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| **SANLAM UNITY UMBRELLA FUND - NEW FUND CHECKLIST** | | | |
| **COMPLETE FOR ALL FUNDS** | | | |
| **SUB-FUND NAME:** |  | | |
| **CLIENT SOLUTIONS SPECIALIST:** |  | | |
| ***DOCUMENTS REQUIRED*** | ***Included*** | ***IF NOT INCLUDED - STATE ARRANGEMENTS*** | |
| **1 Confirmation of Acceptance** |  |  | |
| **2 Updated Member Schedule** (in Excel format) |  | *(If new schedule not provided, make changes on quote, & have authorised by PE (with date) as correct)* | |
| **3 Confirmation of Legal Entity** (in accordance with the Pension Funds Act Regulation 30(2)t(ii) |  | *(Applicable document showing business registration number)* | |
| **4 Signed Quotation** |  |  | |
| **5 Record of Advice**  *(only required if Sanlam Corporate employee signed as FAIS agent)* |  |  | |
| **6 Exemption report if client belongs to an Industry Fund** (eg. security, motor vehicle, etc.) |  |  | |
| **7 Other exceptions to product standard agreed by SUS management** | | | |
| **8 Descriptions of exceptions to product standard, attach confirmation documentation** | | | |
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| **COMPLETE FOR TRANSFERRING FUNDS**  **(Refer Section 10 for Detailed Requirements)** | | | |
| ***THE FOLLOWING INFORMATION MUST BE OBTAINED*** | | | ***Included*** |
| **1** Letter of Termination to previous Administrators | | |  |
| **2** Copy of member communication / information pack | | |  |
| **3** Copy of letter of Acceptance required for transferring members who have been previously underwritten and accepted for a higher cover than the free cover limit shown on accepted quotation | | |  |



# Confirmation of Acceptance: Sanlam Unity Umbrella Fund

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| **Please note:**   1. The purpose of this document is for the employer to accept participation in the Sanlam Unity Umbrella Fund. 2. For the employer to appoint the Contracted Benefit Consultant (CBC) and (where applicable) the Contracted Financial Adviser (CFA). 3. This document may be signed only by the nominated signatory of the employer and the Contracted Benefit Consultant (CBC) and (where applicable) Contracted Financial Adviser (CFA). 4. Acceptance is subject to the terms and conditions set out in *The Sanlam Unity Product Guide, as amended from time to time* forwarded as part of the quotation.   5. **Supporting documentation to accompany this acceptance:**  5.1 Updated schedule of active members joining the Sub-Fund.  5.2 Signed copy of the accepted quotation.  5.3 Confirmation of employer’s legal status and details of all beneficial owners. |

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| **1. Declaration of Acceptance** |
| I, the undersigned, declare that I have been duly authorised to sign on behalf of        (the employer)  (*entity name as it appears on official documents*)  and declare further that it was decided to accept the Sanlam Corporate’s quotation and apply for participation in the Sanlam Unity Umbrella Fund, with effective date being the 1st day of .  ***We take note of the following conditions:***  1. In terms of this agreement, contributions are payable monthly in arrears. Member data as well as contributions needs to be submitted in time to ensure that the payment is reflected in the fund’s bank account before the legislated cut-off date of **7th of each month, after which interest will become payable on late payment from the first of that month according to legislation**.  2. The membership detail as per the attached schedule is confirmed as correct and will be used for the installation of the Sub-Fund. (Any changes will only be effective from the following month.)  3. Any changes requested to the benefit structure within 6 months of installation date will result in additional administration fees being charged. Particulars and benefit structure as set out in this document will be incorporated in the special rules and the certificate of participation that will apply to our employees.  4. It is recommended that the participating employer establish a representative committee (Joint Forum) on which members are entitled to elect 50% of the representatives.  5. It is a participating requirement that all participating employers utilise the SC Portal as an administration and communication tool and all data and information will be submitted electronically via the Internet to facilitate administration. |

