

The Combined Retirement Annuity Fund Application for membership

A. FUND/SCHEME AND MEMBER DETAILS (Please ensure that this form is completed fully and correctly to avoid unnecessary delays)					
Name of Fund	The Combined Retirement Annuity Fund				
Surname		Title			
First names					
Postal address					
Residential address					
Business Telephone number		Cell number			
ID / Passport Number		Email address			
Date of birth		Gender			
Occupation		Tax number			
B. NOMINATION OF BENEFICIARY					
Full Name of Dependant / Nominee	Contact No	Date of Birth	Relationship	ID Number/ Passport	% Benefit (Current)
Total percentage must equal					100%

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C. CONTRIBUTION AND OTHER FUND DETAILS

Contributions to be made to the fund annually, half-yearly, quarterly or monthly (this is not in any way binding on the application). Please tick the applicable block

Annually		Half-yearly	
Quarterly		Monthly	

Source of income
(to be used for contributions)

Are you a Politically Exposed Person?

☐ Yes

☐ No

Are you a Foreign Politically Exposed Person

☐ Yes

☐ No

Who referred you to CRAF

Are you a member of any other :

Retirement Annuity Fund

☐ Yes

☐ No

Pension or Provident Fund, if so please provide details

☐ Yes

☐ No

1. _____

2. _____

3. _____

Would you consider transferring your benefit from any of the other funds you belong to into The Combined Retirement Annuity Fund

☐ Yes

☐ No

D. DOCUMENTS TO BE ATTACHED TO THIS APPLICATION

1. Copy of id/passport

2. Proof of residence

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E. CONFIRMATION OF UNDERSTANDING THE RULES OF THE FUND

1. I understand and agree that in terms of the rules of the fund or any amendments thereto, that the rules shall be binding upon myself and those persons set out in the rules.
2. I understand the risk associated with the transfer from my current retirement annuity fund to The Combined Retirement Annuity Fund.
3. I confirm that, as this is a voluntary retirement saving, that there is no past service benefit, that will impact the fund.
4. I understand any potential prejudice due to the transfer from my current retirement annuity fund to The Combined Retirement Annuity Fund.

Signed at _____ on this _____ day of _____ 20____.

SIGNATURE OF APPLICANT

Disclosure of information

GQM and the fund understand privacy and the confidentiality of personal information. If required, we may disclose your personal information to 3rd parties. These 3rd parties are insurance and service providers who are involved in the delivery of products or services to you. The same strict confidentiality standards are imposed on 3rd parties. Signing of this form confirms acknowledgement and consent to the above. We will treat personal information with caution and have security measures in place to protect it. The information provided will be used for intended purpose only. Such purposes include fund and related communications. We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.