

**NEW ENTRANT NOTIFICATION**

**1. GENERAL**

Name of participating Employer/Cost Centre.....

**2. MEMBER DETAILS**

(a) Surname .....

(b) First names.....

(c) ID number..... (d) Date of birth.....

(e) Gender..... (f) Marital status.....

(g) E-mail address..... (h) Cell phone no. ....

(i) Physical address.....

(j) Postal address.....

(k) Category ..... (l) Occupation.....

(m) Fund salary.....

(n) Contribution.....% or R.....

(o) Date joined company..... (p) Fund join date.....

(q) Investment portfolio choice \* (Conservative unless otherwise stipulated):

Destiny Money Market Portfolio .....%

Destiny Defensive Portfolio .....%

Destiny Conservative Portfolio .....%

Destiny Moderate Portfolio .....%

*\* Please note that the rules of your fund may restrict you to specified portfolios.*

(r) Tax number..... (s) Tax office .....

**3. TO BE COMPLETED BY MEMBER**

(a) I confirm having completed a beneficiary nomination form which has been returned to my employer for safekeeping and I have been informed of the implications thereof.

(b) I formally apply for membership of the Fund and agree to abide by its Rules.

(c) I request and authorise the deduction of contributions which are payable by me in terms of the Rules from my salary, and understand that this authority is irrevocable while I continue to be employed by the employer.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**4. TO BE COMPLETED BY EMPLOYER**

It is understood that:

- (a) Cover in respect of risk/insured benefits in respect of this member commences only when written confirmation is received from the Underwriter;
- (b) No risks are assumed other than in accordance with the conditions incorporated in the Rules of the Policy to this Fund.

**DECLARATION:**

- (a) The abovementioned employee qualifies for membership of the Programme in terms of the Rules;
- (b) The employee has been notified of the conditions incorporated in the Rules and Policies issued to the Fund relating to the assumption of risks.

\_\_\_\_\_  
Authorised Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorised Signatory

\_\_\_\_\_  
Date

**COMPANY STAMP**

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**PLEASE REMIT TO:**

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