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| 6. Unless otherwise instructed, Sanlam will communicate with the participating employer as follows:  **6.1 To the authorised Communications contact person (as listed in point 2.5 of this document):**  All matters regarding rate reviews, invitations, surveys, quarterly participating employer newsletter and other Joint Forum matters.  **6.2 To the persons liable for paying contributions (as listed in point 2.6 of this document):**  The Pension Funds Act, (Section 13A(9)(a)), makes it an obligation of a retirement fund to request participating employers in writing to notify the fund of the identity of the person or persons who are personally liable for the payment of contributions. In terms of Section 13A(8) of the Act, these persons are qualified as:   * in the case of a company, every director who is regularly involved in the management of the company’s overall financial affairs; * in the case of a close corporation, every member who controls or is regularly involved in the management of the close corporation’s overall financial affairs; and * in the case of any other employer, every person in accordance with whose directions or instructions the governing body or structure of the employer acts or who controls or who is regularly involved in the management of the employer’s overall financial affairs.   **6.3 To the authorised HR contact person (as listed in point 3.1 of this document):**  All matters regarding members’ movements, contributions, members above the free cover limit, claims and payments. This HR contact person will be given access to the SC Portal to perform the functionality as selected.  7. The SC Portal used for the monthly electronic contribution process requires a registered South African bank account.  8. We authorise Sanlam herewith to grant Internet access via the SC Portal facility to the Contracted Benefit Consultant (CBC).  9. The FIC Amendment Act, 2017obligates Sanlam to identify and verify all persons and entities we interact. Therefore, all participating employers of the Sanlam Unity Umbrella Fund need to provide the most updated documentation verifying ownership.  10. The Pension Funds Act regulation (30)(2)t(ii) stipulates that each subsidiary company in a group of companies must be registered as a separate sub-fund in a Type A Umbrella Fund. Even where all the employees in a group of companies have an identical benefit structure and the subsidiaries are 100% owned by the parent company, each subsidiary must still set-up a separate Sub-fund.  11. We declare that we have communicated to our members that we will provide their cell phone numbers to the Fund. The Fund will not distribute the members’ cell phone numbers to any third parties.  12. The FIC Amendment Act, 2017 and 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 Unity Umbrella Fund need to provide the most updated documentation verifying ownership. 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 required. |

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| **2. Participating Employer Information** | | | | | | | | |
| 2.1 | Name of Business: *(as it appears on official documents, e.g. CIPRO documents (COR39) which includes the details of the beneficial owners.* | | |  | | | | |
| 2.2 | Business Reg. Number *(attach copy of relevant document)* | | | | |  | | |
| Source of Funds | | Salaries | | | | | |  |
| Business Profit | | | | | |  |
| Investments | | | | | |  |
| Sales | | | | | |  |
| Donations | | | | | |  |
| Services | | | | | |  |
| Source of Wealth | | Ownership of business | | | | | |  |
| Employment | | | | | |  |
| Loan | | | | | |  |
| Inheritance | | | | | |  |
| Winnings (Gambling) | | | | | |  |
| Shareholders | | | | | |  |
| Unknown / Not declared | | | | | |  |
| 2.3 | Switchboard Telephone Number | |  | | | Fax Number |  | |
| 2.4 | **Physical Address** *(of the business)* | | | | **Postal Address** *(of the Employer)* | | | |
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| 2.5 | **Communication** Contact Personat Business **\*** |  |
| 2.5.1 | E-mail Address of Contact Person |  |
| 2.5.2 | Telephone Number of Contact Person |  |
| 2.5.3 | ID Number of Contact Person |  |
| **\*** The Communications Contact person will be the authorised contact person that Sanlam will communicate with (see point no 6 under conditions). | | |

