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| **SANLAM UMBRELLA FUND - NEW FUND CHECKLIST** | | | |
| **COMPLETE FOR ALL FUNDS** | | | |
| **PARTICIPATING EMPLOYER:** | |  | |
| **CLIENT SOLUTIONS SPECIALIST:** | |  | |
| **DOCUMENTS REQUIRED** | | **Included** | **IF NOT INCLUDED - STATE ARRANGEMENTS** |
| **1** | **Updated Member Schedule** (in the prescribed format) |  |  |
| **2** | **Confirmation of Legal Entity** (in accordance with the Pension Funds Act Regulation 30(2)t(ii) and the FIC Amendment Act) |  | * *Provide the most updated documentation verifying ownership and shareholding structure* * *If owner/s are foreign nationals, please provide a copy of the passport.* * *If Natural person, provide copy of ID document and proof of registered residential address not older than 3 months* |
| **3** | **Signed Quotation** |  |  |
| **4** | **Record of Advice** *(only required if Sanlam Corporate employee signed as FAIS agent)* |  |  |
| **5** | **Exemption report if client belongs to a Sectoral/Industry Fund** (e.g., motor vehicle, bargaining council etc.) |  |  |
| **6** | **Special Arrangements within the Comprehensive Option:**   1. Customised Member Investment Choice *(complete COA Annex 01)* 2. Tailored Default Lifestage Strategy *(complete COA Annex 02)* 3. Comprehensive Plus Option*(Complete relevant Investments Business application form, etc)* |  |  |
| **7** | **Confirmation of Investment Consultant Appointment** |  | *Please complete the form* |
| **8** | **Insured Benefit Exception** |  | * *Completed and signed Insured Benefit Exception Application form* * *For endorsed Approved benefit, provide the endorsed policy* |
| **9** | **Confirmation of approval in respect of exception or special arrangement to the product standard** |  |  |
| **10** | **Transferring Funds information and supporting documents as required in Section 9 of the Confirmation of Acceptance** | | |

**Confirmation of Acceptance: Sanlam Umbrella Fund**

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| **Please note:**   1. The purpose of this document is for the employer to accept participation in the Sanlam 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 Fund in Detail* document, as amended from time to time, provided 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 Schedule of members receiving disability income, and pending claimants (if applicable).  5.3 Signed copy of the accepted quotation.  5.4 Completed and signed copy of documents regarding investments as required in the checklist.  5.5 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’s quotation and apply for participation in the Sanlam 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 and contributions need to be submitted in time to ensure that the payment reflects 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. 3. The members planned retirement age will be defaulted to the normal retirement age at installation. Where members are invested in a lifestage model, and they choose their own planned retirement age, the planned retirement age selected by the member will be used for phasing into the preservation phase. Members who wish to select their own planned retirement age must submit this request to Sanlam using the applicable form. 4. Any changes requested to the benefit structure within 6 months of installation date may result in additional fees being charged. Particulars and benefit structure as set out signed quotation and, in this document, will be incorporated in the special rules and the certificate of participation that will apply to our employees. 5. All participating employers are required to establish a Joint Forum (representative committee) on which members are entitled to elect 50% of the representatives. 6. All contributions received in the first month will be invested in the selected default portfolio. Investments of members who elect to make use of the alternative investment options (if applicable) will be moved to their chosen portfolios in the second month (and only on receipt of an investment switch made online or signed investment instruction forms). 7. It is a participation requirement that all participating employers utilise the SC Portal as an administration and communication tool and all data and information will be submitted electronically to facilitate administration. | |

