



Integrity. Trust. Choice. **INSTALLATION DOCUMENT**

MULTILECT UMBRELLA PENSION & PROVIDENT FUNDS (“the Fund”)

EMPLOYER DETAILS		
Registered Name of Participating Employer		
Physical Address		
Postal Address		
Telephone	Fax	E-mail
<p>The following documents must accompany this form:</p> <ol style="list-style-type: none">1. A resolution by the Employer on the Employer’s letterhead<ol style="list-style-type: none">(a) resolving to participate in the Fund, and(b) nominating and authorizing a person/s to act on behalf of the Employer in respect of the Employers participation in the fund.2. Copy of Certificate of Incorporation.		

FUND CHOICE	
<i>Choose a Fund by marking one of the boxes below with a X.</i>	
Multilect Umbrella Provident Fund	<input type="checkbox"/>
Multilect Umbrella Pension Fund	<input type="checkbox"/>

FUND STRUCTURE
Participation Date
Eligibility Conditions
<p>Category of Members:</p> <p>Category A:</p> <p>Category B:</p> <p>Category C:</p>

Normal Retirement Age: Category A: Age _____ Category B: Age _____ Category C: Age _____	
Employer Contribution Rate: Category A _____ % Category B _____ % Category C _____ %	Member Contribution Rate: Category A _____ % Category B _____ % Category C _____ %
Are contributions Inclusive <input type="checkbox"/> OR Exclusive <input type="checkbox"/> of expenses, premiums and fees. <i>(Please mark a cross in the relevant box)</i> Alternative instruction for the deduction of expenses, premiums and fees:	

INVESTMENT CHOICE					
Name of Investment Portfolio: Name of Investment Manager:					
Name of Investment Portfolio: Name of Investment Manager:					
Name of Investment Portfolio: Name of Investment Manager:					
How are the contributions to be allocated: <table style="width: 100%;"> <tr> <td style="width: 60%;">Portfolio:</td> <td style="width: 40%;">Percentage:</td> </tr> <tr> <td>1. _____</td> <td>_____ %</td> </tr> </table>		Portfolio:	Percentage:	1. _____	_____ %
Portfolio:	Percentage:				
1. _____	_____ %				

2. _____ %

3. _____ %

Investment Instructions – Other

INSURED RISK BENEFITS

Basic Lump Sum Death Benefit

Other Lump Sum Benefits

COMMUNICATION

By default all member communication will be sent to the Participating Employer. Please note that communication includes member benefit statements and other personal information of members.

Please indicate if you would prefer this communication to be sent to the:

(Please tick the preferred option)

Employer

Intermediary
appointed to the
scheme

Name of organization and contact person to receive communication if Intermediary:

Telephone

Fax

E-mail

Physical Address

Postal Address

AUTHORISED PERSON AT COMPANY

The Employer must authorize a person to interact with the Fund, on behalf of the Employer, for the day to day administration of the Fund and members. The authorized person shall receive/provide documents and/or information to/from the Fund which may contain personal information. Personal information also includes passwords for members' access to web enabled benefit statements.

The Employer authorizes the following person/s:

(1) Authorized Person

Full Name:

ID Number:

Tel Number:

Cell Number:

E-mail Address:

(2) Authorized Person

Full Name:

ID Number:

Tel Number:

Cell Number:

E-mail Address:

TRANSFERS OF BENEFITS / ASSETS

Please complete this section if the Employer is transferring assets/benefits from another fund. Transfers are processed in terms of section 14 of the Pension Funds Act; whereby a transfer requires the approval of the Registrar of Pension Funds.
It is the responsibility of the transferring fund/member/s to inform Multilect of any vested benefits included in the transfer.

Name of previous fund

Name of administrator of previous fund

Contact Person at previous administrator

Tel Number:

E-mail:

Risk Benefit Underwriter

RESPONSIBLE PERSON FOR PAYMENT OF CONTRIBUTIONS

Name

Designation

E-mail Address
Telephone Number
<p><i>Note: In terms of the Pension Funds Act certain persons are legally liable for the payment of contributions. Non-payment may result in a criminal offence. Responsible persons are defined as:</i></p> <p><i>(a) for companies – Director involved in the management of the company’s overall financial affairs</i></p> <p><i>(b) for closed corporations – Member involved in the management of the CC’s overall financial affairs</i></p> <p><i>(c) Other employers – Person involved in the management of the employers overall financial affairs</i></p>

INTERMEDIARY APPOINTMENT AND COMMISSION		
Intermediary Corporate Name		
Intermediary Name		
Telephone Number	Cell Number	E-mail
Address		
Commission Payable		%
<i>An intermediary may be a financial advisor, consultant, broker etc.</i>		

DATA REQUIREMENTS	
The following member information must accompany this document:	
(a)	First Names
(b)	Surname
(c)	Date of Birth
(d)	ID Number
(e)	Tax Number
(f)	Pensionable Salary

I hereby confirm that I am authorized by the Employer to sign this document. I further confirm that the Employer will participate in the Fund and such participation will be in terms of the information provided in this document.	
Full Name	
Designation / Capacity	
Signature	
Date	

FICA Implementation and Required Documents

Multilect Administrators (Pty) Ltd is an accountable institution in terms of the Financial Intelligence Centre Act 38 of 2001 (hereinafter referred to as "FICA"). In order to comply with the requirements of FICA as an accountable institution, we are required to identify our members by performing a Customer Due Diligence (hereinafter referred to as "CDD"). Therefore Multilect Administrators (Pty) Ltd has implemented processes and procedures to identify, assess, monitor, mitigate and manage any risks related to money laundering and the financing of terrorist activities.