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| 2.6 | **Person liable for payment of contributions\*:** | | | | | |
|  | Full name | |  | | | |
|  | Identity Number | |  | | | |
|  | Cellular Number | |  | | | |
|  | E-mail Address | |  | | | |
|  | Designation in business | |  | | | |
|  | \* the person or persons who are personally liable for the payment of contributions. (in the case of a company it may include every director who is regularly involved in the management of the company’s overall financial affairs) | |  | | | |
| **3. SC Portal with monthly contribution process access** | | | | | | |
| **Important information:**   * The HR contact person will be given access to the SC Portal to perform the access role as selected (access roles and their functionalities explained on page 5). * A “**Financial Authorizer**” role is compulsory for the new electronic contribution process. * Members will be given access to the SC Portal. Your Client Relations Manager will guide you through the process. | | | | | | |
| 3.1 | | **HR** Contact Personat the Business | |  | | |
|  | | Identity Nr / Passport Nr | |  | | |
|  | | Telephone Number | |  | | |
|  | | E-mail Address | |  | | |
|  | | Type of access required:  Viewer  Administrator: Processor  Financial Authorizer | | | | |
| 3.2 **User** Full Name | | | |  | | |
| Identity Nr / Passport Nr | | | |  | | |
| Telephone Number | | | |  | Cell Number |  |
| E-mail Address | | | |  | | |
|  | | Type of access required:  Viewer  Administrator: Processor  Financial Authorizer | | | | |
| 3.3 **User** Full Name | | | |  | | |
| Identity Nr / Passport Nr | | | |  | | |
| Telephone Number | | | |  | Cell Number |  |
| E-mail Address | | | |  | | |
|  | | Type of access required:  Viewer  Administrator: Processor  Financial Authorizer | | | | |

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| 3.4 **User** Full Name | | | |  | | | | |
| Identity Nr / Passport Nr | | | |  | | | | |
| Telephone Number | | | |  | Cell Number | | |  |
| E-mail Address | | | |  | | | | |
|  | | Type of access required:  Viewer  Administrator: Processor  Financial Authorizer | | | | | | |
| **Type of access roles** | | | **Suitable for** | | | **Functionality available** | | |
| **1** | Viewer | | HR officer who needs information only | | | * View information on all members of the employer, including salaries, contribution amounts and reports. * No authorization to process or edit any transactions on member records. | | |
| Contracted Benefit Consultant | | |
| **2** | Administrator: Processor | | Payroll administrator, Salaries administrator, HR officer/administrator | | | * Full Access to view information of all members. * Authorised to process member movements, edit member details and contribution amounts, but cannot approve these. | | |
| **3** | Financial Authorizer | | Financial Manager / Director,  Payroll administrator, Salaries administrator, HR officer/administrator | | | * All functions as per role no. 2, plus, * Authorization of premium payments. | | |
| **Important information:**  The first month’s contributions must be paid by EFT. Thereafter, the electronic contribution payment collection method will automatically apply. As part of this electronic process, authorised payments are only done once a client confirms and set a payment date.  Please quote your unique fund reference number when making your first month’s contribution. Payments must be paid into the Fund’s bank account. Bank details are as follows: | | | | | | | | |
| ABSA Bank: Cheque Account | | | | | | | | |
| Branch code: 632005 | | | | | | | | |
| Account no: 407 411 8518 | | | | | | | | |
| **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 | |

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| **4.** | **Contracted Benefit Consultant (CBC) Information** | | | | | | | | |
| 4.1 | First Name & Surname  (*as registered with FSB*) |  | | | | | | | |
| 4.2 | ID number of CBC |  | | | | | | | |
| 4.3 | E-mail address of CBC |  | | | | | | | |
| 4.4 | Brokerage Name |  | | | | | | | |
| 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 to Contract Benefit Consultant: | | | % | | | | | |
| 4.11 | 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)* | | | | | | | | | |
| 4.12 | Name of Bank | |  | | | | | | |
| 4.13 | Name of Branch | |  | | | | Branch Code | |  |
| 4.14 | Account Name | |  | | | | | | |
| 4.15 | Bank Account Number | |  | | | | | | |
| 4.16 | Contact person at CBC office *(who will be dealing with day to day admin matters)* | | | |  | | | | |
| 4.17 | E-mail address of Contact Person | | | |  | | | | |
| 4.18 | Telephone number of Contact Person | | | |  | | | | |
| 4.19 | ID Number of Contact Person | | | |  | | | | |
| **Important information:**  This CBC contact person will be given viewer access on the SC Portal. | | | | | | | | | |
| 4.20 | Contact person at CBC office (who will be dealing with consultancy fee statements) | | | |  | | | | |
| 4.21 | E-mail address of Contact Person | | | |  | | | | |

