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| **Sanlam Umbrella Fund** | [ ]  |
| **Sanlam Unity Umbrella Fund** | [ ]  |

Confirmation of Acceptance: Amendment request

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| Sub-Fund name:       | Fund code:       |

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| **Section A: How to request an amendment** |
| **Important note:** * Amendments for the Sanlam Umbrella Fund and Sanlam Unity Umbrella Fund must be requested via the Client Relations Manager.
* Where an amendment requires a change to the registered Special Rules or a change to the investment strategy, documents must be submitted no later than two months prior to the effective date.
* Amendments can only be updated after the previous month’s contributions have been receipted.

**Amendment process where no quotation is required:** 1. Select the applicable items for the required amendment from the options listed in Section A.1. of this document.
2. Sanlam Umbrella Fund: Client Relations Manager to upload the completed amendment request, including supporting documentation, onto [Sharepoint](https://sebportal.sanlam.co.za/SUS/NewBusiness/Lists/SUF%20and%20Unity%20Amendment%20requests/AllItems.aspx).
3. Sanlam Unity Umbrella Fund: Forward the completed amendment request, including supporting documentation to Unity@Futurasa.co.za.

**Amendment process where a quotation is required**1. Select the applicable items for the required amendment from the options listed in Section A.2. of this document.
2. Request a new quotation by forwarding this completed document to Quotes4UmbrellaFunds@sanlam.co.za.
3. Present the new costings to the client and upon their acceptance, have this completed document and the accepted new quotation duly authorised. Important note: the details outlined in the final Amendment Confirmation of Acceptance and the final signed quote need to correspond with each other.
4. Sanlam Umbrella Fund: Client Relations Manager to upload the completed amendment request, including supporting documentation, onto [Sharepoint](https://sebportal.sanlam.co.za/SUS/NewBusiness/Lists/SUF%20and%20Unity%20Amendment%20requests/AllItems.aspx).
5. Sanlam Unity Umbrella Fund: Forward the completed amendment request, including supporting documentation to Unity@Futurasa.co.za.
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| **Section A.1. Amendments that do not require a quotation** |
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| **Indicate change** | **Type of Change** | **COA Section B to Complete** | **Special notes and additional requirements** |
| **Participating Employer Information** |
|  | PE Contact Details (Address / Tel Number / E-mail, etc.) | 1, 2, 9 | Company letterhead showing the new details |
|  | PE Company Name or Change of Ownership or Company Restructure  | 1, 2.1 - 2.5, 9 | * 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
* All requirements outlined in points 2.1 - 2.5 of Section B of this document
 |
|  | Participating Employer change of:* HR Contact Person
* Communication Contact Person
* Person liable for payment of contributions
* Medial correspondence person
 | 1, 2.1 - 2.9, 9 |  |
|  | Contracted Benefit Consultant to act as Communication Contact Person  | 1, 2.1- 2.8, 7, 9 |  |
| **Contracted Intermediary Information** |
|  | Appointment of new Contracted Benefit Consultant (CBC) | 1, 2, 3, 5, 7, 9 | * Ensure FAIS license number provided
* Letter of appointment signed by authorised signatory of the employer
 |
|  | Appointment of new Contracted Financial Adviser (CFA) | 1, 2, 4, 5, 8, 9 | * Ensure FAIS license number provided
 |
|  | CBC / CFA Contact Details (Address / Tel Number / E-mail, etc.) | 1, 2, 3 / 4, 7 / 8 |  |
| **Product change** |
|  | Change default investment strategy | 1, 6.4, 7, 9 | For Special Arrangements within the Comprehensive Option:* COA Annexure 2 for Tailored Default Lifestage Strategy; or
* Comprehensive Plus arrangement form; or
* Approval of Investment Exception from Investment Committee
* IPA to provide new portfolio codes before amendment submission to implementations
 |
|  | Change/amend to member customised investment choice | 1, 7, 9  | COA Annexure 1 |
|  | Allow Glacier as an option | 1, 6.4, 7, 9 |  |

