

FundsAtWork Umbrella Funds Employer portal access form

Name of employer

Group code

Section 1: Employer portal access details

The employer portal enables each employer to control the monthly contribution, exit and claim processes. The employer will be able to, among others, add new members, transfer members between branches, inform us when members leave and provide the necessary automatic fund transfer instruction each month.

Online or in-office employer portal website training will be provided by a client educator for all users that have "all changes" and "2nd authoriser access". The online training process allows the client educator to visually and verbally conduct training by using internet technology while not actually being in the employer's office.

The designated signatory of the employer authorises the level of access that each user will have and also indicates which pay point the user must have access to.

There are three levels of access on the employer portal namely, view & change, view only and 2nd authoriser.

- All changes: updating membership, confirmation of contributions/insurance premiums and claims – complete section 1.
- View only: request statements/reports - complete section 1.
- 2nd authoriser: authorising claims loaded and/or contributions/insurance - complete section 2.

This information is for the employer portal user(s) access application and must be completed correctly otherwise the form will be rejected.

	Employer portal user 1	Employer portal user 2	Employer portal user 3	Employer portal user 4
Title				
First name				
Surname				
Date of birth				
RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ID/passport number				
Passport country of origin				
Email address				
Work phone number				
Cellphone number				
Are you an existing employer portal user?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is employer portal training required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing user ID for employer portal				
Pay point the user must have access to				
Level of access to be given to the employer portal user	View & change <input type="checkbox"/> View only <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/>
Instruction	or	or	or	or
Give/remove this user's ability to make changes on the employer portal	Give access <input type="checkbox"/> Remove access <input type="checkbox"/>	Give access <input type="checkbox"/> Remove access <input type="checkbox"/>	Give access <input type="checkbox"/> Remove access <input type="checkbox"/>	Give access <input type="checkbox"/> Remove access <input type="checkbox"/>
Physical address where training must take place	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			Postal code <input type="text"/>

If the employer has more than one pay point, a user for each pay point must be authorised to have access.

The designated signatory of the employer must notify us in writing if there are any changes to the level of access, as specified in the table above. This includes notification if any user's access needs to be removed.

Only the managing director or financial director of the employer may sign here. Alternatively the managing director or financial director may appoint an authorised signatory.

Name

Designation

Signature

Date - -

Section 2: Employer portal 2nd authoriser details

After the changes have been loaded by the designated user as shown in section 1, the 2nd authoriser will confirm the claims loaded and/or the total contributions/insurance premiums that will be collected from the bank account via the automatic fund transfer facility. The 2nd authoriser will not be able to make changes to the membership on the website and can't be the same user listed in section 1. This is not a compulsory function, but is advisable for quality control.

Do you require a 2nd authoriser? Yes No

If yes, please complete the details.

	Employer portal user 1	Employer portal user 2	Employer portal user 3	Employer portal user 4
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ID/passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport country of origin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you an existing employer portal user?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is employer portal training required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing user ID for employer portal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pay point the user must have access to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of access to be given to the employer portal user	2nd authoriser for claims <input type="checkbox"/> 2nd authoriser to confirm contributions/ insurance premiums <input type="checkbox"/>	2nd authoriser for claims <input type="checkbox"/> 2nd authoriser to confirm contributions/ insurance premiums <input type="checkbox"/>	2nd authoriser for claims <input type="checkbox"/> 2nd authoriser to confirm contributions/ insurance premiums <input type="checkbox"/>	2nd authoriser for claims <input type="checkbox"/> 2nd authoriser to confirm contributions/ insurance premiums <input type="checkbox"/>
Instruction Give/remove this user's ability to make changes on the employer portal	Give access <input type="checkbox"/> Remove access <input type="checkbox"/>	Give access <input type="checkbox"/> Remove access <input type="checkbox"/>	Give access <input type="checkbox"/> Remove access <input type="checkbox"/>	Give access <input type="checkbox"/> Remove access <input type="checkbox"/>

Physical address

where training must take place

Postal code

If the employer has more than one pay point, a user for each pay point must be authorised to have access.

The designated signatory of the employer must notify us in writing if there are any changes to the level of access, as specified in the table above. This includes notification if any user's access needs to be removed.

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Name

Designation

Signature

Date - -

Section 3: Pay point contact details

The authorised users will be provided with login details (Username and User ID). The user must then phone the Client Contact Centre on 0860 65 75 85 to set up a Pin (personal identification number). It is important that the login details and the Pin are kept confidential. If the login details and/or the Pin are shared or compromised in any way, we will not be held responsible for any unauthorised use.

All transactions and changes made by the authorised user will be updated automatically after submission. We will not be held liable for any processes/ transactions/changes as a result of any incorrect submission.

We require the information for each pay point, so please complete this section for each pay point if the scheme has more than one.

