



APA LIFE UMBRELLA RETIREMENT FUND MEMBER APPLICATION FORM

SECTION 1: MEMBER DETAILS

Title: Mr. ☐ Mrs. ☐ Miss. ☐ Prof. ☐ Dr. ☐ Other:

Surname: Other Names:

ID/Passport Number (attach copy of ID): PIN Number (attach copy of PIN):

Date of Birth: Gender: M ☐ F ☐ Marital Status:

Telephone Number: Email Address:

Employers Name:

HOME ADDRESS

P.O. Box:

Postal Code:

Town/County:

SECTION 2: PLAN DETAILS

Date of Joining Scheme: Date of Employment:

RETIREMENT AGE

Early: Normal:

CONTRIBUTION PAYMENT FREQUENCY

Monthly: Quarterly:

Annually: Transfer:

Other (Specify):

MODE OF CONTRIBUTION PAYMENT

Cash: Standing Order: Check-Off: Direct Debit Instruction:

Other (Specify):

INITIAL CONTRIBUTION

Tax Exempt Contribution	+	Non-Tax Exempt Contribution	=	Total Contributions
<input type="text"/>		<input type="text"/>		<input type="text"/>

SECTION 3: BENEFICIARIES' DETAILS

Beneficiary Name	Date of Birth	ID Number	Percentage (%)

In case of a minor (less than 18 years of age), indicate the name of the guardian.

Attach copies of ID(s)

SECTION 4: DECLARATION

I certify that the information given above is complete and accurate. It shall form part of my application to participate in this scheme. I also do hereby agree to be bound by the rules of the scheme.

Name:

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Verified By: *(to be completed by employer)*

Name:

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



SECTION 7: FOR OFFICIAL USE

Clients' details received and verified by:

Name:

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---