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| 1. Unless otherwise instructed, Sanlam will communicate with the participating employer as follows:    1. **To the authorised HR contact person (as listed in point 2.7 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.   * 1. **To the authorised Communications contact person (as listed in point 2.8 of this document):**   all matters regarding rate reviews, invitations, surveys, quarterly participating employer newsletter and other Joint Forum matters.   * 1. **To the authorised Medical Correspondence contact person (as listed in 2.9 of this document):**   all matters regarding medicals for members of the Sub-fund.  This person will receive the personal health statement and the additional medical requirements for members who exceed the free cover limit or individual member limit, as well as all medical correspondence related to the members under the Sub-fund. This role may be performed by an appointed Employer Representative or the Contracted Benefit Consultant   * 1. **To the persons liable for paying contributions (as listed in point 2.10 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.  1. The SC Portal used for the monthly electronic contribution process requires a registered South African bank account. 2. Sanlam will grant viewer access to the SC Portal for the Contracted Benefit Consultant (CBC), the CBC admin person and the Contracted Financial Adviser. 3. 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. 4. The amended Policyholder Protection Rules (PPR) under the Insurance Act 18 of 2017 requires that insurers have up to date, accurate and complete member identity numbers and member contact data at all times. We declare that we have communicated to our members that we will provide their identity numbers and contact data to the Fund. The Fund will not distribute the members’ contact data to any third parties. 5. 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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| **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)* | | | | | |  | |
| **2.3** | **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 | |  | | Unknown/Not declared | | |  |
| **2.4** | **Countries traded with:**  *Note: Please indicate the top 5 countries your business trades with* | | | |  | | | |
| **2.5** | **Physical Address** (*of the business*) | | | | **Postal Address** (*of the employer*) | | | |
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|  |  | | | |  | | | |
|  | Switchboard Telephone Number |  | | | Fax Number | |  | |
| **2.6** | **HR Contact Person** | | | | | | | |
|  | Full Name and Surname | | | |  | | | |
|  | Identity Nr / Passport Nr | | | |  | | | |
|  | Telephone Number | | | |  | | | |
|  | E-mail Address | | | |  | | | |
| **2.7** | **Communication Contact Person** | | | | | | | |
|  | Full Name and Surname | | | |  | | | |
|  | Email Address | | | |  | | | |
|  | Telephone Number | | | |  | | | |
|  | ID number | | | |  | | | |
| **2.8** | **Medical Correspondence Contact Person** | | | | | | | |
|  | Full Name and Surname | | | | |  | | |
|  | Email Address | | | | |  | | |
|  | Telephone Number | | | | |  | | |
|  | ID number | | | | |  | | |
| **2.9** **Person liable for payment of contributions:** | | | | | | | | |
|  | Full Name and Surname | | | | |  | | |
|  | Identity Number | | | | |  | | |
|  | Cellular Number | | | | |  | | |
|  | E-mail Address | | | | |  | | |
|  | Designation in business | | | | |  | | |

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| **3** | **SC Portal access for Electronic Monthly Contribution Process** | | |
| **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 below). * A “**Financial Authoriser**” role is compulsory for the electronic monthly contribution process. * Members will be given access to the Member Portal. Your Client Relations Manager will guide you through the process. | | | |
| **Type of access roles** | | **Suitable for** | **Functionality available** |
| **1** | Viewer | HR officer who needs to view information only | * View information on all members of the employer, including salaries, contribution amounts and reports. * No authorisation to process or edit any transactions on member records. |
| Contracted Benefit Consultant |
| **2** | Administrator: Processor | Payroll administrator,  HR administrator | * Full Access to view information of all members. * Authorised to process transactions related to; new entrants, member contributions and exits and edit static member details, but cannot approve these. |
| **3** | Financial Authoriser | Financial Manager / Director,  Payroll administrator,  HR administrator | * All functions as per role no. 2, plus, * Approval of contribution schedule and payment. |

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| **User 1:** | | |
| Full Name and Surname | |  |
| Identity Nr / Passport Nr | |  |
| Telephone Number | |  |
| Cell Number | |  |
| E-mail Address | |  |
|  | Type of access required:  Viewer  Administrator: Processor  Financial Authoriser | |
| **User 2:** | | |
| Full Name and Surname | |  |
| Identity Nr / Passport Nr | |  |
| Telephone Number | |  |
| Cell Number | |  |
| E-mail Address | |  |
|  | Type of access required:  Viewer  Administrator: Processor  Financial Authoriser | |
| **User 3:** | | |
| Full Name and Surname | |  |
| Identity Nr / Passport Nr | |  |
| Telephone Number | |  |
| Cell Number | |  |
| E-mail Address | |  |
|  | Type of access required:  Viewer  Administrator: Processor  Financial Authoriser | |

