

FundsAtWork Umbrella Funds Advisory body election and change of details

Group/scheme code

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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	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Telephone number	<input type="text"/>		
Cellphone number	<input type="text"/>		
Email address	<input type="text"/>		

Section 2: Declaration by employer

I

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

I agree that Momentum Corporate may process all the 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 Corporate's strict policies on protecting the confidentiality of my personal information.

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

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

Signed at

Designation

Signature on behalf of employer

Date - - 2 0

Official stamp of employer

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.

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Section 3: Advisory body details

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

Section 3a: Newly formed advisory body details

The individuals below are the advisory body and are authorised to sign documentation related to the employer's participation in the FundsAtWork Pension/Provident Fund. **There may not be 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/passport number	Passport country of origin	Date of birth	Telephone number	Email address	Signature
				work		
*Representing <input type="checkbox"/> Employer <input type="checkbox"/> Member <input type="checkbox"/>	Date appointed <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			cell		
Name and surname	ID/passport number	Passport country of origin	Date of birth	Telephone number	Email address	Signature
				work		
*Representing <input type="checkbox"/> Employer <input type="checkbox"/> Member <input type="checkbox"/>	Date appointed <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			cell		
Name and surname	ID/passport number	Passport country of origin	Date of birth	Telephone number	Email address	Signature
				work		
*Representing <input type="checkbox"/> Employer <input type="checkbox"/> Member <input type="checkbox"/>	Date appointed <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			cell		
Name and surname	ID/passport number	Passport country of origin	Date of birth	Telephone number	Email address	Signature
				work		
*Representing <input type="checkbox"/> Employer <input type="checkbox"/> Member <input type="checkbox"/>	Date appointed <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			cell		
Name and surname	ID/passport number	Passport country of origin	Date of birth	Telephone number	Email address	Signature
				work		
*Representing <input type="checkbox"/> Employer <input type="checkbox"/> Member <input type="checkbox"/>	Date appointed <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			cell		
Name and surname	ID/passport number	Passport country of origin	Date of birth	Telephone number	Email address	Signature
				work		
*Representing <input type="checkbox"/> Employer <input type="checkbox"/> Member <input type="checkbox"/>	Date appointed <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			cell		

* Please indicate which representation is applicable.

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

These individuals must be added to/removed from the advisory body:

Name and surname			ID/passport number		Passport country of origin		Date of birth		Email address				Telephone number		Signature	
													work			
*Representing			Employer		Member		Added/removed		Added		Removed		Date		D D - M M - Y Y Y Y	
													cell			

Name and surname			ID/passport number		Passport country of origin		Date of birth		Email address				Telephone number		Signature	
													work			
*Representing			Employer		Member		Added/removed		Added		Removed		Date		D D - M M - Y Y Y Y	
													cell			

Name and surname			ID/passport number		Passport country of origin		Date of birth		Email address				Telephone number		Signature	
													work			
*Representing			Employer		Member		Added/removed		Added		Removed		Date		D D - M M - Y Y Y Y	
													cell			

Name and surname			ID/passport number		Passport country of origin		Date of birth		Email address				Telephone number		Signature	
													work			
*Representing			Employer		Member		Added/removed		Added		Removed		Date		D D - M M - Y Y Y Y	
													cell			

Name and surname			ID/passport number		Passport country of origin		Date of birth		Email address				Telephone number		Signature	
													work			
*Representing			Employer		Member		Added/removed		Added		Removed		Date		D D - M M - Y Y Y Y	
													cell			

Name and surname			ID/passport number		Passport country of origin		Date of birth		Email address				Telephone number		Signature	
													work			
*Representing			Employer		Member		Added/removed		Added		Removed		Date		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/passport number	Passport country of origin	Date of birth	Updated telephone number	Updated email address	Signature
