

|  |  |
| --- | --- |
| **Sanlam Umbrella Fund** |  |
| **Sanlam Unity Umbrella Fund** |  |

# 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 two months prior to the effective date.**

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

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

|  |
| --- |
| **Section A: How to request an amendment** |
| Amendments for the Sanlam Umbrella Fund/Sanlam Unity Umbrella Fund must be requested via the Sub-Fund’s Contracted Benefit Consultant (CBC) / Client Relationship Manager (CRM).  **Amendment process where no quotation is required:**  1. Indicate the required amendments that do not require a new quotation on the list below.  2. Tick the applicable box(es) on pages 2 - 3.  3. Forward the completed signed form to [Acceptances4UmbrellaFunds@sanlam.co.za](mailto:Acceptances4UmbrellaFunds@sanlam.co.za). Include all additional documents where applicable.  **Amendment process when a quotation is required:**  1. Indicate the required amendments that require a new quotation on the list below.  2. Tick the applicable box(es) on pages 4 - 5.  3. Request a new quotation by forwarding this document (Section A) to [Quotes4UmbrellaFunds@sanlam.co.za](mailto:Quotes4UmbrellaFunds@sanlam.co.za).  4. Present the new costings to your client and upon their acceptance, have the form and the accepted new quotation duly authorised.  5. Forward the completed form to [Acceptances4UmbrellaFunds@sanlam.co.za](mailto:Acceptances4UmbrellaFunds@sanlam.co.za). Include all additional documents where applicable. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amendments that do not require a new quotation *(applicable to the Sanlam Umbrella Pension Fund, the Sanlam Umbrella Provident Fund and the Sanlam Unity Umbrella Fund)*** | | | |
| **Indicate change** | **Type of Change** | **COA Section to Complete** | **Additional Documents Required** |
|  | PE Contact Details (Address / Tel Number / E-mail, etc.) | 1, 2, 9 | None |
|  | PE Company Name or Change of Ownership or Company Restructure | 1, 2, 9 | Copy of Change of Name Certificate (Form CM9 / CoR 14.3) / Sale of Agreement which clearly makes reference to the Pension or Provident Fund and how it affects members’ benefits. |
|  | PE Bank Details / Payment Method of Contributions | 1, 3, 9 | Verification of bank details eg. Bank statement header / cancelled cheque if D/O applicable. |
|  | Change of HR Contact Person at PE | 1, 2, 9 | None |
|  | Change of Communication Contact Person at PE | 1, 2, 9 | None |
|  | Change of person liable for payment of contributions at PE | 1, 2, 9 | None |
|  | Intermediary to act as Contact Person with the Administrators on behalf of PE | 1, 3, 9 | Communication agreement form |
|  | Appointment of New CFA | 1, 4, 8, 9 | None (Ensure FAIS license number provided) |
|  | Appointment of New CBC | 1, 3, 7, 9,10 | None (Ensure FAIS license number provided) |
|  | CFA / CBC Contact Details (Address / Tel Number /  E-mail, etc.) | 3/4, 7/8 | None |
|  | CFA / CBC Payment Details | 3, 4, 7/8 | Verification of bank details eg. Bank statement header |
|  | Sanlam to Appoint CBC | 1, 3, 9 | None |
|  | CBC Indemnity | 1, 9 | Communication agreement form (ensure FAIS license number provided) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amendments that do not require a new quotation *(not applicable to Sanlam Unity Umbrella Fund)*** | | | |
| **Indicate change** | **Type of Change** | **COA Section to Complete** | **Additional Documents Required** | |
|  | Default Portfolio Change (refer to cost as outlined in *The Fund in Detail/Product Guide*) | 1, 5, 7, 9,10 | None | |
|  | Change/amend to member customised investment choice | 1, 5, 7, 9,10 | COA Annex 01 | |
|  | Change/amend to tailored default investment strategy | 1, 5, 7, 9,10 | COA Annex 02 | |
|  | Change/amend to tailored lifestage strategy | 1, 5, 7, 9,10 | COA Annex 03 | |
|  | Change/amend to Consultant tailored Default Strategy | 1, 5, 7, 9,10 | COA Annex 04 (on request) | |
|  | Change from Comprehensive to Comprehensive Plus | 1, 5, 9 | Signed Comprehensive Plus application form | |