| **Section A.2. Amendments that require a new quotation** |
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| **Please note:** * The signed new quotation needs to accompany the amendment request for all changes indicated below.
* Any change in Operating Expenses, Eligibility, Contributions and Approved Risk Benefits requested will result in an update to the registered Special Rules of the Participating Employer.
 |
| **Indicate change** | **Type of Change** | **COA Section B to Complete** | **Special notes and additional requirements** |
| **Operating Expenses** |
|  | Consulting Fee increase or decrease | 1, 5, 7, 9 |  |
|  | Change costing structure* Inclusive or exclusive
 | 1, 7, 9 | Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act. |
|  | Change method of costing* % of assets or % of salaries
 | 1, 7, 9 |  |
| **Eligibility** |
|  | Eligibility Conditions for Members | 1, 6.3, 7, 9 | Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act, or, employment contract that outlines details of the change |
|  | Normal Retirement Age (Increase / Decrease) | 1, 6.3, 7, 9 | Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act, which includes a notification to members that their investment may be affected if they are invested in a lifestage strategy.  |
|  | Additional Category | 1, 6.3, 7, 9 | Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act |
|  | Number of pay points | 1, 6.2, 7, 9 | Schedule with breakdown of members per pay point |
| **Contributions** |
|  | Employer / Employee Contribution % (Increase/ Decrease) | 1, 6.1, 7, 9 | Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act |
|  | Automatic increase in annual contribution  | 1, 6.1.2, 7, 9 | Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act, or, employment contract that explains the rules of the automatic increase |
| **Risk Benefits** |
|  | Death Cover to continue to age 70  | 1, 7, 9 | *Underwriting policy conditions apply** For approved benefits – member communication
 |
|  | Different Pensionable and Risk Salaries | 1, 7, 9 | Schedule reflecting both pensionable and risk salaries  |
|  | Change of Insurer | 1, 2.1 – 2.5, 6.5, 9 | * Copy of letter of termination sent to current assurer (two calendar months’ notice)
* Confirmation of the waiving of notice period if applicable
* All requirements outlined in points 2.1 - 2.5 of Section B of this document
* The most updated documentation verifying ownership and shareholding structure
 |
|  | Risk Benefit Structure:* Increase or decrease in benefits
* Adding or removing benefits
 | 1, 6.5, 7, 9 | * Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act
* Decrease/removing benefits:
* Copy of letter of termination to insurer
* If there is a decrease or removal of approved risk benefits the amendment will only be done in the month following the approval of the Special Rules
* Please complete section 6.5 if benefits are being added
 |
|  | Termination of approved risk benefits  | 1, 7, 9 | * Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act
* Copy of letter of termination to insurer
* If there is a removal of approved risk benefits the amendment will only be done in the month following the approval of the Special Rules
 |
|  | Change of approved risk to unapproved risk with another insurer | 1, 7, 9 | * Member communication compliant with Regulation 24(a)(iii) of the Pension Funds Act
* Copy of letter of termination to insurer
* If there is a removal of approved risk benefits the amendment will only be done in the month following the approval of the Special Rules
 |
| **Product Option and Investments** |
|  | Change in product option | 1, 7, 9 | Member communication |

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| **Section B: Confirmation of Acceptance for Amendments** |
| **Please note:**1. Documents to be submitted:
	* One month prior to the effective date for amendments no rule amendment is required
	* Two months prior to the effective date for amendments where a rule amendment is required.
2. This document may be signed only by the nominated signatory of the employer and the Contracted Benefit Consultant.
3. Acceptance is subject to the terms and conditions set out in *The Fund In Detail* or the *Sanlam Umbrella Unity Product Guide*, as amended from time to time.
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| **1** | **Declaration of Acceptance** |
| The participating employer, , hereby accepts Sanlam Corporate’s 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 and in the signed quotation (if applicable).
2. The effective date for the amendments is the 1st day of .
3. In cases where the effective date of the requested amendment is the 1st of the month following registration of the amended special rules, revised contributions must only be paid once confirmation of registration has been received.
4. 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:** |
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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*) |
|  |       |       |
|  |       |       |
|  |       |       |
|  | 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 |       |
| \* 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) |

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| **3 (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 |  |
| **3 (b)** | **Contracted Benefit Consultant (CBC) Information** |
| **3.1** | **Personal Details** |
|  | Full Name and Surname (*As registered with FSCA*) |       |
|  | ID number of CBC |       |
|  | E-mail address of CBC |       |
|  | Mobile number |       |
| **3.2** | **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)* |
| **3.3** | **Banking Details** |
|  | Name of Bank |       |
|  | Name of Branch |       | Branch Code |       |
|  | Account Name |       |
|  | Bank Account Number |       |
| **3.4** | **Admin Person** *(who will be dealing with day-to-day admin matters)* |
|  | Full Name and Surname |       |
|  | E-mail address  |       |
|  | Telephone number  |       |
|  | ID Number  |       |
| **3.5** | **Consulting Fee Contact Person** (who will be dealing with consultancy fee statements) |
|  | Full Name and Surname |       |
|  | ID Number  |       |
|  | E-mail address  |       |

