



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.*

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.