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| **4** | **Method of payment for contributions** | |
| **Important information:**  Monthly contributions are paid via the electronic monthly contribution process. As part of this process, contributions are collected once a client confirms and approves the payment  If the first month’s contributions are paid via EFT, please quote your unique fund reference number when making payment. Payments must be paid into the Fund’s bank account. Bank details are as follows: | | |
| **Sanlam Umbrella Pension Fund** | | **Sanlam Umbrella Provident Fund** |
| ABSA Bank: Cheque Account | | ABSA Bank: Cheque Account |
| Branch code: 632005 | | Branch code: 632005 |
| Account number: 406 797 2456 | | Account number: 406 797 2383 |

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| **5 (a)** | **Contracted Benefit Consultant** | | | | | | |
| **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. | | | | | | | |
| Contracted Benefit Consultant to be appointed by Sanlam | | | |  | | | |
| **5 (b)** | **Contracted Benefit Consultant (CBC) Information** | | | | | | |
| **5.1** | **Personal Details** | | | | | | |
|  | Full Name and Surname  (*As registered with FSCA*) |  | | | | | |
|  | ID number of CBC |  | | | | | |
|  | E-mail address of CBC |  | | | | | |
|  | Mobile number |  | | | | | |
| **5.2** | **Brokerage Details** | | | | | | |
|  | Brokerage Name |  | | | | | |
|  | Physical Address | Postal Code: | | | | | |
|  | *If postal address is different from physical address, please complete postal address.* | | | | | | |
|  | Postal Address | Postal Code: | | | | | |
|  | Office Tel Number |  | Fax Number | | |  | |
|  | VAT Reg. Number |  | FAIS Number | | |  | |
|  | Sanlam Commission Code *(if applicable)* |  | | | | | |
|  | Consultancy fees paid via |  | | | | | |
|  | *If Bank Account selected, please complete Banking Details below (Verification documents required: bank statement header or cancelled cheque)* | | | | | | |
| **5.3** | **Banking Details** | | | | | | |
|  | Name of Bank |  | | | | | |
|  | Name of Branch |  | | | Branch Code | |  |
|  | Account Name |  | | | | | |
|  | Bank Account Number |  | | | | | |

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| **5.4** | **Admin Person** *(dealing with day-to-day admin matters)* | |
|  | Full Name and Surname |  |
|  | E-mail address |  |
|  | Telephone number |  |
|  | ID Number |  |
| **5.5** | **Consulting Fee Contact Person** (receiving consulting fee statement) | |
|  | Full Name and Surname |  |
|  | ID Number |  |
|  | E-mail address |  |

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| **6 (a)** | **Contracted Financial Adviser (CFA)** *(complete only if different from no 5)* | | | | | | |
| **Important information:**  Should the CBC choose not to fulfil the duties of a CFA (or does not have the necessary FAIS accreditation), or choose not to appoint a CFA, Sanlam will appoint a Financial Adviser to the Sub-Fund. | | | | | | | |
| Contracted Financial Adviser to be appointed by Sanlam | | | | | |  | |
| **6 (b)** | **Contracted Financial Adviser (CFA) Information** | | | | | | |
| **6.1** | **Personal Details** | | | | | | |
|  | Full Name and Surname  (*As registered with FSCA*) |  | | | | | |
|  | ID Number of CFA |  | | | | | |
|  | E-mail address of CFA |  | | | | | |
|  | Mobile Number |  | | | | | |
| **6.2** | **Brokerage Information** | | | | | | |
|  | Brokerage Name |  | | | | | |
|  | Physical Address | Postal Code: | | | | | |
|  | *If postal address is different from physical address, please complete postal address.* | | | | | | |
|  | Postal Address | Postal Code: | | | | | |
|  | Office Tel Number |  | Fax Number | |  | | |
|  | VAT Reg. Number |  | FAIS Number | |  | | |
|  | Sanlam Commission Code *(if applicable)* |  | | | | | |
|  | Consultancy fees paid via: |  | | | | | |
|  | *If Bank Account selected, please complete Banking Details below (Verification documents required: bank statement header or cancelled cheque)* | | | | | | |
| **6.3** | **Banking Details** | | | | | | |
|  | Name of Bank |  | | | | | |
|  | Name of Branch |  | | Branch Code | | |  |
|  | Account Name |  | | | | | |
|  | Bank Account Number |  | | | | | |

