



NJMPF

KwaZulu-Natal Joint Municipal
Pension/Provident Funds

The Director

Natal Joint Municipal Pension Fund P.O. Box 33
WESTWOOD
3633

Dear Sir/Madam

ELECTION OF FUND MEMBERSHIP

| | | | |
|--------------|--|----------------|--|
| Surname: | | Initials: | |
| Identity No: | | Date of Birth: | |

| | |
|-------------------------|--|
| Employing Municipality: | |
|-------------------------|--|

- I hereby elect to become a member of the **Provident Fund**, at the following rate of member and employer contribution:-

| | | | |
|-----------------------|-------|--------|---------------|
| Member Contribution | 5% | 7% | *9.25% |
| Employer Contribution | 9.75% | 13.65% | 18% |

(Tick the box applicable to you)

- The South African Local Government Association (SALGA) has recommended that all new appointments only be allowed to join the Defined Contribution Fund (Provident Fund) with an employer contribution of 18%. The Fund therefore suggests that all newly appointed employees as a contractual term be put on the highest contribution rate, as recommended by SALGA.*

Your Anchor in Uncertain Storms



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| | |
|---|--|
| Signature of member | |
| Date of signature | |
| Signature of Witness (who has satisfied himself/herself as to the identity of the member) | |
| Telephone number: | |
| Cell phone number: | |
| Email address: | |
| Tax reference number: (no benefit is paid without it) | |

*Please attach a certified copy of your ID and a Beneficiary Nomination Form.

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