

Sanlam Umbrella Fund

New entrant form

 Sanlam Umbrella Pension Fund

 Sanlam Umbrella Provident Fund

What is Additional voluntary contributions?

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.

SECTION A: Personal Detail

Participating Employer:			
Paypoint:		Scheme Number:	
Title and Initials:		Date of Birth:	
Full Names and Surname:			
Gender:		ID Nr / Passport Nr:	
Language:		Marital Status:	
Employee Number:		Tax Number:	

SECTION B: Member Detail

Joined Fund:	/	/	Joined Company:	/	/	Pensionable Service:	/	/
Pensionable Salary:	R		Risk Salary:	R				
Occupation:			Category:					
South African Citizen:	Yes	No	South African Resident:	Yes	No			

SECTION C: Contact Detail

Home Address:			Postal Address:		
Contact Number(s):	Home:		Cell:		
E-mail address:					

SECTION D: 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.

SECTION E: Declarations

1. 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.

Recurring contributions (salary)

R per month on a recurring basis, starting at (insert date).

And/or

Specific contributions (bonus or salary)

R per month, starting at (insert date) and ending at (insert date).

_____ **Member's Signature** _____ **Date**

Signed at _____ on _____ ccyy _____
Member's Signature **Date**

Disclaimer:

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx> ; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: SCClientCare@sanlam.co.za or call: 086 122 3646.

2. Declaration on behalf of Participating Employer

I/We 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.

Signed at _____ on _____ ccyy _____

_____ **Capacity** _____ **Name** _____ **Signature**

Please e-mail the completed documentation to: sanlamumbrellafund@sanlam.co.za