

MANDATE OF AUTHORISED PERSON(S) AND SIGNATORIES

EMPLOYER NAME

SECTION/DIVISION NUMBER

Important Notes

- The Authorised Signatories refer to the persons who have been authorised by the employer to represent the employer in various matters by their signatures.
- If possible, please ensure that a Primary Signatory is provided as well as a Secondary Signatory in the event of the Primary Signatory not being available.
- As soon as you are aware of a change in signatory, please complete and forward a replacement form (with all the authorised person(s) and signatories to the Administrator (SA Quantum). This will become the latest form and will supersede any other list of authorised signatories that has been provided to the Administrator in the past.
- The Employer accepts full and complete responsibility for the accuracy and integrity of all instructions to the Administrator.

A. Primary Signatory (Super User)

Full Name

ID/Passport Number

Telephone No. Cell No. Email

Home Address

_____ Postal Code _____

Postal Address (if different from home)

_____ Postal Code _____

The participating employer named above hereby authorises the above mentioned person listed under section A to prepare and submit all relevant information relating to the retirement fund on their behalf. These declarations and submissions are made pursuant to the requirements of the Pension Funds Act and any other applicable laws that may also be in force.

The authorisation shall apply to the following processes:

• Monthly Contribution Schedules (<i>electronic submission via email</i>)	
• Benefit Statements	
• Certificates of Membership	
• New Entrant Forms	
• Quotation Requests	
• All Member Claim Forms	
• All Members Personal Information / Static Changes	
• All Member Nomination of Beneficiaries Forms	

Specimen Signature

B. Secondary Signatory (User 1)

Full Name

ID/Passport Number

Telephone No. Cell No. Email

Home Address

 Postal Code

Postal Address (if different from home)

 Postal Code

The participating employer named above hereby authorises the above-mentioned person listed under section A to prepare and submit all relevant information relating to the retirement fund on their behalf. These declarations and submissions are made pursuant to the requirements of the Pension Funds Act and any other applicable laws that may also be in force.

The authorisation shall apply to (but is not limited to) the following processes:

• Monthly Contribution Schedules <i>(electronic submission via email)</i>	
• Benefit Statements	
• Certificates of Membership	
• New Entrant Forms	
• Quotation Requests	
• All Member Claim Forms	
• All Members Personal Information / Static Changes	
• All Member Nomination of Beneficiaries Forms	

Specimen Signature

***A certified copy of the authorised person(s) ID / Passport must accompany this form**

***If more than 2 signatories are required, kindly reprint page 2, complete and amend the page numbers accordingly**

There are three levels of access if required by the employer. Mainly capturing, authorisation and view only. The **'Primary Signatory'** of the employer authorises the level of access that each user will have:

User 1	User 2	User 3	User 4
<input type="checkbox"/> All changes	<input type="checkbox"/> All changes	<input type="checkbox"/> All changes	<input type="checkbox"/> All changes
<input type="checkbox"/> View only	<input type="checkbox"/> View only	<input type="checkbox"/> View only	<input type="checkbox"/> View only
<input type="checkbox"/> 2 nd authoriser for claims	<input type="checkbox"/> 2 nd authoriser for claims	<input type="checkbox"/> 2 nd authoriser for claims	<input type="checkbox"/> 2 nd authoriser for claims
<input type="checkbox"/> 2 nd authoriser to confirm contributions	<input type="checkbox"/> 2 nd authoriser to confirm contributions	<input type="checkbox"/> 2 nd authoriser to confirm contributions	<input type="checkbox"/> 2 nd authoriser to confirm contributions

C. Employer Authorisation (Senior Partner/Director)

Full Names

Designation

Signature

Please e-mail the completed documentation to your administrator at CIRBF@SAQuantum.co.za where your form will be captured and stored.

Disclaimer

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Southern Africa Quantum Employee Benefits will take all reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy.