

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 FundsAtWork Umbrella Pension Fund FundsAtWork Umbrella Provident Fund

Name of employer

If the same persons nominated are responsible for the timeous deduction and payment of contributions for more than one employer group code/scheme code please complete the additional employer group codes/scheme codes in the blocks provided.

Employer code 1 Employer code 2 Employer code 3
 Employer code 4 Employer code 5 Employer code 6

Section 2: Responsible person

Employers must pay the employer and member contributions as set out in the rules of the Fund. The contributions must be paid into the bank account of the fund or transmitted directly to the Fund by no later than 7 days after the end of the month for which that contribution is due. From 28 February 2014, the Pension Funds Act imposes personal liability on certain parties within the employer's organisation to ensure the timeous deduction and payment of the contributions.

Who can be held liable?

- 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.

The Fund must ask the employer for the details of the person who could be held personally liable. If the employer does not give this information to the Fund, all the directors of the company, all the members of the close corporation regularly involved in the management of the close corporation or all the persons on the governing body of the employer will be held personally liable. This means that any person falling into any one of the above categories is legally responsible and accountable to make sure the employer and member contributions are paid to the Fund within the 7-day period.

Since this is a legal duty, non-compliance may have serious repercussions for the person/s charged with ensuring compliance.

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

1. Title Initial(s)

First name

Surname

RSA ID Yes No ID/passport number

Passport country of origin

Designation

Email address

Telephone

Cellphone number

2. Title Initial(s)

First name

Surname

RSA ID Yes No ID/passport number

Passport country of origin

Designation

Email address

Telephone

Cellphone number

Section 2: Responsible person (continued)

Title	3.	<input type="text"/>	Initial(s)	<input type="text"/>
First name	<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"/>			
Telephone	<input type="text"/>			
Cellphone number	<input type="text"/>			

Section 3: Declaration

I full names

declare that all information provided in this form are true and correct.

I agree that Momentum may process all information that I provide on this form. I understand that the information will be processed according to the Protection of Personal Information Act, 2013 and Momentum's strict policies on protecting the confidentiality of my personal information.

I agree that Momentum may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with Momentum's partners and contracted service providers, who are legally bound to protect the information.

[Click here](#) to read Momentum's privacy notice.

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"/>
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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 MyResponsiblePerson@momentum.co.za or fax it to Fax +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.

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