



CAPE MUNICIPAL PENSION FUND

APPOINTMENT OF PERMANENT EMPLOYEE (NEW MEMBER)

Name of Employer: _____ Date: _____

PERSONAL DETAILS

Surname: _____ Staff/Ref. No.: _____
I.D. Number: _____
First Names: _____ Title: _____
Gender: _____ Home Language: _____
Marital Status: _____ Phone No. (H): _____
Phone No. (W): _____ Cell No.: _____
Postal Address: _____ Postal Code: _____
Residential Address: _____ Postal Code: _____
Tax Ref. Number: _____ Email Address: _____

SPOUSE'S DETAILS

Surname: _____ First Names: _____
I.D. Number: _____
Title: _____ Phone No. (H): _____
Gender: _____ Cell No.: _____
Phone No. (W): _____

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): _____ Previous Staff/Ref No (1): _____
Name of Employer (2): _____ Previous Staff/Ref No (2): _____
Fund Name (1): _____ Fund Name (2): _____
Contact details: _____ Contact details: _____

ADDITIONAL VOLUNTARY CONTRIBUTION (Maximum of 2%)

Amount: R _____ or Percentage: _____

Date: _____

MEMBERS INVESTMENT CHOICEI choose Option 1 below **OPTION 1**

I wish to elect the Life Stage Model and I acknowledge and understand that 100% of my Retirement Fund savings, i.e. my current Fund Credit and my future Fund Contributions to the Fund will be invested in the Life Stage Portfolio.

ORI 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		

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: _____

APPROVAL BY EMPLOYER

Employee: _____ Signature: _____

Branch Head: _____ Signature: _____

Department Head: _____ Signature: _____

ADMINISTRATION AND ENQUIRIES: Cape Municipal Pension Fund**STREET ADDRESS:** 18th Floor South Tower, The Towers, 2 Heerengracht, Cape Town, 8000 **TEL:** (021) 418 4140 **FAX:** (021) 418 4188**POSTAL ADDRESS:** PO BOX 62, Cape Town, 8000**EMAIL ADDRESS:** info@capefund.com**WEBSITE:** www.capefund.com