|  | Change from Comprehensive to Glacier Institutional Wrap Funds Solution | 1, 5, 9 | Signed Glacier Institutional Wrap Funds Solution application form | |
|  | Allow Glacier as an option | 1, 7, 9,10 |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amendments that require a new quotation *(applicable to the Sanlam Umbrella Pension Fund, the Sanlam Umbrella Provident Fund and the Sanlam Unity Umbrella Fund)*** | | | |
| **Indicate change** | **Type of Change** | **COA Section to Complete** | **Additional Documents Required** |
|  | Eligibility Conditions for Members | 1, 5, 9 | 1. Letter from participating employer detailing reasons for change 2. Signed new quotation (applicable if change in member data is 15% and more) 3. Member communication |
|  | Additional Category | 1, 5, 9 | a. Signed new quotation  b. Member communication |
|  | Consulting Fee Increase / Decrease | 1, 7, 9,10 | Signed new quotation |
|  | Risk Benefit Structure (Increase in benefits or Additional benefits) | 1, 6, 7, 9,10 | a. Signed new quotation  b. Member communication |
|  | Risk Benefit Structure (Decrease in / removal of benefits) | 1, 6, 7, 9,10 | 1. Signed new quotation 2. Member communication which furnishes reasons in terms of Regulation 24(a)(iii) of the Pension Funds Act 3. Copy of letter of termination to assurer |
|  | Employer / Employee Contribution % (Increase/ Decrease) | 1, 5, 7, 9,10 | a. Signed new quotation  b. Member communication which furnishes reasons in terms of Regulation 24(a)(iii) of the Pension Funds Act |
|  | Normal Retirement Age (Increase / Decrease) | 1, 6, 7, 9,10 | 1. Signed new quotation 2. Member communication which furnishes reasons in terms of Regulation 24(a)(iii) of the Pension Funds Act |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amendments that require a new quotation *(not applicable to Sanlam Unity Umbrella Fund)*** | | | |
| **Indicate change** | **Type of Change** | **COA Section to Complete** | **Additional Documents Required** |
|  | Change between Standard and Comprehensive offering | 1, 5, 7, 9,10 | Signed new quotation |
|  | Change between Standard to Comprehensive Plus offering | 1, 5, 7, 9,10 | 1. Signed new quotation 2. Signed application form |
|  | Change between Standard and Optimal | 1, 5, 7, 9,10 | a. Signed new quotation  b. Member communication |
|  | Change between Comprehensive and Optimal | 1, 5, 7, 9,10 | a. Signed new quotation  b. Member communication |
|  | Change from Exclusive to Inclusive Costing Structure | 1, 5, 7, 9,10 | 1. Signed new quotation 2. Member communication which furnishes reasons in terms of Regulation 24(a)(iii) of the Pension Funds Act |
|  | Change from Inclusive to Exclusive Costing Structure | 1, 5, 7, 9,10 | a. Signed new quotation  b. Member communication |
|  | Death Cover to Continue to age 70 (underwriting policy conditons apply) | 1, 6, 7, 9,10 | Signed new quotation |
|  | Change method of costing (the special rules will be amended when % of assets under management has been selected as a method of costing) | 1, 5, 7, 9,10 | 1. Signed new quotation 2. Schedule with both salaries per member |
|  | Different Pensionable and Risk Salaries now applicable | 1, 5, 7, 9,10 | a. Signed new quotation  b. Schedule with both salaries per member |
|  | Number of Paypoints  (Indicate if separate contribution schedules are required) | 1, 5, 7, 9,10 | Signed new quotation Schedule with breakdown of members per p.point |
|  | Number of Paypoints  (If it is a legal entity) |  | a. Complete New Business Confirmation of Acceptance Pack  b. Sign new quotation  c. Legal entity document  d. Updated member data |
|  | Change of Risk Assurer (Preferred risk insurer: Sanlam only or best of Sanlam and Capital Alliance) | 1, 7, 9,10 | 1. Signed new quotation 2. Copy of letter of termination sent to current assurer (two calendar months notice) |
|  | Retirement Optimisation Premium Service | 1, 5, 7, 9,10 | Signed new quotation |
|  | Automatic increase in annual contribution (the special rules will indicate the annual contributions) | 1, 5, 7, 9,10 | Signed new quotation |

