

FundsAtWork Umbrella Funds

Personal liability of employers for the payment of retirement fund contributions

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

Section 1: Employer and Fund details

Name of Fund	<input type="text" value="FundsAtWork Umbrella Pension Fund"/>	<input type="text" value="FundsAtWork Umbrella Provident Fund"/>
Name of employer	<input type="text"/>	

Section 2: Employer's section 13A compliance responsibility

Section 13A of the Pension Funds Act (the Act) and Conduct Standard 1 of 2020 states that requirements related to the payment of pension fund contributions (the Conduct Standard), places various duties, obligations and liabilities on employers related to the payment of contributions. Contributions must be transmitted directly into the Fund's bank account, not later than 7 days after the end of the month for which such a contribution is payable. Employers must also ensure that the prescribed minimum information of the members is submitted to the Fund not later than 15 days after the period for which contributions are due.

The employer must identify a person that will be responsible for compliance with section 13A of the Act and will be personally liable for any non-compliances. The responsible person must be involved in the overall financial affairs of the employer. If the employer does not identify the person(s) that will be responsible, then these person(s) will be responsible for compliance, ie payment of contributions and submission of the minimum member data to the Fund within the prescribed periods:

- For companies: every director who is regularly involved in the management of the company's overall financial affairs.
- For close corporations: every member who controls or is regularly involved in the close corporation's overall financial affairs.
- For other employers: every person according to whose directions or instructions the governing body or structure of the employer acts, or who controls or is regularly involved in the management of the employer's overall financial affairs.

Only one responsible person per participating employer can be appointed. If applicable, indicate if the same person is appointed as the responsible person for many participating employers in the same group of companies.

Section 3: Responsible person appointment

Please provide the information of the person(s) that will be personally liable.

1. Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport number <input type="text"/>
Passport country of origin	<input type="text"/>		
Designation	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Alternative number	<input type="text"/>
Is the person appointed for multiple participating employers from the same group of companies?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide the recon point numbers <input type="text"/>			
2. Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport number <input type="text"/>
Passport country of origin	<input type="text"/>		
Designation	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Alternative number	<input type="text"/>
Is the person appointed for multiple participating employers from the same group of companies?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide the recon point numbers <input type="text"/>			

3. Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport number <input type="text"/>
Passport country of origin	<input type="text"/>		
Designation	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Alternative number	<input type="text"/>
Is the person appointed for multiple participating employers from the same group of companies?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide the recon point numbers		<input type="text"/>	

Section 4: Declaration

I, (full names)

declare that:

- I am authorised by the employer to make this submission.
- the person(s) appointed as the 13A responsible person(s) are involved in the overall financial affairs of the employer and they are aware of their appointment and responsibilities in terms of section 13A of the Act.
- all the information provided in this form is true and correct.

I confirm, that I have obtained the written consent of the person(s) listed in this form, to share their personal information with Momentum Corporate and the FundsAtWork Umbrella Funds for the purpose of section 13A(8) of the Act.

Signed at

Signature of authorised representative of the employer	<input type="text"/>	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 2 0 <input type="text"/> <input type="text"/>
	<input type="text"/>	

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to momentumcorporateclient@momentum.co.za
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.