident Fund: Sanlam Group)**1. Contribution rates = % of TGP:** (See Information Guide, point 6.1)

*Recommended and default rate = 17.5%

10%	<input type="checkbox"/>	10.5%	<input type="checkbox"/>	11%	<input type="checkbox"/>	11.5%	<input type="checkbox"/>	12%	<input type="checkbox"/>	12.5%	<input type="checkbox"/>	13%	<input type="checkbox"/>	13.5%	<input type="checkbox"/>
14%	<input type="checkbox"/>	14.5%	<input type="checkbox"/>	15%	<input type="checkbox"/>	15.5%	<input type="checkbox"/>	16%	<input type="checkbox"/>	16.5%	<input type="checkbox"/>	17%	<input type="checkbox"/>	*17.5%	<input type="checkbox"/>
18%	<input type="checkbox"/>	18.5%	<input type="checkbox"/>	19%	<input type="checkbox"/>	19.5%	<input type="checkbox"/>	20%	<input type="checkbox"/>	20.5%	<input type="checkbox"/>	21%	<input type="checkbox"/>	21.5%	<input type="checkbox"/>
22%	<input type="checkbox"/>	22.5%	<input type="checkbox"/>	23%	<input type="checkbox"/>	23.5%	<input type="checkbox"/>	24%	<input type="checkbox"/>	24.5%	<input type="checkbox"/>	25%	<input type="checkbox"/>	25.5%	<input type="checkbox"/>
26%	<input type="checkbox"/>	26.5%	<input type="checkbox"/>	27%	<input type="checkbox"/>	27.5%	<input type="checkbox"/>								

Should you not wish to select the default contribution rate then please note that choosing a rate lower than the default will, all things equal, result in reduced retirement savings. This could have a negative impact on your financial situation at retirement.

I understand the risks involved in selecting contribution rate lower than the default recommended rates.

2. Investment Options: (See Information Guide, point 16 and Annexure A)

- **Important note:** If you fail to make an investment selection, your monthly contributions will be fully invested in the Sanlam Wealth Creation Lifestage Option which is the fund's default portfolio.

My monthly contributions must be invested, as follows: (Please note this total must add up to 100%)

Market-related Portfolios	
SIM Moderate Absolute Fund	
SIM Temperance Balanced Fund	
SIM Moderate	
SIM Aggressive	
SMM Moderate Absolute Fund	
SMM NUR Balanced Fund	
SMM Select Balanced Fund	
Sanlam The Most Aggressive Portfolio (TMAP)	
Sanlam Accumulation Portfolio	
Sanlam Wealth Creation Portfolio	
Satrix Enhanced Balanced Tracker Fund	
Allan Gray Global Balanced Fund	
Camissa Balanced Fund	
Coronation Managed	
Foord Balanced Fund	
M&G Balanced Fund	
Ninety One Balanced Fund	
PSG Balanced Fund	
Truffle Balanced Fund	
Sanlam Living Planet Fund	
Smooth Bonus and Cash Portfolios	
Stable Bonus	
Monthly Bonus	
Cash Portfolio	
SIM Enhanced Cash	
Total	100%

A Glacier investment option is available for members whose monthly contributions to the funds are more than R7 500.00. Please see the Intranet for full details.

Lifestage Option

I would like to invest my full monthly contribution into the Lifestage option. I understand that by making this decision I cannot choose any of the other investment portfolios available on the investment menu (Please mark your choice with an "X", if applicable).

Lifestage option	Yes	No
I would like to invest 100% of my net future contributions in the Lifestage Option		

3. Death benefits: (See Information Guide, point 9.1)

Please indicate the level of In-Fund death cover that you require (multiple of TGP) with an 'X'. (Default = 3x)

0.5 1 1.5 2 2.5 [Default] 3

This cover can be revised at the next revision date (1 May) or at marriage or birth of a child.

C. Group Life Insurance (See Information Guide, point 9.2)

Please indicate your Group Life Insurance cover options, multiple of annual TGP, with an 'X'. [Default = 1x]

1. On my own life 0.5x [Default] 1x

1.5x 2x 2.5x 3x

These alternatives are subject to proof of good health

2. On my spouse's life 0x 0.5x 1x

Details of spouse:

Full names and surname _____

Identity number _____

Date of marriage _____ (dd/mm/ccyy)

If you are not legally married, proof of registration of your de facto spouse is required. The registration forms are available on the fund's website at www.sanlam.co.za/campaigns/myretirementfund/Pages/default.aspx. You will be required to provide proof of good health of the insured de facto spouse at your own cost.