This contact person will be loaded as the paypoint contact and we will send reminders to confirm contributions to the email address provided. Please make sure that the email address is secure, as confidential information will be sent to this address. Reminders will also be sent to the pay point contact (one user per pay point) via email if no authorised user has confirmed the employer portal monthly reconciliation process by the reminder date (preferably 5 days before the contribution collection date) specified above.

Pay point number	<input type="text"/>		
Pay point name	<input type="text"/>		
Contact person (full name)	<input type="text"/>		
Reminder date	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Work number	<input type="text"/>
Fax number	<input type="text"/>		

Section 4: Employer portal terms and conditions

Access codes

The authorised user will be provided with login details (Username and User ID). They will then set up a Pin. The login details and the Pin access details have to be treated as confidential. If the login details and the Pin are shared with any other person or compromised in any way, we will not be held responsible for any unauthorised use.

Instructions

The authorised user is responsible for providing correct information and instructions when conducting transactions via the employer portal and must keep all information viewed on the website confidential. All transactions and changes will automatically be updated after submission. The authorised user must make sure that all information and instructions are correct before submission. We will try to assist if we are notified of an incorrect instruction that was submitted, but will not be held responsible for any loss or damage caused by the error.

Transaction options

- **Add employee**
This function is used to capture and submit the names and personal details of eligible employees who join the scheme. On submission, we will automatically create the new member records and will expect contributions to be paid in terms of the participating employer's special rules and section 13A of the Pension Funds Act.
- **Update employee details**
This function is used to update current monthly salaries and personal details. Once submitted, we will automatically update the selected members' records and adjusted premiums or contributions will reflect immediately.
- **Voluntary contributions (retirement only)**
This function is used to add or change the selected members' voluntary contributions. Once submitted, we will automatically update the selected members' records and payment will be collected with the employer's automatic fund transfer.
- **Break in service (retirement only)**
This function is used to add, update or remove a member during a break in service. The user will indicate whether the member will be covered with or without insurance benefits during the break in service period. Administration and commission costs will always be payable even if the member is on a break in service. Once submitted, we will automatically update the selected members' records.
- **Confirm contributions**
This function is used to verify the data that is submitted and to confirm the contributions due for a specific reconciliation month. By confirming the contributions, we are authorised to process the investments and collect the authorised automatic fund transfer, for the confirmed amount, from the bank account that we have been instructed to use for this purpose or expect an electronic fund transfer (EFT). An EFT is only available if the monthly amount paid is more than R500 000 and multiple pay points can't be accommodated. Once confirmed successfully, we will deem this as an instruction to continue with the automatic fund transfer on the agreed upon date or where this date has passed on the day of, or after submission of the contributions or premiums. Deductions may be done on any pre-defined day during the period from the 15th of the effective month up to the 5th of the following month.
- **Late payment interest (retirement only)**
Contributions are paid monthly in arrears. We must receive the contribution amount not later than seven days after the end of the month for which the contributions are due. The employer will be charged the legislated late payment interest if we do not receive the contributions within the seven day period. To avoid this the employer must submit the "confirm contributions" screen on the employer portal a day before the automatic fund transfer date or the last working day before, if the due date for payment falls on a public holiday or Sunday. For EFT payments the employer must make sure that the contributions are in our bank account by the 7th day of the month following the end of the month for which contributions are due. This is a requirement of the Pension Funds Act and the Regulations to the Pension Funds Act.

Section 4: Employer portal terms and conditions (continued)

- **2nd authoriser facility on claims and confirm contributions (if applicable)**

This facility is not compulsory for a scheme. Where it is used, we will only notify and continue with the disinvestment of a claim after the 2nd authoriser has logged on and approved each claim. Where the 2nd authoriser facility is used for confirming contributions, the contributions and/or insurance premiums will not be finalised until the 2nd authoriser has logged onto the system and submitted and confirmed the confirm contributions screen successfully. We will not proceed with the automatic fund transfer until this has been completed.

Claims

- **Withdrawal or retrenchment claims (retirement only)**

These functions will be used to submit withdrawal or retrenchment claims. The designated employer portal user will verify the withdrawing or retrenched members' personal and banking details. The employer must confirm the last working day and contribution amount due for the member for the month, and then approve the claim. We are then authorised to notify the claim and automatically disinvest and process the withdrawal or retrenchment claim. If an instruction is given to pay the benefit to the member, payment will be made to the bank account of the member verified by the employer on the employer portal. If the information is incorrect the employer must obtain proof of the updated details and update the member information on the website before submitting the claim. We will not be liable for payment to the incorrect banking account that was provided by the employer.

- **Other claim notifications (retirement, death, disability, funeral, etc)**

This function will be used to notify us of other claims to be processed. The corresponding claim forms must be completed and submitted together with supporting documentation. Once received, these claims will be manually processed and not via the automated system.

Only the managing director or financial director of the employer may sign here. Alternatively the managing director or financial director may appoint an authorised signatory.

Name	<input type="text"/>
Designation	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD - MM - YYYY"/>

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back to Momentum Corporate..
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right-hand corner of your screen.