

FundsAtWork Umbrella Funds Advisory body election and change of details

Group / scheme code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

This form must be completed by the managing director, financial director or authorised signatory of the employer.

Section 1: Employer details

Name of employer													
Residential address													
											Postal Code		
Postal address													
											Postal Code		
Telephone													
Cellphone number													
Email address													

Section 2: Declaration by employer

I

certify that all particulars furnished in this form and accompanying documentation are true and correct

Signed at													
Designation													

Signature on behalf of employer																
Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	2	0	<input type="text"/>	<input type="text"/>						

The completed form must be sent back via email to ebcommunicationhub@momentum.co.za or faxed to 012 675 3970

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 ebcommunicationhub@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.

Section 3: Advisory body details

- If the employer has a newly formed advisory body and / or has not submitted any details pertaining to the members of the advisory body, please complete section 3a on page 2.
- If the employer has formed an advisory body but would like to add or remove members, please complete section 3b on page 3.
- If the employer has formed an advisory body but would like to update the contact details of any of the members, please complete section 3c on page 3.

Section 3a: Newly formed advisory body details

The following comprise the advisory body and are authorised to sign documentation in respect of the employer's participation in the FundsAtWork Umbrella Pension / Provident Fund. **Please note that you may not have more employer representatives than member representatives. The minimum number of advisory body members is two, either two member representatives or one member and one employer representative.**

Name and surname	ID Number	*Representing	Date appointed							Signature	Telephone number	Email address	
		Employer / Member	D	D	M	M	Y	Y	Y	Y		Work: Cell:	
		Employer / Member	D	D	M	M	Y	Y	Y	Y		Work: Cell:	
		Employer / Member	D	D	M	M	Y	Y	Y	Y		Work: Cell:	
		Employer / Member	D	D	M	M	Y	Y	Y	Y		Work: Cell:	
		Employer / Member	D	D	M	M	Y	Y	Y	Y		Work: Cell:	
		Employer / Member	D	D	M	M	Y	Y	Y	Y		Work: Cell:	
		Employer / Member	D	D	M	M	Y	Y	Y	Y		Work: Cell:	

* Please indicate which representation is applicable

Section 3: Advisory body details (continued)

Section 3b: Adding or removing members from an existing advisory body

The following individuals have to be added to / removed from the advisory body.

Name and surname	ID Number	*Representing	Added / Removed	Date								Signature	Telephone number		Email address
				D	D	M	M	Y	Y	Y	Y		Work:	Cell:	
		Employer / Member	Added	D	D	M	M	Y	Y	Y	Y		Work:		
			Removed	D	D	M	M	Y	Y	Y	Y		Cell:		
		Employer / Member	Added	D	D	M	M	Y	Y	Y	Y		Work:		
			Removed	D	D	M	M	Y	Y	Y	Y		Cell:		
		Employer / Member	Added	D	D	M	M	Y	Y	Y	Y		Work:		
			Removed	D	D	M	M	Y	Y	Y	Y		Cell:		
		Employer / Member	Added	D	D	M	M	Y	Y	Y	Y		Work:		
			Removed	D	D	M	M	Y	Y	Y	Y		Cell:		
		Employer / Member	Added	D	D	M	M	Y	Y	Y	Y		Work:		
			Removed	D	D	M	M	Y	Y	Y	Y		Cell:		
		Employer / Member	Added	D	D	M	M	Y	Y	Y	Y		Work:		
			Removed	D	D	M	M	Y	Y	Y	Y		Cell:		
		Employer / Member	Added	D	D	M	M	Y	Y	Y	Y		Work:		
			Removed	D	D	M	M	Y	Y	Y	Y		Cell:		

*Please indicate which representation is applicable.

Section 3c: Change of contact details

Name and surname	ID Number	Signature	Update telephone number	Update email address