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| **Sanlam Easy Retirement Plan** |  |

Confirmation of Acceptance: Amendment request

***The amendment will be actioned by the effective date as indicated on the form.***

**1. Documents to be submitted no later than the 20th of the month before the effective date.**

**2. Amendments can only be updated after the previous month’s contributions have been receipted.**

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| Sub-Fund name:       | Sub-Fund code number:       |

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| **Section A: How to request an amendment** |
| * Documents to be submitted no later than the 20th of the month before the effective date.
* Completed form and supporting docuements to be emailed to easyretirement@sanlam.co.za .
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| **Indicate type of Change** | **COA Section to Complete** | **Additional Documents Required** |
|  | PE Contact Details (Address / Tel Number / E-mail, etc.) | 1, 2.1 -2.4, 4 | None  |
|  | PE Company Name or Change of Ownership or Company Restructure  | 1, 2, 4 | * If a registered business, Copy of Change of Name Certificate (Form CM9 / CoR 14.3)
* Sale of Agreement and/or affidavit which clearly refers to the Fund and how it affects members’ benefits.
* The most updated documentation verifying ownership and shareholding structure
* Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act
 |
|  | Participating Employer change of:* HR Contact Person
* Communication Contact Person
* Person liable for payment of contributions

Medial correspondence person | 1, 2, 4 |  |
|  | PE Bank Details / Payment Method of Contributions | 1, 3, 4 | Verification of bank details eg. Bank statement header / cancelled cheque if Debit Order applicable. |
|  | Add or remove debit order instruction | 1, 4 | Verification of bank details eg. Bank statement header / cancelled cheque if Debit Order applicable. |
|  | Deactivate/Active Sub-Fund | 1, 4 |  |
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**Section A: Process to request an amendment**

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| **Section B: Confirmation of Acceptance for Amendments** |
| **Please note:**1. Documents to be submitted no later than the 20th of the month before the effective date.2. This document must be signed only by the nominated signatory of the participating employer.3. Acceptance is subject to the terms and conditions set out in *Sanlam Easy Retirement Plan Product Guide*. |

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| **1** | **Declaration of Acceptance** |
| The participating employer, , declare that the information provided in this document is true and correct and take note of the following conditions:1. The effective date for the amendments is the 1st day of .
2. New contributions must only be paid once confirmation is received that the amendment is complete.
3. The FIC Amendment Act, 2017 obligates the Fund to identify and verify all persons and entities we interact with. Therefore, all participating employers and their ultimate beneficial owners who belong to the Sanlam Umbrella Fund need to provide the most updated documentation verifying ownership and shareholding structure. The Fund may request proof of the source of funds and wealth to meet the legal obligations under the FIC Amendment Act. If this is required, third party searches may be conducted and/or documentary evidence may be requested.
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| Please provide a summary of the amendment and reasons thereof: |
|       |

Complete only the sections as indicated for each change

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| **2 Participating Employer Information**  |
| 2.1 | Name of Business (*as it appears on official documents*) |       |
| 2.2 | Business Reg. Number *(attach copy of relevant document)* |       |
| 2.3 | Switchboard Telephone Number |       | Fax Number |       |
| 2.4 | **Physical Address** (*of the business*) | **Postal Address** (*of the employer*) |
|  |       |       |
|  |       |       |
|  |       |       |
| 2.5 | **Source of Funds** The Source of Funds refers to the activity that generates the funds for a particular business relationship or occasional transaction, for example, this could be salary payments in respect of a savings account, or an insurance pay-out which the client has decided to invest in a financial product. |
|  | Sales | [ ]  | Services | [ ]  |
|  | Investments | [ ]  | Business profit | [ ]  |
|  | Donations | [ ]  | Privately Funded | [ ]  |
|  | Government Funded | [ ]  | Salaries | [ ]  |
| 2.6 | **Countries traded with***Note: Please indicate the top 5 countries your business trades with* |       |
| 2.7 | **HR Contact Person at the Business** (who will deals with administration)  |
|  | Full name  |       |
|  | E-mail Address of HR Contact Person |       |
|  | Telephone Number of HR Contact Person |       |
|  | ID Number of HR Contact Person |       |
| 2.8 | **Communication Contact Person at the Business** (who will receive communication re: rates, etc) |
|  | Full name |       |
|  | E-mail Address of Communication Contact Person |       |
|  | Telephone Number of Communication Contact Person |       |
|  | ID Number of Communication Contact Person |       |
| 2.9 | **Person liable for payment of contributions** (Section 13A)**:** |
|  | Full name |       |
|  | Identity Number |       |
|  | Cellular Number |       |
|  | E-mail Address |       |
|  | Designation in business |       |
| **3 Banking details of participating employer** |
| Note: Verification of bank details are required eg. Bank statement header / cancelled cheque |
| 3.12 | Name of Bank |       |
| 3.13 | Name of Branch |       | Branch Code |       |
| 3.14 | Account Name |       |
| 3.15 | Bank Account Number |       |
| **4** | **Undertaking by Participating Employer** |
| The participating employer undertakes to comply with all requirements and duties imposed on employers in terms of the Rules, *The Product Guide* document and the Administration Guide, as amended from time to time. These documents contain the participation requirements to ensure compliance with all relevant insurance policies effected by the Fund, all service level agreements entered into with providers and all protocols adopted by the Trustees and to adhere to all legislative requirements. I the undersigned, hereby declare that I have been duly authorised to sign on behalf of the employer and that all information supplied on this application is accurate and correct. I undertake to ensure proper measures are in place to comply with the employer’s duties and responsibilities as specified. |
| **Signature of Nominated Signatory of the Participating Employer** |  |
| **Print Name** |       |
| **Signed on this:**  |       (day) | of       (month) |       (year) |