**PENSION MEMBER ENROLLMENT FORM PLEASE TYPE OR WRITE IN BLOCK CAPITALS**

**Last Name: First Name: M.I. Gender:  Female Male**

**DOB: ( dd /mm /yyyy) TRN: Employee No.: Marital Status:**

**Mailing Address: Contact No: ( ) -**

**Email Address:**

**Member’s Beneficiary Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BENEFICIARY NAME | RELATION | DOB | % | TRN | ADDRESS | CONTACT NO. |
|  |  | **(dd/mm/yyyy)** |  |  |  |  |
|  |  | **(dd/mm/yyyy)** |  |  |  |  |
|  |  | **(dd/mm/yyyy)** |  |  |  |  |
|  |  | **(dd/mm/yyyy)** |  |  |  |  |
|  |  | **(dd/mm/yyyy)** |  |  |  |  |
| **PLEASE NOTE**: The beneficiaries listed above are deemed to be revocable beneficiaries unless otherwise stated. If any of the beneficiaries are under 18 years of age, an adult must be appointed as trustee. |
| TRUSTEE NAME | TRUSTEE FOR | ADDRESS | TRN | CONTACT NO. |
|  |  |  |  |  |
|  |  |  |  |  |

As provided by the Trust Deed and Rules governing the Pension Plan, I authorize my Employer to deduct from my earnings the contributions stipulated below, up to the maximum allowed by law from time to time.

1) Basic Contributions (Minimum rate for participation in the plan)

2) Optional Contributions (additional contributions into the plan)

I hereby instruct my Employer that in the event of my death all proceeds, payments or benefits which become due, be paid to the person(s) named above under “Member Beneficiary Information” and reserve for myself the right to change my instructions by informing my Employer in writing and completing the Appointment of Beneficiary Form provided by EBA Ltd.

I hereby certify that the information provided is correct to the best of my knowledge and confirm that I understand the conditions as stated on this form.

Signature of Employee: Date:

|  |
| --- |
| **FOR EMPLOYER’S USE ONLY** |

dd/mm/yyyy

Company Name: Employment Date:

dd/mm/yyyy

Plan Number: Plan Entry Date:

Division: HR Representative/Trustee:

Company Stamp:

Remarks: