



CAPE MUNICIPAL PENSION FUND

NEW MEMBER APPLICATION

Name of Employer:

Date:

PERSONAL DETAILS

Surname:

Staff/Ref. No.:

Title:

First Names

ID number

Gender

Home Address

Marital Status

Phone (landline)

Postal Code

Cell Number

Postal Address

Income Tax number

Street Code

Email Address

SPOUSE'S DETAILS

Surname:

First Names:

Title:

I.D. Number:

Gender:

Phone No. (H):

Phone No. (W):

Cell No.:

APPOINTMENT DETAILS

Date of Commencement:

Commencing Salary:

R

per month

Designation:

Department:

Branch:

ARE YOU A PAID-UP MEMBER OF THE FUND (If yes please supply all paid-up certificates)

Yes:

No:

Fund Name(s):

Contact:

Contact:

DO YOU INTEND TO TRANSFER ANY MONEY FROM A PREVIOUS EMPLOYER'S FUND

Yes

No

Name of Employer 1

Staff reference No.

Fund Name

Contact No.

Name of Employer 2

Staff Reference No.

Fund Name

Contact No.

ADDITIONAL VOLUNTARY CONTRIBUTION (Maximum of 2%)

Amount: R _____ or Percentage: _____

Date: _____

MEMBERS INVESTMENT CHOICE

I choose Option 1 below

OPTION 1 (Default Investment portfolio)

I elect the Life Stage Model. I acknowledge and understand that 100% of my retirement savings, i.e. my Fund Credit and my Future Contributions to the Fund will be invested according to the Life Stage Model.

OR

I choose Option 2 below

OPTION 2 (Own Choice portfolios):

INVESTMENT PORTFOLIO	"A" % FUND CREDIT	"B" % FUTURE CONTRIBUTIONS
Market		
Money Market		
Low Equity Balanced		
Shari'ah		

FLEXIBLE LIFE COVER: CATEGORY ELECTION (effective 1 August 2022)

Before making your election, please read the communication titled "Flexible Group Life Cover for Defined Contribution members" very carefully.

I hereby elect the following level of Life Cover:

- Core Minus
- Core (Default)
- Core Plus

Please only tick one box i.e. Core Minus or Core or Core Plus.

I hereby confirm that the above details are correct, and that I will make no claim against the Cape Municipal Pension Fund in the event of any loss, damage or claim arising from the use of this information, or in the event that incorrect information has been supplied by me:

Signature of employee: _____

Date: _____

EMPLOYER AUTHORISATION

Authorised Employee: _____

Signature: _____

Branch Head: _____

Signature: _____

Department Head: _____

Signature: _____

ADMINISTRATION AND ENQUIRIES: Cape Municipal Pension Fund

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