

**UNIVERSITY OF THE WITWATERSRAND RETIREMENT FUND (“the Fund”)  
MEMBERSHIP APPLICATION FORM**

First Name	
Last Name	
Identity / Passport Number	
Marital Status	
Gender	
Tax Reference Number	
Mobile Number	
Alternate Contact Number	
Email Address	
Physical Address	
	Code:

If you have had any injury , disease or disorder requiring treatment or medication during the preceding six months, please provide details below:

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**VOLUNTARY RISK BENEFIT ELECTIONS**

**SPOUSE’S PENSION UPON YOUR DEATH, PRIOR TO AGE 65**

Please tick the appropriate box below, to indicate your selection:

- I elect this benefit
- I do not elect this benefit

**CHILDREN’S PENSION UPON YOUR DEATH, PRIOR TO AGE 65**

Please tick the appropriate box below, to indicate your selection:

- I elect this benefit
- I do not elect this benefit

By signing this form, I acknowledge that I have been informed of the benefits offered by the Fund.

I understand that the above elections of benefits are irrevocable except that, within 30 days of the following happening:

- I may elect the spouse's pension benefit should I marry or re-marry. Similarly, I may deselect the benefit should I become divorced or widowed.
- I may elect the children's pension benefit should any children become eligible. Similarly, I may deselect the benefit should my children become ineligible.

Signed at \_\_\_\_\_ on \_\_\_\_\_ (date)

Employee signature \_\_\_\_\_

<b>TO BE COMPLETED BY THE EMPLOYER (HR OFFICER)</b>	
Date of joining the Fund (DD/MM/YYYY)	
Staff number	
Department	
<p>It is hereby declared that the above-mentioned employee is in the service of the University of the Witwatersrand, qualifies for membership and is to become a member of the University of the Witwatersrand Retirement Fund in terms of its Rules. It is further declared that the employee is not engaged in any duties involving special hazards, e.g. aviation, mining etc.</p> <p>HR Officer Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	