

Instructions and information

1. This form must be completed by members joining the University of the Witwatersrand Retirement Fund.
2. We are collecting and processing your personal information for the purposes of providing services to you in connection with the Fund and its stakeholders, including services related to administering the Fund and your member record, providing you with information, obtaining information and elections from you, administering contributions and processing benefits.
3. The processing of your personal information is in your legitimate interests or because we have an obligation in law to do so. In addition, it is in the Fund's legitimate interests to process your personal information.
4. The personal information we collect from you is mandatory in that if you do not give it to us, we cannot provide you with information, obtain important information and elections from you, process your contributions, administer your benefit and pay benefits to you and your beneficiaries.
5. The Pension Funds Act and other legislation as well as regulatory standards require that we collect and process your personal information.
6. Certain categories of sensitive personal information (e.g. race, ethnicity, religious beliefs and sex life) may be revealed on documentation that we process in order to identify the recipients of benefits under the Fund (e.g. birth certificates, marriage certificates, driving licenses and passports). You may also decide to provide us with sensitive personal information voluntarily (e.g. when raising queries or making a complaint).

You may:

- ask us what personal information we hold about you;
- ask us for information about which third parties have access to your personal information;
- request us to delete or destroy your information if we are no longer authorised to keep it; object to us processing your personal information. Please use Form 1 in the Regulations to the Protection of Personal Information Act ("POPIA"), which is available on the Information Regulator's website (see website address below);
- ask us to correct or delete your personal information if it is inaccurate, irrelevant, excessive, out-of-date, incomplete, misleading or unlawfully obtained. Please use Form 2 in the Regulations to POPIA, which is available on the Information Regulator's website.

The Promotion of Access to Information Act ("PAIA") provides you with the right of access to information held by the Fund when you request information (under PAIA) so that you can exercise or protect your or another person's rights. If you want to make a PAIA request of the Fund, you must use the prescribed form - Form C. You can find Form C on this website: www.sahrc.org.za.

For more information, please request the Fund's PAIA Manual, which is available from the Pensions Office.

By signing this form, you, the member, acknowledge that you have been informed of the benefits offered by the UWRF and consent to:

- your personal information being processed and disclosed by us for these purposes and that this is in your legitimate interests;
- us processing your health information where your benefit relates to ill-health;
- us processing information about your criminal or alleged criminal behavior where the Fund is withholding or making deductions from your benefit due to your alleged fraud, theft, dishonesty;
- us processing information about your children and beneficiaries;
- us processing information about your sex-life, where this is relevant to your or your beneficiaries' fund benefits;
- us processing information about divorce and maintenance orders to which you are a party; and
- us receiving information about you and your minor children from the employer and the employer's agents and that it is in your legitimate interests to do so.

Complaints and queries

If you have complaints about the way in which we have used your personal information, you can lodge a complaint with the Information Regulator at: tel: 012 406 4818; fax: 086 500 3351; email: info@justice.gov.za; website: <https://www.justice.gov.za/info@>

Membership Application Form

WMA2023



MEMBER DETAILS			
Surname			
First Name			
Identity / Passport Number			
Date of Birth	DD/MM/YYYY		
Marital Status			
Gender			
Tax Reference Number			
Email address			
Physical Address			
			code
Postal Address			
			code
Mobile Number		Alternate Telephone Number	
If you have had any injury, disease or disorder requiring treatment or medication during the preceding six months, please provide details below:			

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

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 certificate(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.

If you have elected to transfer your paid-up benefits to the UWRF, please provide the Fund name of your paid-up benefit/s below:

1. _____
2. _____
3. _____

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WMA2023



DECLARATION BY THE EMPLOYEE

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 this		day of		20
Employee's Signature						

TO BE COMPLETED BY THE EMPLOYER (HR OFFICER)

Date of joining the UWRF	DD/MM/YYYY					
Staff number						
Department						
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.						
Signed at		on this		day of		20
Name of HR Officer						
Signature						