



The completed form together with the required supporting documents (refer to Checklists) are to be sent to the Fund:

FAIRSURE ADMINISTRATION |  kznmunicipalpensionfund@fairsure.co.za |  PO Box 8417, Roggebaai, 8012

1 Important notes

- This form consists of 3 pages, part 1 – 4, sections A – D which must be read and completed by the member.
- The completed form (i.e. ALL sections), together with the required supporting documents, as stipulated in the Checklist and form hereinafter, are to be submitted to the Fund by the Member.
- This switch form is to be completed in its entirety – if a question is not applicable, please mark “N/A” or “Unknown”.
- Information can be completed by hand or electronically.
- For any queries, please contact Fairsure Administration on  086 000 4400 or  kznmunicipalpensionfund@fairsure.co.za

2 Protection of Personal Information (POPI) Act Notice

- Personal Information received through this form, by KZN Municipal Pension Fund/Fairsure Administration shall be treated as confidential and protected information and will not be disclosed unless required by law or in the ordinary course of the proper performance of Fairsure Administration’s duties, included and not limited to:
 - Assessment and processing of claims
 - Tracing beneficiaries
 - Verifying your identity
- We may share your information for further processing with third parties, to which third parties have an obligation to keep your Personal Information secure and confidential.
- KZN Municipal Pension Fund/Fairsure Administration shall comply with the Protection of Personal Information Act, 2013 (POPIA), regulations, its Data Protection Policies and all other laws and procedures relating to the storage, privacy, processing, handling and the destruction of Member’s and Claimant’s Personal Information.
- All applicable laws, regulations, policies, and procedures will be complied with, even as they change with time.
- The appropriate and reasonable technical and organisational measures to prevent the loss of damage to or unauthorised destruction of Data and the unlawful access to or Processing of Data will be taken by KZN Municipal Pension Fund/Fairsure Administration.
- Industry Best Practice for the protection, control, and use of Data standards of compliance will be met, even as they change with time.
- Once the personal information received, has been processed for the purpose it was obtained, it will be kept secure, in accordance with the retention policy and thereafter destroyed in accordance with all Data protection laws.
- KZN Municipal Pension Fund/Fairsure Administration warrants that its agents and any other person/s accessing Personal Information on its behalf are reliable and trustworthy and have received the required training on POPIA relating to the Protection of Personal Information.

3 Checklist

DOCUMENTS REQUIRED IN RESPECT OF THE ANNUITANT

Supporting documents – not older than three months:

- Copy of Members ID
- Copy of Spouse ID
- Copy of Birth Certificate/ ID of dependent children
- Member’s marriage certificate
- Completed release of obligation
- Medical aid deduction
If ‘yes’ name of medical aid _____

Yes ☐	No ☐
Yes ☐	No ☐
Yes ☐	No ☐
Yes ☐	No ☐
Yes ☐	No ☐
Yes ☐	No ☐

Administered by:



Fairsure
ADMINISTRATION

Fairsure Administration (Pty) Ltd is an authorised financial services provider (FSP No. 19023)

4. TO BE COMPLETED BY THE MEMBER

A Member Details

Title:		Initial(s):		Surname:	
First name(s):				Gender:	Male ☐ Female ☐
Date of birth (YYYY/MM/DD):		RSA ID:	Yes ☐ No ☐	ID/Passport number:	
Residential address:					
	Code				
Postal address:					
	Code				
Contact number:		Alternative contact number			
Email address:					

B Draw Down Election by Member

Annual Draw Down Percentage or, %

Annual Draw Down Amount R

According to current legislation, the chosen Draw Down Percentage or Draw Down Amount must be between 2.5% and 17.5% of the value in your Pension Account.

Your monthly pension payments will be directed to the banking details you provided on the Retirement Notification Form at the time of your retirement. If you need to update this information, please notify the fund.

C Declaration

Member Declaration:

I, _____, in my capacity as the member _____, hereby declare:

- That I am duly authorised to make this declaration;
- That I understand the risk profile of the investments I have chosen;
- That I have had advice where appropriate;
- That all details furnished in this form, and accompanying documentation, to the best of my knowledge, is true and correct, and that no material information has been omitted or withheld;
- That I have an obligation to inform KZN Municipal Pension Fund/ Fairsure Administration should any information change, or any new information become available.
- That by signing this form I understand that no amendments can be made to my selection above until the next anniversary date or if requested to do so by the Trustees of the Fund at any point.

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Signed at: _____

Date (YYYY/MM/DD): _____

Signature of the Member: _____