



KELLY GROUP FLEXIBLE PROVIDENT FUND
Application and Nomination of Beneficiary Form

FOR INTERNAL USE:			
Co. Code	<input type="text"/>	Branch Code	<input type="text"/>
Associate no.	<input type="text"/>	Consultant	<input type="text"/>
Branch Manager Signature		<input type="text"/>	

My personal details

First Names	<input type="text"/>	Surname	<input type="text"/>
Identity Number	<input type="text"/>	Date of Birth	<input type="text"/>
Employee No.	<input type="text"/>	Employer	<input type="text"/>
Contact Tel No.	<input type="text"/>		
Postal Address:	<input type="text"/>	Code	<input type="text"/>

Are you currently a member of a provident fund?

Yes	<input type="text"/>	No	<input type="text"/>
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If so, what is the name of the fund?

Choose your plan

Start Date:

Choose from either Option 1 or Option 2 by ticking the appropriate box:

Tick √		Monthly Premium	Weekly Premium	Total R per month	Total R per week
<input type="checkbox"/>	OPTION 1	R50.00 minimum R199.99 maximum	R12.50 minimum R49.99 maximum	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	OPTION 2	R200.00 minimum No maximum limit	R50.00 minimum No maximum limit	<input type="text"/>	<input type="text"/>

The minimum lump sum payment is R3 000.

If you wish to make a single premium at your start date, please indicate amount:

R

Nomination of Beneficiary/ies

In the event of my death, I wish Hollard to pay my provident fund benefit to the following beneficiary/ies:

Surname	First Name	Date of Birth	Relationship	% per Beneficiary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

Having elected to join the Kelly Group Flexible Provident Fund, I hereby irrevocably authorise my employer to deduct from my salary the contribution so elected by me. I fully understand that my circumstances may change. I accept the responsibility of advising my Employer should any changes be made. I further understand that my contribution will automatically increase by a minimum of 5 percent, annually on the 1st March. I further declare that I am not currently a member of another provident/pension fund including a bargaining council fund. In the event of your death the Trustees will make every effort to trace your dependants in terms of Section 37c of the Pension Fund Act, who are first and foremost entitled to any benefit under the Fund.

Signed at **on this** **day of**

Name **Signature**