**Section A: Process to request an amendment**

|  |
| --- |
| **Section B: Confirmation of Acceptance for Amendments** |
| **Please note:**  1. Documents to be submitted no later than two months prior to 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 *The Fund in Detail/Product Guide* document forwarded as part of the quotation. |

|  |  |
| --- | --- |
| **1** | **Declaration of Acceptance** |
| The participating employer, , declare that it was decided to accept the Sanlam Employee Benefits’ quotation (if applicable), dated for amendments as requested and take note of the following conditions:  1. The special rules applicable to the Sub-Fund will be redrafted and registered in accordance with the particulars set out below.  2. The effective date for the amendments is the 1st day of .  3. In cases where the effective date for the requested amendment is the 1st of month following registration of amended special rules, new contributions must only be paid once confirmation of registration has been received. | |

***Please summarise the changes required and give the reasons for the amendment:***

|  |
| --- |
|  |

# Complete only the sections as indicated for each change

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | HR Contact Personat the Business (who will deal with administration) **\*** | | | |  | |
|  | E-mail Address of HR Contact Person | | | |  | |
|  | Telephone Number of HR Contact Person | | | |  | |
|  | ID Number of HR Contact Person | | | |  | |
| 2.6 | Communication Contact Person at the Business (who will receive communication re rates, etc) | | | |  | |
|  | E-mail Address of Communication Contact Person | | | |  | |
|  | Telephone Number of Communication Contact Person | | | |  | |
| **\*** The HR contact person will be given authority via Retirement Fund Web, to effect electronic changes and update data and information relating to all employees on the Sub-Fund. | | | | | | |
| 2.7 | **Person liable for payment of contributions:** | | | | | |
|  | Full name | | |  | | |
|  | Identity Number | | |  | | |
|  | Cellular Number | | |  | | |
|  | E-mail Address | | |  | | |
|  | Designation in business | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3 (a) Contracted Benefit Consultant - to be appointed by Sanlam** *(delete if not applicable)* | | | | | | | | | | | | |
| **Important information:**  Should the Intermediary choose not to fulfil the duties of Contracted Benefit Consultant (or does not have the necessary FAIS accreditation), Sanlam will appoint a Benefit Consultant to the Sub-Fund. | | | | | | | | | | | | |
| Benefit Consultant to be appointed by Sanlam | | | | | | Yes  No | | | | | | |
| **3 (b) Contracted Benefit Consultant (CBC) Information** | | | | | | | | | | | | |
| 3.1 | First Name & Surname  (*as registered with FSB*) |  | | | | | | | | | | |
| 3.2 | ID Number of CBC |  | | | | | | | | | | |
| 3.3 | E-mail Address of CBC |  | | | | | | | | | | |
| 3.4 | Brokerage Name |  | | | | | | | | | | |
| 3.5 | Physical Address |  | | | | | | | | | | |
|  | Postal Code: | | | | | | | | | | | |
| *If postal address is different from physical address, please complete postal address.* | | | | | | | | | | | | |
| 3.6 | Postal Address |  | | | | | | | | | | |
|  | Postal Code: | | | | | | | | | | | |
| 3.7 | Office Tel Number | | |  | | | Fax Number | | |  | | |
| 3.8 | Sanlam Commission Code *(if applicable)* | | |  | | | Cell Number | | |  | | |
| 3.9 | VAT Reg. Number | | |  | | | FAIS Number | | |  | | |
| 3.10 | Consultancy fee split payable: | | | | % | | | | | | | |
| 3.11 | Consultancy fees to be paid via: | | | | 1.  Sanlam Code 2.  Business Account | | | | | | | |
|  | *Complete banking details if option 2 selected (verification of CBC’s bank details are required by way of bank statement header or cancelled cheque)* | | | | | | | | | | | |
| 3.12 | Name of Bank | | |  | | | | | | | | |
| 3.13 | Name of Branch | | |  | | | | Branch Code | | | |  |
| 3.14 | Account Name | | |  | | | | | | | | |
| 3.15 | Bank Account Number | | |  | | | | | | | | |
| 3.16 | Contact person at CBC office *(who will be dealing with day to day admin matters)* | | | | |  | | | | | | |
| 3.17 | E-mail address of Contact Person | | | | |  | | | | | | |
