

Protection of Personal Information Disclosure

Why Personal Information is required: 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"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests.

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will 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 personal information in accordance with the Protection of Personal Information Act, 2013.

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

**Member
Quick Access
Self Service**



**Get in touch with your
retirement information**

Member Support:

You can update your contact details by registering and logging into our member portal here:
Web: <https://cp.sanlam.co.za> **or Email:** SCClientCare@sanlam.co.za **or Tel:** 086 122 3646

Important Information

- This form acts as a notice by the employer to inform Sanlam that a new member will join the Fund.
- Contact Individual Member Support (IMS) on 080 0111 956 or send an e-mail to IMS@sanlam.co.za for support, guidance or referral to a Financial Adviser.
- Please e-mail the completed documentation to: sanlamumbrellafund@sanlam.co.za

SECTION A: Member's personal details

Please Note: Contact details, including personal contact number and email address are compulsory details

Title			
Full name(s)			
Surname			
RSA identity number*			*Compulsory
If not RSA, passport number*			*Compulsory (if the RSA ID not used)
Date of birth (dd/mm/yyyy)			*Compulsory if Passport is used
Postal address			Postal code
Residential address (If different to above)			Postal code
Contact number(s)	Cell phone		Alternative
Email address			
Income tax number			
Employer name			
Fund code			
Paypoint			
South African citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
South African resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SECTION B: Member employment details

All dates are to be in the format 'Day/Month/Year' (dd/mm/yyyy)

Date of joining Fund			
Date of joining employer			
Date of pensionable service			
Pensionable salary	R _____		
Risk salary*	R _____		* See below for more information
Occupation		Occupation Category	

Important Information:

*A risk salary is a salary upon which the cover is based, it is normally defined as the member's total cost to company, however, the risk salary may also be defined as a percentage of the member's total cost to company, excluding incentive bonuses.

PLEASE NOTE: Important information on Investments

- Please note that new members will be invested as per the Sub-fund's selected default investment strategy. Members in the **Comprehensive option**, who **elect to make use of the alternative investment choice** options must submit a separate, **signed Member Investment Selection form**, after which their investments will be moved to their chosen portfolios.

PLEASE NOTE: Important information on Additional Voluntary Contributions (AVC's)

What are **Additional Voluntary Contributions (AVC's)**?

- Additional voluntary contributions (AVC's) are contributions of up to 27.5% of the greater of your remuneration or taxable income, subject to a maximum of R350 000 per tax year. Such contributions qualify for a tax deduction. These limits apply to the total of a member's employer and employee contributions to all pension, provident and retirement annuity funds.
- Members are also allowed to make AVC's in addition to the contribution rates on Total Guaranteed Package (TGP) and bonuses elected from time to time.
- Please note that any future investment switches can be done on the Member Portal.

SECTION C: Declarations**Declaration by the member**

I, the undersigned member, hereby request to make additional voluntary contributions to my retirement fund. I authorise my employer to deduct the amount as indicated below from my salary/bonus and pay this over to the Fund.

Choose one OR both options below (A recurring contribution (monthly) **and/or** Option B. A once-off payment).

1. Option A: Recurring Contribution: Please enter the recurring (monthly) contribution below:

R _____ per month on a recurring basis, starting at _____ (dd/mm/yyyy)

And/or

2. Option B: Specific Contribution (bonus or salary): Please enter the contribution below:

R _____ per month, starting at _____ and ending at _____ (dd/mm/yyyy)

Member's signature		Date (dd/mm/yyyy)	
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Declaration on behalf of Participating Employer

I declare on behalf of the Employer that the above-mentioned employee qualifies for membership in terms of the Rules of the Fund and that the particulars given above are true and correct.

Employer's signature		Date (dd/mm/yyyy)	
Employer name		Designation	