3. Critical Illness Insurance (See Information Guide, point 14) [Default = Standard Option and 1x]

3.1 My option for critical illness cover is (Indicate your choice with an 'X')

Standard Option Comprehensive Option

3.2 My selected cover level is (multiple of Annual TGP)

0.5x 1x

Declaration

I hereby declare that my decision was in no way influenced by Sanlam and that I shall not hold Sanlam and the Board responsible for any eventuality, which may arise from this decision.

Signed at _____ on this _____ day of _____ 20 _____

Signature of employee _____

Protection of Personal Information Act (POPIA) notice

- *The information requested in this document constitutes personal information in terms of POPIA and may include financial information.*
- *The Fund must collect, use and keep this personal information to enable it to process that on your fund records.*
- *The Fund may share your personal information contained herein with other relevant service providers of the Fund, such as the fund administrator, risk underwriter etc., but only to the extent necessary to fulfil its obligations in terms of the Pension Funds Act and the group life insurance policies.*
- *If the information is not readily provided, the service providers of the Fund may not be able to fulfil their responsibilities in terms of the Pension Funds Act and/or group life policies.*
- *The information will be kept confidential and processed in accordance with POPIA and will be held for a period as set out in the Fund's Retention of Records Guide.*



Sanlam Office Staff Family Insurance
 (See Information Guide, Point 9.3)
Application Form

Annexure C

Particulars Of Employee (Principal Member)

Full names _____

Surname _____

Date of birth _____ (dd/mm/ccyy) Paycode _____

Department/Business unit _____

(Please mark the applicable option with an "X")

I wish to become a member of this Insurance Yes No

If "Yes", please indicate the option you require	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>
Current premiums	R11.40 pm	R22.75 pm

1. Parent cover (You have to be a member to add parents)

Premiums per parent per month

	Option 1	Option 2
Basic Benefit	R40.50	R81.00
Additional parent cover	R52.00	R52.00
Total premium for basic and additional cover	R92.50	R133.00

Please indicate if you require additional parent cover Yes No

Only Legal Parents can be added - maximum of 4 parents - Maximum age at entry is 79 years.

Particulars of parents/stepparents/parents-in-law

1.1 Full names and surname _____

Identity number _____

Relationship (mother-in-law/mother) _____

1.2 Full names and surname _____

Identity number _____

Relationship (father-in-law/father) _____

1.3 Full names and surname _____

Identity number _____

Relationship (mother-in-law/mother) _____

1.4 Full names and surname _____

Identity number _____

Relationship (father-in-law/father) _____

2. Additional spouses e.g. former spouses in the case of divorce
(You have to be a member to add additional spouses)

Premium per spouse, per month

Option 1	Option 2
R5.20	R10.40

Particulars of spouses

- 2.1 Full names and surname _____
 Identity number _____
 Relationship (Ex-spouse or 2nd/3rd spouse) _____
- 2.2 Full names and surname _____
 Identity number _____
 Relationship (Ex-spouse or 2nd/3rd spouse) _____
- 2.3 Full names and surname _____
 Identity number _____
 Relationship (Ex-spouse or 2nd/3rd spouse) _____

I understand the benefits and conditions as explain in writing and confirm that there is no uncertainty in my mind.
I hereby declare that my choice was not influenced by Sanlam and that I will not hold Sanlam responsible for any eventuality that may result from my choice.

Signed at _____ on this _____ day of _____ 20 _____

Signature of employee _____

Important: If the application form is not completed in full, the persons will not qualify for cover

<p>Protection of Personal Information Act (POPIA) notice</p> <ul style="list-style-type: none"> • The information requested in this document constitutes personal information in terms of POPIA and may include financial information. • The Fund must collect, use and keep this personal information to enable it to process that on your fund records. • The Fund may share your personal information contained herein with other relevant service providers of the Fund, such as the fund administrator, risk underwriter etc., but only to the extent necessary to fulfil its obligations in terms of the Pension Funds Act and the group life insurance policies.. • If the information is not readily provided, the service providers of the Fund may not be able to fulfil their responsibilities in terms of the Pension Funds Act and/or group life policies. • The information will be kept confidential and processed in accordance with POPIA and will be held for a period as set out in the Fund's Retention of Records Guide.



