

# FundsAtWork Umbrella Funds Admission of liability form

Member number

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Use this form only for compensation payable to an employer due to damages caused to the employer by the member as a result of theft, dishonesty, fraud or misconduct, and not where the member has defaulted on a loan granted by the employer.

Please attach all evidence relating to your admission of liability.

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

## Section 1: Member details

Title  Initial/s  First name

Surname

Date of birth    -    -

RSA ID Yes  No  ID/Passport number

Passport country of origin

Residential address

Postal address

Telephone - work  Fax number

Telephone - home  Cell number

Email address

Tax number  Tax office

## Section 2: Former employer details

Employer name   
(state full name of employer or division of employer)

Employer participating in the: FundsAtWork Umbrella Pension Fund  FundsAtWork Umbrella Provident Fund

Employment period From    -    -       To    -    -        
(Date when services with former employer were terminated)

## Section 3: Details of offence

I confirm that I caused damages to my employer stated in Section 2 above due to my:

- Theft
- Dishonesty
- Fraud
- Misconduct

Please specify nature of misconduct.

In the amount of R

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## Section 4: Member declaration

- The facts contained here are within my personal knowledge and are both true and correct.
- I am aware that my conduct constitutes theft in that it is unlawful and I committed the theft intentionally.
- I am personally liable to compensate my former employer in respect of the damages that I caused to him as a result of my unlawful and intentional theft, dishonesty, fraud or misconduct.
- Due to termination of my employment, I have now become entitled to a withdrawal/retirement/pension benefit in the amount of  
R  before tax  after tax.
- I am aware of the provisions of Sections 37D(b)(ii)(aa) of the Pension Funds Act and confirm that this entire declaration serves as my admission of liability to my former employer in respect of the damages that I caused.
- I hereby acknowledge that the Fund is entitled to deduct the amount of the compensation from my benefit and accordingly authorise the Fund to pay it to my former employer.
- I confirm that this admission of liability has been made freely and voluntarily, without any undue influence or pressure upon me.

Name

Signed at

**Member Signature**  **Date**   -   - 2 0

Name

Signed at

**Signature of Witness**  **Date**   -   - 2 0

## Section 5: Employer signature

Name

Signed at

**Signature of Employer**  **Date**   -   - 2 0

Name

Signed at

**Signature of Witness**  **Date**   -   - 2 0

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## Section 6: Notes

1. If the member is indebted to the employer as a result of misconduct, the employer must prove dishonesty on the part of the member in order to satisfy the requirements of Section 37D(b)(ii)(aa) of the Pension Funds Act. Our courts have held that "misconduct" is restricted to a misconduct of which dishonesty is an element. If the member's misconduct did not include any dishonesty on his/her part, the Fund may not deduct the damage from his benefit.
2. In the case of a delictual conduct such as fraud, the admission must contain the following elements and all the facts proving the elements:
  - a. There must be an act or omission that caused damage or loss to the employer.
  - b. The act or omission must be wrongful (the employer must prove factual infringement of a legally recognised interest).
  - c. There must be blameworthiness/fault on the part of the member in the form of intention or negligence.
  - d. The employer must prove that he had suffered a financial loss.
  - e. There must be a link/causal connection between the wrongful act or omission and the loss.

**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 via email to [clientcontactcentre@momentum.co.za](mailto:clientcontactcentre@momentum.co.za) or fax it to +27 (0)12 675 3970.
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.