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| **5.** | | **Contracted Financial Adviser (CFA) Information** *(complete only if different from no 4)* | | | | | | | |
| 5.1 | | First Name & Surname  (*as registered with FSB*) | |  | | | | | |
| 5.2 | | ID Number of CFA | |  | | | | | |
| 5.3 | | E-mail address of CFA | |  | | | | | |
| 5.4 | | Brokerage Name | |  | | | | | |
| 5.5 | | Physical Address |  | | | | | | |
|  | | Postal Code: | | | | | | | |
| *If postal address is different from physical address, please complete postal address.* | | | | | | | | | |
| 5.6 | | Postal Address | |  | | | | | |
|  | | Postal Code: | | | | | | | |
| 5.7 | | Office Tel Number | |  | Fax Number | | |  | |
| 5.8 | | Sanlam Commission Code *(if applicable)* | |  | Cell Number | | |  | |
| 5.9 | | VAT Reg. Number | |  | FAIS Number | | |  | |
| 5.10 | | Consultancy fee split payable to the Contracted Financial Advisor: | | % | | | | | |
| 5.11 | | 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)* | | | | | | | | | |
| 5.12 | | Name of Bank | |  | | | | | |
| 5.13 | | Name of Branch | |  | | | Branch Code | |  |
| 5.14 | | Account Name | |  | | | | | |
| 5.15 | | Bank Account Number | |  | | | | | |
| **6. Sub-Fund Information** | | | | | | | | | |
| 6.1 | Inception (Participation) Date: | | | | |  | | | |
| 6.2 | Eligibility for employees who qualify for membership of the Sub-Fund (complete separate schedules for each category of staff) | | | | | | | | |
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|  | | **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.** | | | | | | | | | | | | | | |
|  | Normal Retirement Age: (Cover will continue until age 70 for members who are in active service after the normal retirement age) | | | | | | | | | | |  | | |
|  | Allow housing loans  Yes  No | | | | | | | | | | | | | |
| **7. Risk Benefit Structure** | | | | | | | | | | | | | | |
| *As per attached, signed quotation* | | | | | | | | | | | | | | |
| **8. Previous Fund Information** *(complete for all transfer funds)* | | | | | | | | | | | | | | |
| 8.1 | Name of transferor Fund | | |  | | | | | | | | | | |
|  | Is transferor Fund valuation exempt? | | | | | | | | | | | | | |
| 8.2 | What is the General rule number that allows transfer to another Fund? | | | | | | | | | | |  | | |
|  | Section 14 (1) transfer | | | Section 14 (8) transfer  ***NB: Attach letter from HR officer*** *(see 9.12 below)* | | | | | | | | | | |
| 8.3 | Type of Fund | | |  | | | Scheme No | |  | | | | | |
| 8.4 | Name of Previous Administrator | | | | |  | | | | | | | | |
| 8.5 | Contact Person (at previous administrator) | | | | |  | | | | | | | | |
| 8.6 | Telephone Number | |  | | | E-mail | | | |  | | | | |
| 8.7 | Value of total assets as on the participation date *(see 9.13 below)* | | | | | | | | |  | | | | |
| 8.8 | Is there a reduction in member’s resignation benefits prior to the transfer? *(see 9.14 below)* | | | | | | | | | | | | |  |
| 8.9 | Have the members been informed of transfer of the fund? *(see 9.15 below)* | | | | | | | | | | | | |  |
| 8.10 Have all contributions been paid up to transfer date? | | | | | | | | | | | | | |  |
| 8.11 Are housing loans being transferred? *(see 9.17 below)* | | | | | | | | | | | | | |  |

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| **List of supporting documentation attached** *Yes/No/N/A* | | | |
| 8.12 Letter from HR officer (in case of Section 14 (8) as per Annexure D of Section 14 templates | |  | |
| 8.13 Recent statement with value of total assets as on participation date (installation date with Unity) | |  | |
| 8.14 Proof of written agreement by at least 75% of members in case of reduction of benefits | |  | |
| 8.15 Copy of the member communication / information pack | |  | |
| 8.16 Letter of termination to the previous Administrators | |  | |
| 8.17 Further information - listing members and amounts outstanding iro housing loans being transferred | |  | |
| 8.18 Schedule of pensionable service dates | |  | |
| 8.19 | 1. Schedule of members including the following information:  * Full names * Identity numbers * Level of cover * Accepted/entitled cover  1. Copy of latest revision statement showing:  * Previous fund structure * Free cover limit * Number of members | |  |
| 8.20 Letter of Acceptance i.r.o member who have been previously underwritten  ***(Very important if members’ current cover exceeds our free cover limit)*** | |  | |
| 8.21 Are we required to take over cover for transferring members in the following instances:   1. Members who enjoyed a higher cover owing to a higher free cover limit *(see 9.19 above)* 2. Members who have been previously underwritten and accepted for higher cover   *(see 9.20 above)* | |  | |

