

## Sanlam Umbrella Fund

### Notice regarding temporary absence form

Sanlam Umbrella Pension Fund

Sanlam Umbrella Provident Fund

#### SECTION A : Personal detail

|                         |  |                  |  |
|-------------------------|--|------------------|--|
| Participating employer: |  |                  |  |
| Title and initials:     |  | Date of birth:   |  |
| Full names and surname: |  |                  |  |
| Membership number:      |  | Employee number: |  |

#### SECTION B: Details of temporary absence

|  |                           |  |          |
|--|---------------------------|--|----------|
| Date of commencement of membership:  |                           | Date of commencement of temporary absence: |          |
| Reason for temporary absence:  | Maternity leave           | Unpaid leave                               | Unknown  |
| Contribution details:  | Bill member contributions | Bill employer contributions                |          |
| Expected date on which temporary absence will expire (or estimated date):  |                           |  |          |
| Member's contributions deducted since last return up to date on which temporary absence commenced (only applicable if an annual return of members' contributions is provided to Sanlam): |                           |  | R        |
| If service is resumed on a date other than the 1 <sup>st</sup> of the month in the case of monthly paid members, please state whether contributions will be deducted for that month:     |                           |  | YES NO   |
| The contributions of the member and the employer   |                           | Cease                                      | Continue |

#### SECTION C: Declaration

I/We declare on behalf of the fund/scheme that the particulars given above are true and correct and that the employer regards the absence as approved temporary absence and the person as an employee.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ ccy \_\_\_\_\_

1. \_\_\_\_\_ (capacity) \_\_\_\_\_

2. \_\_\_\_\_ (capacity) \_\_\_\_\_

#### 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](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.

Please e-mail the completed documentation to the administrator