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| **7** | **Consulting fees payable** | |
|  | **Note:**  If no split is indicated, the consulting fee payable will be applied 100% to the Contracted Benefit Consultant. | |
|  | Consulting fee payable to Contract Benefit Consultant | % |
|  | Consulting fee payable to the Contracted Financial Adviser | % |
|  | **Total** | **100%** |

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| **8** | **Benefit Structure** | |
|  | **Important:**  The Participating Employer will be implemented as a sub-fund of the Sanlam Umbrella Fund based on the information declared in this document and the attached signed quotation. | |
| **8.1** | **Contributions** |  |
| 8.1.1 | Are there variable contribution rates? |  |
|  | If yes, please stipulate when members may elect these rates, e.g., fund anniversary date, 1 March or upon entry, etc. |  |
| 8.1.2 | Should annual contributions be increased automatically? |  |
|  | 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.* | |
| 8.1.3 | Are there any insured benefits outside the Fund’s packaged solution? |  |
|  | If yes, are the rates included or excluded from the contribution rate? |  |
| **8.2.** | **Pay Points**   * Pay points refer to where contributions are paid from. * Branches refer to the geographic location and does not imply that separate contribution payments are made. | |
|  | Will contributions be paid from multiple pay points?  (Example: one legal entity with multiple pay points) |  |
|  | If yes, how many pay points are there?  *Note: A separate contribution schedule is required per pay point* | Please list each pay point: |
| **8.3** | **Eligibility** | |
|  | Are all employees eligible to join the Sub-Fund?  *(Categories of employees eligible to join the Fund will be implemented as defined in the attached signed quotation)* |  |
|  | Define any staff excluded from joining the fund |  |
|  | Number of employees stationed outside RSA borders |  |
|  | Are member group transfers allowed?  *If yes, please provide employment contract or member communication* |  |
| **8.4** | **Investments** | |
|  | *Allow Glacier as an option?*  *(Only available on the Comprehensive Option)* |  |
| **8.5** | **Risk Benefits** | |
|  | Will the Sub-Fund have pensionable and risk salaries? |  |
|  | Preferred Risk Insurer\* |  |
|  | \*If no selection is made, the preferred risk insurer will default to the best of Sanlam and ABSA Life. In the case of a new Participating Employer that forms part of an association, the Insurer selected must align with the association. | |
| **8.6** | **Allow housing loans** |  |
|  | Comments |  |