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| **9. Undertaking by Contracted Benefit Consultant (CBC)** | | | | | |
| The trustees of the 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 outlined in the Rules, *The Product Guide* and the Consultants Guide that forms part of the quotation. These documents (Rules, *The Product Guide* and the Consultants Guide) are amended from time to time. Included in Chapter 14 of *The Product Guide* are POPIA duties and responsibilities.  The CBC further undertakes to comply with all requirements and his/her responsibilities in terms of the use of the SC Portal, specified in *The Product Guide* 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 responsibilities as specified. | | | | | |
| **Signature of Contracted Benefit Consultant** | | |  | |
| **Print Name** | | |  | |
| **FAIS License Number:** | | |  | |
| **Signed on this:** | (day) | of (month) | | (year) |

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| **10. Undertaking by Contracted Financial Adviser *(complete only if different from no. 9)*** | | | | |
| 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 undertakes to comply with all requirements and duties outlined in *The Product Guide* that forms part of the quotation. This document (*The Product Guide*) is amended from time to time. Included in Chapter 14 of *The Product Guide* are POPIA duties and responsibilities. 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) |

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| **11. Undertaking by Participating Employer** | | | | | |
| The participating employer undertakes to comply with all requirements and duties outlined in the Rules, *The Product Guide* and the Installation Guide that forms part of the quotation. These documents (Rules, *The Product Guide* and the Installation Guide) are amended from time to time. Included in Chapter 14 of *The Product Guide* are POPIA duties and responsibilities.  The participating employer further undertakes to comply with all the requirements and responsibilities in terms of the use of the SC Portal , specified in *The Product Guide* 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. | | | | | |
| **Nominated Signatory of the Participating Employer** | | |  | |
| **Print Name** | | |  | |
| **Signed on this:** | (day) | of (month) | | (year) |

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| **12. 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 Unity Umbrella Fund benefits and services. | | | | | |
| **Name of FAIS Accredited Representative** | | |  | |
| **License Number** | | |  | |
| **Print Name** | | |  | |
| **Signed on this:** | (day) | of       (month) | | (year) |

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| **13. Acknowledgement regarding delay in administration process** | | | | | |
| **Important information:**  *Complete this section only in the event of a late submission / incomplete information and agreement by participating employer and CBC of the conditions pertaining to the delay in administration processes.*  The new sub-fund cannot be implemented in the intended month for one or more of the following reasons:   * The sub-fund missed the cut-off date for submission (i.e. the 15th of the month prior to the desired month for implementation). * The application contained incomplete (insufficient) information to proceed.   **Conditions regarding delay in administration processes**   * The inception date of the sub-fund does not change. * Members are covered for the applicable risk benefits with effect from the inception date. * No administration is possible for this sub-fund until all outstanding information and premiums are received and no contribution schedules will be supplied to the participating employer. * If the outstanding information is still not received in time for the next implementation cycle, the implementation process will be delayed by another month. * The employer must continue to pay deducted contributions to the administrator by the 30th of each month, using EFT facilities. * Contributions received will only be invested once all outstanding information is received and the installation process is completed. * Payment of risk premiums to insurers and consulting fees to intermediaries can only be done once the entire installation process is completed. * No exit (death/funeral) claims can be paid until the installation process is completed. * The web facility cannot be activated until the installation process is completed. * The registration of special rules will be delayed. * Transfer processes (Section 14) will be delayed. * Interest is payable according to legislation on late payment of contributions and premiums. Late payment of premiums may also result in members not being covered in terms of the group insurance.   The undersigned parties hereby acknowledge that they take note of and agree to the conditions as set out above. | | | | | |
| **Participating Employer *(signature)*** | | | |  | |
| **Client Solutions Specialist/EB BlueStar (signature)** | | | |  | |
| **Contracted Benefit Consultant *(signature)*** | | | |  | |
| **Signed on this:** | (day) | of       (month) | | (year) |

***Disclaimer:***

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