| 3.18 | Telephone number of Contact Person | | | | |  | | | | | | |
| 3.19 | ID Number of Contact Person | | | | |  | | | | | | |
| 3.20 | Type of access role required for RFW | | | | | Viewer  Administrator: Processor | | | | | | |
| **Important information:**  This CBC contact person (who will be dealing with day to day admin matters) will be given viewer access to the Retirement Fund Web. | | | | | | | | | | | | |
| 3.21 | Contact person at CBC office ( who will be dealing with consultancy fee statements) | | | | |  | | | | | | |
| 3.22 | E-mail address of Contact Person | | | | |  | | | | | | |
| **4 Contracted Financial Adviser (CFA) Information** *(complete only if different from no 3 (b))* | | | | | | | | | | | | |
| 4.1 | First Name & Surname  (*as registered with FSB*) | | |  | | | | | | | | |
| 4.2 | ID Number of CFA | | |  | | | | | | | | |
| 4.3 | Brokerage Name | | |  | | | | | | | | |
| 4.4 | E-mail Address | | |  | | | | | | | | |
| 4.5 | Physical Address | | |  | | | | | | | | |
|  | Postal Code: | | | | | | | | | | | |
| *If postal address is different from physical address, please complete postal address.* | | | | | | | | | | | | |
| 4.6 | Postal Address | | |  | | | | | | | | |
|  | Postal Code: | | | | | | | | | | | |
| 4.7 | Office Tel Number | | |  | | | Fax Number | | |  | | |
| 4.8 | Sanlam Commission Code *(if applicable)* | | |  | | | Cell Number | | |  | | |
| 4.9 | VAT Reg. Number | | |  | | | FAIS Number | | |  | | |
| 4.10 | Consultancy fee split payable: | | | | % | | | | | | | |
| 4.11 | Consultancy Fees paid via: | | | 1.  Sanlam Code 2.  Business Account | | | | | | | | |
| *Complete banking details if option 2 selected (verification of CFA’s bank details are required by way of bank statement header or cancelled cheque)* | | | | | | | | | | | | |
| 4.12 | Name of Bank | |  | | | | | | | | | |
| 4.13 | Name of Branch | |  | | | | | | Branch Code | |  | |
| 4.14 | Account Name | |  | | | | | | | | | |
| 4.15 | Bank Account Number | |  | | | | | | | | | |
| 4.16 | Type of access role required for RFW | | | | | Viewer  Administrator: Processor | | | | | | |
| **Important information:**  This CFA contact person will be given viewer access to the Retirement Fund Web. | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5 Sub-Fund Information** | | | | | | | |
| 5.1 | Eligibility for employees who qualify for membership of the Sub-fund (complete separate schedules for each category of staff). | | | | | | |
|  |  | | | | | | |
| 5.2 | Number of employees stationed outside RSA borders | | | | | |  |
| 5.3 | Different pensionable and risk salaries now applicable *(provide a schedule of both salaries per member)* | | | | | |  |
| 5.4 | Number of pay points: *(provide a schedule with breakdown of members per paypoint)* | | | | | |  |
| **Important information (not applicable to the Sanlam Unity Umbrella Fund):**  Please note that a Participating Employer joining as an Associate to an existing fund will be installed as a separate employer and as such, needs to complete a separate installation pack and follow the New Business process. | | | | | | | |
| 5.5 | Number of contribution schedules: *(provide a schedule with breakdown of members per contribution schedule)* | | | | | |  |
| 5.6 | **New Contribution Rates** | **Cat 1** | **Cat 2** | | **Cat 3** | **Cat 4** | |
|  | *(Specify category names eg. Management, staff, etc)* |  |  | |  |  | |
|  | Member Contributions | *As per attached, signed quotation* | | | | | |
|  | Employer Contributions | *As per attached, signed quotation* | | | | | |
| Are there variable contribution rates?  Yes  No  If Yes, please stipulate when members may elect these rates, e.g. fund anniversary date, 1 March or upon entry, etc. | | | | | | | |
| Should annual contributions be increased automatically?  Yes  No  If Yes, please stipulate the date on which contributions should be increased  Indicate the percentage that annual contributions should be increased by **%**  **The special rules will indicate the annual contribution percentage with which it should be increased.** | | | | | | | |
| **Important information:**  The minimum net monthly member plus employer contribution rate is 5% of salaries and is **subject to the net employer contribution rate being positive for all members.** | | | | | | | |
