



APPLICATION FORM – NEW MEMBERS/TRANSFERS

A. EMPLOYEE

I, the undersigned,

FULL NAMES AND SURNAME: _____

IDENTITY NUMBER:

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GENDER: _____

(Certified copy of identity document attached hereto)

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

CONTACT NUMBER:

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I hereby apply to be a member of the Institute for Local Government Management Pension Fund with effect from _____

SIGNED AT _____ ON THIS _____ DAY OF _____

EMPLOYEE'S SIGNATURE

WITNESS

B. EMPLOYER

The EMPLOYER of _____

herein represented by _____
(FULL NAMES)

being duly authorised to sign this document, hereby confirms:

1. That the APPLICANT referred to in this document has been an employee of the aforementioned

EMPLOYER since:

Y Y Y Y M M D D

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2. That the EMPLOYER agrees to pay contributions in respect of the EMPLOYEE in terms of the Rules of the INSTITUTE FOR LOCAL GOVERNMENT MANAGEMENT PENSION FUND as follows:

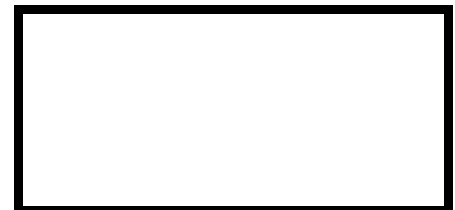
Contribution: Member 7.5%

Employer

10%	15%	18%
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SIGNED AT _____ ON THIS _____ DAY OF _____

ON BEHALF OF THE EMPLOYER



STAMP OF EMPLOYER



RETIREMENT FUND

NAME OF MEMBER : _____
DATE OF BIRTH : _____
PENSION NUMBER : _____
LOCAL AUTHORITY : _____

1. Please name your husband \ wife and any further spouses, or partner you consider to be your husband \ wife.
2. Please name all your children (including children born out of wedlock, and irrespective of their ages)
3. Name any other legal dependents, for example a divorced husband \ wife or a child from a previous marriage for whom you pay maintenance.
4. Name any other person (s) whom you maintain or whom you wish to receive benefits

SURNAME	NAME	DATE OF BIRTH	RELATIONSHIP

PLEASE ADDRESS ANY SPECIAL COMMENTS HEREUNDER, OR IN A SEPARATE LETTER, AND ATTACHED HERE.

IF YOU ESTABLISHED A TESTAMENTARY TRUST, PLEASE ATTACH A COPY OF THE RELAVANT PART OF YOUR WILL.

I REQUEST THE MANAGEMENT COMMITTEE OF THE FUND TO TAKE MY WISHES AS SET OUT HEREIN INTO CONSIDERATION WHEN PAYING DEATH BENEFITS IN TERMS OF THE RULES OF THE FUND.

EMPLOYEE'S SIGNATURE

DATE

AS WITNESSES:

EMPLOYER SIGNATURE

DATE

PLEASE NOTE: that it is the Fund's policy to strictly comply with the Rules of the Fund and Section 37C of the Pension Funds Act when distributing death benefits.



STAMP OF EMPLOYER