

Acumen Pension / Provident Fund Employer Application

Please tick the corresponding box below to indicate which fund this application applies to.

Acumen Pension Fund - FSB Registration Number 12/8/35289 SARS Approval Number 18/20/4/39936

Acumen Provident Fund - FSB Registration Number 12/8/35286 SARS Approval Number 18/20/4/40752

Employer Details	
Employer name	
Employer physical address	
Employer postal address	
Name of contact person at employer	
Contact telephone numbers	
Contact e-mail address	

Servicing Details			
Participation date			
Services required	Description	Yes / No (Y/N)	Service Provider
	Administration	Y	Robson Savage
	Employee benefits consulting (including insurance broking)		
	Individual financial advising		
	Investment consulting		
	Risk insurance		
Responsible for rule drafting	Robson Savage		
Responsible for death benefit distribution investigations	Employer, assisted where necessary by Robson Savage		
Number of management committee meetings per annum	Minimum of 1 and more if required		
Special reporting requirements			
Member communication	Annual member benefit statements Member booklet Required member communication as agreed		

Employer specific fund details		
Eligibility conditions		
Early retirement age		
Normal retirement age		
Categories of membership		
Fund salary		
Contribution rates (Costs are/are not included in employer contribution rates)	Employer	
	Member	
Insured risk benefits (Brief description of benefits)	Group life	
	Income disability	
	Funeral	
Financial advisor (FA) details:		
FSP company name		
FSP number		
FA Name and Surname		
FA Identification number		

FA contract number	
FA email address	
FA physical address	
Broker code	
Investment details:	
Investment manager:	Wealth Growth Investment Management (Wealthgrowth Investment Management (Pty) Ltd.) Financial Services Provider Number 46007.
Investment portfolios:	Wealth Growth Investment Management Balanced Conservative <input type="checkbox"/> Wealth Growth Investment Management Balanced <input type="checkbox"/> Wealth Growth Investment Management Balanced Growth <input type="checkbox"/>
Member choice (yes or no)	
Costs Summary at inception: (All costs will be reviewed regularly)	
Fund levy (consisting of annual fund costs such as FSB Levies, audit fees, valuation fees, trustee fees etc.)	R per member per month
Administration (exclusive of VAT)	R per member per month
Financial advisor up front commission (once off) (exclusive of VAT)	% of assets
Financial advisor commission (exclusive of VAT)	% of assets per annum, paid monthly
Investment Portfolio Management Fee (exclusive of VAT)	1 % of assets per annum, paid monthly / no performance fee
Group Life premium	% of monthly fund salary

Income disability benefit premium	% of monthly fund salary
Funeral premium	R per member per month
Other Information	
Do assets from another fund need to be transferred to this fund?	
Describe any special features, problems, issues that will need to be addressed as part of the take-on and running of this group	
Please provide any other information that will assist Robson Savage to efficiently take on the client and meet service expectations?	

I confirm that:

I am an authorised representative of _____

a licensed Financial Services Provider, and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002, to the investor.

I have established and verified the identity of the investor (being the employer) in accordance with the Financial Intelligence Centre Act, No. 38 of 2001, and will keep records of such identification and verification according to the provisions of that Act.

I have explained all fees that relate to this investment to the investor and I understand and accept that the investor may withdraw his/her authority for payment to me in writing to the fund.

Financial Adviser signature: _____ Date: _____

We, represented by , , duly authorised, hereby make application to become a participating employer in the fund in accordance with the general rules of the fund, the employer’s special rules and this application.

We understand that a condition of participation in the fund is that there must always be an appointed employee benefits consultant and investment consultant and therefore we further undertake to notify the fund board immediately, of any changes to these appointments.

We further confirm that we understand all services, accountabilities and fees disclose by all providers listed in this agreement and hold each provider responsible for any breach of their agreement directly.

Signed on behalf of the participating employer

Name: _____

Designation: _____

Date: _____

Signed on behalf of the Acumen Pension / Provident Fund

Name: _____

Designation: _____

Date: _____

Kindly return the completed form and all supporting documentation to wgim@robsav.com