| 5.7 | Normal Retirement Age: | *As per attached, signed quotation* | | | | | |
| **Not applicable to the Sanlam Unity Umbrella Fund:** | | | | | | | |
| 5.8 | **Costs in / excluded in the employer/employee contribution rate:** | | | *As per attached, signed quotation* | | | |
| 5.9 | **Change method of costing** | | | *As per attached, signed quotation* | | | |
| 5.10 | **Retirement Optimisation Premium Service** | | | *As per attached, signed quotation* | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5.11 | **Change in Product Offering:**  The product offering selected at installation does not serve the needs of our members and we make application to change all members to an alternative offering *(please tick as appropriate)*.  If you are also requesting a change in the default investment strategy, please complete 5.12. | | | | |
|  | Standard offering | Optimal offering | | | Comprehensive offering |
|  | Comprehensive Plus offering  (subject to minimum requirements as set out in “*The Fund in Detail/Product Guide*” document) | | Glacier Institutional Wrap Funds Solution offering  (subject to minimum requirements as set out in “*The Fund in Detail/Product Guide*” document) | | |
| 5.12 | **Change in Trustee-Approved Default Portfolio:** | | | | |
|  | The default portfolio previously selected does not serve the needs of our members and we make application to transfer the total Sub-Fund value and future contributions of all members invested in this strategy to the new trustee approved default portfolio selected below *(please tick as appropriate)*. | | | | |
| * Sanlam Lifestage * Volatility Protection Strategy * Passive Lifestage Strategy * Sanlam Blue Lifestage Strategy   (If you have chosen the Optimal option, the default investment strategy is Sanlam Blue Lifestage Strategy) | | | | | |
|  | **We agree to the following investment choice and switch terms and conditions:**   * We note that the rules of the specific product as elected will apply. If the switch is from the Volatility Protection Strategy, we take note that the disinvestment(s) may be done at the lower of market- and book value. * Investment changes in respect of **future contributions** are free of charge. * An investment instruction will be implemented within 5 working days of confirmation of receipt. | | | | |
|  | **We hereby declare that:**   * We have taken financial advice or assert that all our members have a good understanding of investments and do not need the services of a financial adviser. * We understand the risks in switching default investment portfolios and are satisfied that the selection serves our members’ needs. * We take full responsibility for the above choices and hereby indemnify and undertake not to hold the Sanlam Umbrella Fund, the Board of Trustees, Sanlam Life Insurance Limited (acting herein through its Sanlam Employee Benefits division), its agents, directors, officers and any entity in the Sanlam Group of Companies responsible for any losses or damages that may result from the above. | | | | |
| 5.13 | **Change to tailored default strategy:** | | | | |
|  | The default portfolio previously selected does not serve the needs of our members and we make application to transfer the total Sub-Fund value and future contributions of all members invested in this strategy to the new tailored default strategy as outlined in the annexure *(please tick as appropriate)*. We agree to the terms and conditions as contained in the signed annexure herewith. | | | | |
|  | Tailored default strategy (R20m assets minimum)  *(complete COA Annex 02)* | | | Tailored default lifestage strategy  (R50m assets minimum)  *(complete COA Annex 03)* available on request | |
|  | The consultant tailored default strategy  (R50m assets minimum)  *(complete COA Annex 04)* available on request | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5.14 | **Customised member investment choice:** | | | | | |
|  | We hereby select the customised member investment choice option and thereby restrict our member’s available investment portfolios as indicated on the signed COA Annex 01 herewith. | | | | | Yes |
| **6 New Risk Benefit Structure** | | | | | | |
|  | As per attached, signed quotation | | | | | |