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| **4 (a)** | **Contracted Financial Adviser (CFA)** *(complete only if different from no. 5)* |
| **Important information:**Should the Intermediary choose not to fulfil the duties of Contracted Financial Adviser (or does not have the necessary FAIS accreditation), Sanlam will appoint a Financial Adviser to the Sub-Fund. |
| Contracted Financial Adviser to be appointed by Sanlam |  |
| **4 (b)** | **Contracted Financial Adviser (CFA) Information** |
| **4.1** | **Personal Details** |
|  | Full Name and Surname (*As registered with FSCA*) |       |
|  | ID Number of CFA |       |
|  | E-mail address of CFA |       |
|  | Mobile Number |       |
| **4.2** | **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)* |
| **4.3** | **Banking Details** |
|  | Name of Bank |       |
|  | Name of Branch |       | Branch Code |       |
|  | Account Name |       |
|  | Bank Account Number |       |

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| **5** | **Consultancy fees payable** |
|  | **Note:** If no split is indicated, the consultancy fee payable will be applied 100% to the Contracted Benefit Consultant. |
|  | Consultancy fee payable to Contract Benefit Consultant |       % |
|  | Consultancy fee payable to the Contracted Financial Advisor |       % |
|  | **Total** | **100%** |

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| **6** | **Benefit Structure** |
|  | **Important:** The amendment will be implemented based on the information declared in this document and the attached signed quotation. |
| **6.1** | **Contributions** |  |
| 6.1.1 | 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. |       |
| 6.1.2 | 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 reflect the automatic annual contribution percentage increase.* |
| **6.2.** | **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:      |
| **6.3** | **Eligibility**  |
| 6.3.1 | 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* |  |
| 6.3.2 | Normal Retirement Age |
|  | Where members have **not** selected their own planned retirement age (PRA), and the planned retirement age is equal to the existing normal retirement age (NRA), must the planned retirement age be changed to the revised normal retirement age? |  |
| **6.4** | **Investments** |
| 6.4.1 | Allow Glacier as an option?(Only available on the Comprehensive Option) |  |
| 6.4.2 | Change in default investment strategy\* |
|  | The default investment strategy previously selected does not serve the needs of our members and we make application to transfer the existing investments in this strategy to the new default investment strategy |
|  | Name of new default investment strategy |  |
|  | \*Please note that the rules of the specific product selected will apply. If the switch is from any smooth bonus portfolio, the employer notes that the disinvestment(s) may be done at the lower of market and book value. The employer takes full responsibility for the above choices and hereby indemnifies and undertakes not to hold the Sanlam Umbrella Fund, the Board of Trustees, Sanlam Life Insurance Limited (acting herein through its Sanlam Corporate 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. |
| **6.5**  | **Insured Benefits** |
|  | New or preferred risk insurer |  |

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| **7** | **Declaration by Contracted Benefit Consultant (CBC)** |
| I the undersigned, hereby declare that I have been duly authorised as the Contracted Benefit Consultant and that all information supplied on this application is accurate and correct.  |
| **Signature of Contracted Benefit Consultant** |  |
| **Print Name** |       |
| **FAIS License Number:** |       |
| **Signed on this:**  |       (day) | of       (month) |       (year) |

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| **8** | **Declaration by Contracted Financial Adviser (CFA)** ***Complete only if different to no. 7*** |
| I the undersigned, hereby declare that I have been duly authorised as the Contracted Financial Adviser and that all information supplied on this application is accurate and correct. |
| **Signature of Contracted Financial Adviser** |  |
| **Print Name** |       |
| **Signed on this:**  |       (day) | of       (month) |       (year) |

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| **9** | **Declaration by Participating Employer** |
| 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. |
| **Signature of Nominated Signatory of the Participating Employer** |  |
| **Print Name** |       |
| **Signed on this:**  |       (day) | of       (month) |       (year) |

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| **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 benefits and services. |
| **Name of FAIS Accredited Representative** |       |
| **License Number** |       |
| **Signature** |  |
| **Signed on this:**  |       (day) | of       (month) |       (year) |

***Disclaimer:***

*Sanlam Life Insurance Limited (“Sanlam Life”), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the Republic of South Africa (“RSA”). We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life’s behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013. For more information, please refer to the Sanlam Group Privacy Notice on*[*www.sanlam.co.za*](http://www.sanlam.co.za/)*, alternatively it can be sent to you on request.*