Responsibilities of Intermediary:

As a result of the above, Employers and Intermediaries are required to assist us with the collation of the FICA documentation as per attached Annexure "A" in order for us to perform the CDD.

When must the documents be submitted?

For all new schemes, the documents should be sent to Multilect together with the quote acceptance for the new scheme. Please take note that Multilect will not install a scheme nor be on risk prior to the CDD for the policyholder being completed.

For all existing schemes, the CDD will be performed at each renewal and the document request should be sent together with the pre-renewal letters. Should the CDD not be completed within one month of the renewal date, an off risk letter will be issued.

What documents should be submitted?

Please refer to the attached document request marked as Annexure A.

How often will the CCD be performed?

Each policyholder will be risk rated as part of the CCD process. This risk rating will determine how often the CDD should be done.

Please feel free to contact us on (011) 274 6160 / admin@multilect.co.za with any queries you may have.

ANNEXURE A: FICA Document List (Juristic persons)

Please take note that for all new schemes you will only be on risk once we have finalised the CDD process and verified the identity of the policyholder.

PART A: POLICYHOLDER INFORMATION

Companies (Private or Public), CCs, Partnerships, Non-profit organisation	
Registration Name and Number	<u>Company (Private or Public)</u> 1. CM1 Certificate of Incorporation 2. CoR14.3 Registration certificate; 3. CoR39 Director changes <u>CC</u> 1. CK1 Certificate of Incorporation 2. CK2 Amended founding statement <u>Non-profit organisation</u> 1. Constitution or other founding document (NPO) <u>Partnership</u> 1. Partnership agreement 2. Declaration of partnership
VAT and Tax Number	1. Tax Clearance Certificate 2. VAT Registration 3. Tax Registration
Proof of Operating Address and Trading Name (<i>if different from registered address and registered name</i>) <u>not older than 3 months</u>	1. Utility bill 2. Bank statement 3. Lease/Rental agreement 4. Municipal Rates and Taxes 5. Signed audited financial statements

Company Authority (<i>authorising individual to act on the Company's behalf</i>)	1. Letter from HR or Payroll (on letterhead) 2. Signed resolution 3. Signed mandate
Trusts and Pension/Provident Funds	
Registration Name and Number	<u>Pension/Provident Fund</u> 1. SARS Document confirming fund registration 2. Certificate from Registrar of Pension Funds <u>Trust</u> 1. Trust Deed 2. Trust Founding Document 3. Appointment Letter from Master
Trust Authority	1. Resolution from trustees 2. Mandate from trustees
Trustee Confirmation	1. Latest Audited Financial Statements 2. Trustee(s) Identity Document
Related party (director/member/contact person/trustees)	
Identity Documents	1. Green bar-coded SA ID 2. Smart Card SA ID

Beneficial owner (Natural or Juristic person)

In terms of FICA a beneficial owner is defined as follows:

"in respect of a legal person, means a natural person who, independently or together with another person, directly or indirectly—

(a) owns the legal person; or

(b) exercises effective control of the legal person"

We require the following in order to identify the beneficial owner of the legal entity (if applicable):

Shareholder Identification	1. Share certificates or a share register	
	Please complete the following for each shareholder who hold 25% or more of the company's shares or voting rights and attach the required documents: <i>(An additional page can be added with the information if required)</i>	
Natural Person attach identity document or passport	Full names	
	Date of birth	

	Identity number/passport number	
	Residential address	
	Nationality (if not South African)	
Natural Person - Identity document or passport	Full names	
	Date of birth	
	Identity number/passport number	
	Residential address	
	Nationality (if not South African)	
Company/CC - CM1 Certificate of Incorporation - Proof of business address	Registered name	
	Registration number	
	Registered address	
	Trading name (<i>if different from registered name</i>)	
	Operating address (<i>if different from registered address</i>)	
Partnership - Partnership agreement	Name of the partnership	
	Partnership's address	
Trust - Trust deed or founding document	Name of the trust	

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	Trust number	
	Trust's address	
Other entity: - Founding document and proof of address	Name of the legal person	
	Address from which it operates	
	Legal form	

- **Multilect may request additional requirements not contained in this document should it be required to successfully identify and verify a client as well as the source of funds used***
- **Please note ID documents, proof of residence and an e-mail contact is required for each member of the fund.**

I confirm that the above information is true and correct to the best of my knowledge and belief, and enclose copies of the requested verification documentation. Should any of the above information be incorrect or if the FICA validation process returns unfavourable information about the person whose identity is being verified, then HGR may refuse to proceed with the policy.

_____ (authorised signatory who warrants his/her authority) on

behalf of _____ (policyholder name)

Signature: _____

Date: _____