| **7** | **Undertaking by Contracted Benefit Consultant (CBC)** | | | | | |
| The trustees of the Sanlam Umbrella Fund/Sanlam Unity Umbrella Fund require that every participating employer has the services of a Benefit Consultant available to provide advice on benefit and fund structure to the participating employer on an annual basis. The Contracted Benefit Consultant must be compliant in terms of the FAIS Act (Pension Fund Benefits) (No 37 of 2002) to render these services.  This document serves as confirmation that       is appointed as CBC to the Sub-Fund by the employer.  The CBC undertakes to comply with all requirements and duties in terms of the Rules, *The Fund in Detail/Product Guide* document that forms part of the quotation as well as the Consultants Guide as amended from time to time. This includes both the CBC and CFA duties as set out in *The Fund in Detail/Product Guide* unless the CFA duties will be fulfilled by a third party as confirmed in Section 8 below.  The CBC further undertakes to comply with all requirements and his/her responsibilities in terms of the use of the Retirement Fund Web facility, specified in *The Fund in Detail/Product Guide* document as amended from time to time.  In consideration for the specified ongoing services, the CBC will be paid the consulting fee on a monthly basis as agreed with the employer.  I the undersigned, hereby undertake to comply with the duties and responsibilies as specified. | | | | | | |
| **Signature of Contracted Benefit Consultant** | | | |  | | |
| **Print Name** | | | |  | | |
| **FAIS License Number:** | | | |  | | |
| **Signed on this:** | | (day) | of       (month) | | (year) | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **8** | **Undertaking by Contracted Financial Adviser (CFA)** - ***Complete only if different from no 7*** | | | | | |
| The CBC may refer member advice services to a third party, who will be appointed as the Contracted Financial Adviser to the Sub-Fund. This adviser must be compliant in terms of the FAIS Act, (No 37 of 2002), but does not act on behalf of the Fund or the Trustees.  This document serves as confirmation that       is appointed as CFA to the Sub-Fund by the employer.  The CFA is responsible for various services as listed in *The Fund in Detail/Product Guide* document that forms part of the quotation as well as the Consultants Guide as amended from time to time.  The CFA further undertakes to comply with all requirements and his/her responsibilities in terms of the use of the Retirement Fund Web facility, specified in *The Fund in Detail/Product Guide* document as amended from time to time.  In consideration for the above ongoing services, the CFA will be paid a negotiated % of the consulting fee on a monthly basis as agreed with the employer.  I the undersigned, hereby undertake to comply with the duties and responsibilities as specified. | | | | | | |
| **Signature of Contracted Financial Adviser** | | | |  | | |
| **Print Name** | | | |  | | |
| **Signed on this:** | | (day) | of       (month) | | | (year) |
| **9** | **Undertaking by Participating Employer** | | | | | |
| The participating employer undertakes to comply with all requirements and duties imposed on employers in terms of the Rules, *The Fund in Detail/Product Guide* document as amended from time to time and which forms part of the quotation as well as the Installation Guide. 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.  The participating employer further undertakes to comply with all the requirements and responsibilities in terms of the use of the Retirement Fund Web facility, specified in *The Fund in Detail/Product Guide* document as amended from time to time.  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) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10** | **Confirmation by FAIS Accredited Representative** | | | | |
| I confirm that I have concluded this transaction in terms of my FAIS accreditation and that I am authorized to give advice on the Sanlam Umbrella Fund/Sanlam Unity Umbrella Fund benefits and services. | | | | | |
| **Name of FAIS Accredited Representative** | | | |  | |
| **License Number** | | | |  | |
| **Signed on this:** | | (day) | of       (month) | | (year) |