

## Sanlam Unity Umbrella Fund

### Member instruction form for the members leaving their benefit in the Fund: Paid-up and Phased Retiree

#### A. General information

1. The benefit claim form must be completed together with this instruction form. If the benefit claim form is not received we will not be able to complete this request. If the form is not received by the 7<sup>th</sup> of a month, no income will be paid for that month.
2. Completed documentation should be returned to Sanlam Unity Umbrella Fund Administration via email to: [SanlamEB@sanlam.co.za](mailto:SanlamEB@sanlam.co.za).
3. Members with outstanding housing loan guarantees or any amount owing to their employer cannot leave their benefit in the Fund.
4. Secure online access:
  - ⦿ Sanlam Corporates' web facility, Member Portal, allows members online access to information regarding their retirement fund benefits.
  - ⦿ By signing this form, you are consenting to comply with all Sanlam's terms and conditions pertaining to internet access and you will be issued with a unique pin-code that ensures confidentiality and security of all your information, 10 days after investment.
5. Your financial advisor will be given automatic access to view your details on the Retirement Fund Web.
6. A member beneficiary nomination form must be completed online at [www.retirementfundweb.co.za](http://www.retirementfundweb.co.za).
7. Please ensure you read the Member Guide which contains important further information.

Please select the relevant option below:

**Paid-up Member**

**Phased Retiree**

## B. Member's personal particulars

Title and initials	Full names and surname		
<input type="text"/>	<input type="text"/>		
ID nr / Passport nr	Date of birth	Income tax number	Member number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home language	Gender	Marital status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact number (home)	Contact number (cell)		
<input type="text"/>	<input type="text"/>		
E-mail address ( <i>this will be our main means of communicating directly with you</i> )			
<input type="text"/>			
Home address			
<input type="text"/>			
<input type="text"/>			
Code:			
Postal address			
<input type="text"/>			
<input type="text"/>			
Code:			

## C. Fees and expenses

Administration Fees are levied by Sanlam to cover the cost of administering the Fund. The Fund charges the following operational expenses per member and may be adjusted from time to time:

<b>Administration fees:</b>	An asset-based fee of 0.5% per annum (including VAT) levied monthly i.e. approximately 0.042% of assets per month, subject to a minimum fee of R26.50 per member per month (excluding VAT).
<b>Investment management fees:</b>	Investment management fees are calculated and charged on a monthly basis.
<b>Contingency reserve account levy</b>	0.30% per annum of assets (including VAT) levied monthly i.e. approximately 0.025% of assets per month.

## D. Member declaration

Choose either option A or B

### Option A: I have appointed a financial adviser and declare the following:

- The information given herein is true and correct.
- I take full responsibility for my choices and hereby indemnify and undertake not to hold the Sanlam Unity Umbrella Fund, the Board of Trustees, Sanlam Life Insurance Limited (acting herein through its Corporate division), its agents, directors, officers and any entity in the Sanlam Group of Companies responsible for any losses or damages that may result from the investment portfolios I select.
- I understand that the onus is on me to inform the Administrator of any change in my contact details and that any reasonable costs incurred to trace me in future will be deducted from my benefits.
- I understand that Sanlam requires access to my personal information in order to administer my retirement fund.

Signature of member: \_\_\_\_\_ Date: \_\_\_\_\_

### Option B: I have not taken financial advice and declare the following:

- The information given herein is true and correct.
- I have a good understanding of investments and do not need the services of a financial adviser.
- I understand the risks in selecting my own investment portfolios and am satisfied that my selection serves my needs.
- I take full responsibility for my choices and hereby indemnify and undertake not to hold the Sanlam Unity Umbrella Fund, the Board of Trustees, Sanlam Life Insurance Limited (acting herein through its Corporate division), its agents, directors, officers and any entity in the Sanlam Group of Companies responsible for any losses or damages that may result from the investment portfolios I select.
- I understand that the onus is on me to inform the Administrator of any change in my contact details and that any reasonable costs incurred to trace me in future will be deducted from my benefits.
- I understand that Sanlam requires access to my personal information in order to administer my retirement fund.

Signature of member: \_\_\_\_\_ 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](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.*

## G. Financial adviser details

Full names and surname

ID nr of CFA

FAIS nr (*compulsory*)

Brokerage name

VAT reg. number

Sanlam commission code (*if applicable*)

Office number

Cell number

Fax number

e-mail address

Postal address

Consultancy fees paid via:

Sanlam code

Business account

*Complete banking details only if option 2 selected (verification of CFA's bank details are required by way of bank statement header or cancelled cheque)*

Name of bank

Account holder

Account number

Branch code

Savings

Cheque

Transmission

## Financial adviser declaration

I the undersigned confirm the following:

- I have made the disclosures required, in terms of the FAIS Act 37 of 2002, to the investor.
- I have explained all the fees that relate to this investment to the investor.

Signature of Financial Adviser: \_\_\_\_\_

Date: \_\_\_\_\_