

**UNIVERSITY OF THE WITWATERSRAND RETIREMENT FUND (“UWRF”)
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:
<p>If you have had any injury, disease or disorder requiring treatment or medication during the preceding six months, please provide details below:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	
<p>VOLUNTARY RISK BENEFIT ELECTIONS</p> <p>SPOUSE’S PENSION UPON YOUR DEATH, PRIOR TO AGE 65 Please tick the appropriate box below, to indicate your selection:</p> <p><input type="checkbox"/> I elect this benefit</p> <p><input type="checkbox"/> I do not elect this benefit</p> <p>CHILDREN’S PENSION UPON YOUR DEATH, PRIOR TO AGE 65 Please tick the appropriate box below, to indicate your selection:</p> <p><input type="checkbox"/> I elect this benefit</p> <p><input type="checkbox"/> I do not elect this benefit</p>	

PREVIOUS PAID-UP BENEFITS

In terms of the Pension Funds Act, we request that you provide us with a list of paid-up membership certificates that you may have in respect of any previous retirement fund savings.

Should you wish, we can arrange to have these previous paid-up benefits transferred to the UWRF at no charge. This can be arranged by supplying the relevant paid-up membership certificates(s) to the Pensions Office at Wits. Please tick the relevant box below:

- I have no previous fund paid-up certificates.
- I have previous fund paid-up certificates but prefer to leave these paid-up in the original fund.
- I have previous fund paid-up certificates and would like these transferred to the UWRF. I will contact the Pensions Office.

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

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 _____

TO BE COMPLETED BY THE EMPLOYER (HR OFFICER)	
Date of joining the UWRF (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>	