

MEMBER DETAIL CHANGE

UMBRELLA FUND / FUND NAME _____

PARTICIPATING EMPLOYER _____

MEMBER DETAILS

MEMBER NO. _____ EMPLOYEE NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

UPDATED MEMBER DETAILS

Please only complete details that have changed

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

GENDER: MALE FEMALE MARITAL STATUS _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

(Both of the above addresses are required by the SA Revenue Services - SARS)

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

PREFERRED LANGUAGE FOR CORRESPONDENCE: ENGLISH AFRIKAANS

INCOME TAX REFERENCE NO. _____ REVENUE OFFICE OF LAST TAX RETURN _____

SPOUSE'S DETAILS (if applicable)

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

DATE OF MARRIAGE _____ COMMUNITY OF PROPERTY? YES NO

DECLARATION

I hereby confirm that the above details are correct and that I will make no claim against the Fund in the event of any loss, damage or claim from the use of this information, or in the event that incorrect information has been supplied by me.

SIGNATURE OF EMPLOYEE _____

DATE _____

SIGNATURE OF EMPLOYER _____

DATE _____

EMPLOYER STAMP

SUPPORTING DOCUMENTS REQUIRED

- If the change is as a result of marriage, a copy of the Marriage Certificate and spouse’s proof of identity.
- If the change is as a result of divorce or death of a spouse, a certified copy of the Divorce Order or the Death Certificate.

NOTES

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.