Sanlam Umbrella Provident Fund (SUF) Nomination Form for office staff employees in the Sanlam Group

Annexure D

Initials _____ Surname _____
 Date of birth _____ (dd/mm/ccyy) Paycode _____
 Telephone number _____
 E-mail address _____

As member of the abovementioned SUF, I hereby revoke all my previous nominations and request the SUF, in the event of my death, to pay the amount which becomes payable by the SUF (or such portion thereof as is specified below) to the *person(s) mentioned below, subject to the provisions of the Rules of the SUF and in accordance with section 37C of the Pension Funds Act. (**Nomination of a legal person, a trust or your estate is NOT allowed.*)

Name of nominee	Date of birth	Relationship	% of benefit
Total allocation			100%

Benefits allocated to minor beneficiaries must be paid and managed in a Beneficiary Fund for them. Yes No

Motivation or other requests: (*Optional*)

Signed at _____ on _____ 20 _____

Declaration by insured

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death, subject to the provisions of Section 37C of the Pension Funds Act.

Signature of member _____ Witness 1 _____

Witness 2 _____

Date _____ (dd/mm/ccyy) Place _____

Note: *Please study Point 18 of the Information Guide prior to making your nomination. It contains a brief summary of the provisions of Section 37C of the Pension Funds Act as well as guidelines for nominating beneficiaries.*



Sanlam Staff Group Life Insurance Nomination of beneficiaries for unapproved life insurance benefit

Annexure E

Name of employer: _____

Important Notes: All references to insured will mean either employee or fund member.

This form must be completed by you, the insured, when:

- The group risk insurance commences in terms of an unapproved policy, or
- There is a change in the information regarding your nomination of beneficiaries, as indicated in *Section C*.

In the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. It is important to *review* the information at least annually to ensure that information is accurate and up to date, i.e. accommodate life events, for example, on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes.

This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.

Please give your completed form to your employer for safekeeping and ensure that the form is updated when applicable. In the event of your death, a copy of the latest form must accompany the death claim documents submitted to Sanlam.

A Particulars of insured *(To be completed by the employee)*

Surname _____

First name and further initial(s) _____

Identity number/Passport number _____ Paycode _____

Please note: Passport number only if not in possession of a valid RSA identity document.

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Marital status: Single Married Divorced Co-habiting Widowed

Employee number _____ Commencement date of insurance _____

Address: _____
Postal code: _____

B Disclosure

Protection of Personal information

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa ("RSA").

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

C Particulars of the insured's nominee(s) / beneficiary(ies)

Nomination of beneficiaries for Group life insurance *(if applicable in terms of the policy):*

Please note: The "% share of benefit" must have a total allocation of 100%.

You may nominate a Trust or Beneficiary Fund in respect of a benefit payable to a minor beneficiary or a major beneficiary who is recognized in law as being unable to meet their daily care needs; please provide trust details in columns below.



Sanlam Office Staff Family/Funeral Insurance: Beneficiary Nomination Form

Annexure F

Name of Employer: _____

Important Notes: All references to insured will mean either employee or fund member.

This form must be completed by you, the insured, when:

- The group risk insurance commences in terms of the policy.
- There is a change in the information regarding your nomination of beneficiaries, as indicated in *Section C*.

In the absence of a beneficiary nomination form, the insurance benefit will be paid to your estate. It is important to *review* the information at least annually to ensure that information is accurate and up to date, i.e. accommodate life events, for example, on getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes.

This form is not acceptable if it contains alterations, and any changes must be submitted on a new form.

Please give your completed form to your employer for safekeeping and ensure that the form is updated when applicable. In the event of your death, a copy of the latest form must accompany the death claim documents submitted to Sanlam.

A Particulars of insured *(To be completed by the employee)*

Surname _____

First name and further initial(s) _____

Identity number/Passport number _____ Paycode _____

Please note: Passport number only if not in possession of a valid RSA identity document.

Date of birth _____ (dd/mm/ccyy) Gender: Male Female

Marital status: Single Married Divorced Co-habiting Widowed

Employee number _____ Commencement date of insurance: _____

Address: _____
Postal code: _____

B Disclosure

Protection of Personal information

Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa ("RSA").

We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

C Nomination of beneficiaries *(Only applicable in the case the insured dies)*

I hereby nominate the following beneficiaries to whom the funeral benefit must be paid in the case of my death:

Please note: Beneficiaries must be older than 18. Beneficiary #1 is the person you would appoint to receive the funeral benefit after your death; beneficiary #2 would be the person to receive the funeral benefit in the case where Beneficiary #1 predeceased you.

In the case where the nominated beneficiaries predeceased you, the funeral benefit will be paid to your estate.

	Full name and surname	Relationship	Identity number	Date of birth	Address	Telephone number	E-mail address
1							
2							

Declaration by insured

I, hereby revoke all my previous nominations and now nominate the person(s) mentioned to receive the benefit(s) payable in the event of my death in terms of the policy, or such portion thereof as is specified, subject to the provisions of the policy.

Signature of insured _____ Witness 1 _____

Witness 2 _____

Date _____ (dd/mm/ccyy) Place _____