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| **9** | **Transferor Fund Information** *(complete for all transfer funds)* | | | |
| **Important information:**  There cannot be a break in the payment of contributions from the previous administrator to the new administrator if the Section 14 transfer process applies. | | | | |
| **9.1** | **Fund Information** | | | |
|  | Name of transferor Fund |  | | |
|  | Termination date |  | | |
|  | Is the transferor Fund valuation exempt? | |  | |
|  | What is the General rule number that allows transfer to another Fund? | |  | |
|  | Type of Fund |  | | |
|  | Scheme No |  | | |
|  | Name of Previous Administrator |  | | |
|  | Contact Person (at previous administrator) |  | | |
|  | Telephone Number |  | | |
|  | E-mail |  | | |
| **9.2** | **Supporting documentation and additional information** | | | Yes/No/Comments |
|  | Letter of termination to the previous Administrators | | |  |
|  | Copy of the previous fund Special Rules | | |  |
|  | Schedule of Pensionable Service Dates | | |  |
|  | Is the fund transferring from a Public Sector fund? | | |  |
|  | Have all contributions been paid up to transfer date? | | |  |
|  | Please supply statement with value of total assets as at participation date in the Sanlam Umbrella Fund | | |  |
|  | Have the members been informed of the transfer of the fund?   * Copy of the member communication / information pack and benefit comparison * Letter from HR officer confirming no objections to the Section 14(1) or Section 14(8) Transfer | | |  |
|  | Is there a reduction in member’s benefits prior to the transfer?   * If yes, please supply proof of written agreement by at least 75% of members in case of reduction of benefits | | |  |
|  | Are there existing paid-up members?   * If yes, please supply a schedule of paid-up members including the following information:   + Member Name and Surname   + I.D. Number   + Tax reference Number   + Employee number/old member number   + Fund   + Member Group   + Investment portfolio (SUF Investment Selection)   + Join date   + Salary | | |  |
|  | Are there any disability claimants? (i.e. members in receipt of a disability income)   * If yes, please indicate who these members are on the member schedule to be used for installation * If there are disability claimants, who pays the waiver premium? | | | *Comments:* |
|  | Are housing loans being transferred?   * If yes, supply schedule of members and amounts outstanding of housing loans being transferred | | | *Comments:* |
|  | Is take over cover required? | | |  |
|  | If yes, does this take over cover include:   * Members who enjoyed a higher cover owing to a higher free cover limit at the previous assurer * Members who have been previously underwritten and accepted for higher cover | | |  |
|  | If take over is required, please supply:   * Schedule of members including the following information:   + Full names   + Identity numbers   + Level of cover   + Accepted/entitled cover * Copy of latest revision statement showing:   + Previous fund structure   + Free cover limit   + Number of members * Letters of Acceptance for members who have been previously underwritten (NB! If members’ current cover exceeds the free cover limit of the Fund) | | | *Comments:* |

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| **10** | **Undertaking by Contracted Benefit Consultant (CBC)** | | | | |
| The trustees of the Sanlam Umbrella Fund require that every participating employer appoints a Contracted Benefit Consultant 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 Fund in Detail (TFID)* and the Guide for Contracted Benefit Consultants that forms part of the quotation. These documents (Rules, *TFID* and the Guide for Contracted Benefit Consultants) are 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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| **11** | **Undertaking by Contracted Financial Adviser (CFA)**  ***Complete only if different from no. 10*** | | | | |
| 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 Fund in Detail* (*TFID*) that forms part of the quotation, as amended from time to time. In consideration for the above ongoing services, the CFA will be paid a negotiated percentage 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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| **12** | **Undertaking by Participating Employer** | | | | |
| The participating employer undertakes to comply with all requirements and duties outlined in the Rules, *The* *Fund in Detail (TFID*) and the Participating Employer Administration guide that forms part of the quotation. These documents (Rules, *TFID* and The Participating Employer Administration guide) are 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) |

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| **13** | **Confirmation by FAIS Accredited Representative** | | | | |
| I confirm that I have concluded this transaction in terms of my FAIS accreditation and that I am authorised to give advice on The Sanlam Umbrella Fund benefits and services. | | | | | |
| **Name of FAIS Accredited Representative** | | | |  | |
| **License Number** | | | |  | |
| **Signature** | | | |  | |
| **Signed on this:** | | (day) | of       (month) | | (year) |

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| **14** | **Additional notes** |
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| **15** | **Acknowledgement regarding delay in administration processes** | | | | |
| **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 *(signature)*** | | | |  | |
| **Contracted Benefit Consultant *(signature)*** | | | |  | |
| **Signed on this:** | | (day) | of       (month) | | (year) |

***Disclaimer:***

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