



AUTHORISED SIGNATORIES

NAME OF RETIREMENT SCHEME:

I hereby confirm that the following persons are authorised to act on behalf of the company with regard to transactions relating to the above named fund:

Name of employer/paypoint: _____

*Full names: _____ Designation: _____

*Identity number:

*Contact details: Tel: _____ Fax: _____ Email: _____

*Authorised to sign and submit: Withdrawal form: Retirement form: Death form

Disability forms: Other (please specify): _____

Specimen signature: _____

Name of employer/paypoint: _____

*Full names: _____ Designation: _____

*Identity number:

*Contact details: Tel: _____ Fax: _____ Email: _____

*Authorised to sign and submit: Withdrawal form: Retirement form: Death form

Disability forms: Other (please specify): _____

Specimen signature: _____

Employer's stamp

Authorised signature _____

Designation **Financial Director / Head of Human Resources**

Date _____

- Notes:**
1. An original certified copy of the nominated authorised signatory's identity document must be attached to this form.
 2. As soon as you are aware of a change in signatory (ies), please notify Alexander Forbes by completing and forwarding this form to the contact details as specified in the administration manual.
 3. This is the latest form and it replaces / supercedes any other list of authorised signatories that has been provided to Alexander Forbes in the past.
 4. Please ensure that a primary signatory is provided as well as a back-up signatory in the event of the primary signatory not being available
 5. The employer accepts full and complete responsibility for the accuracy and integrity of all instructions to Alexander Forbes.