



GA LIFE PERSONAL PROVIDENT PLAN MEMBERSHIP APPLICATION FORM

We, the below detailed Applicant, hereby apply for membership to the GA Life Personal Provident Plan ("the Scheme") as a Contributing Employer with respect to our Employees as detailed under Appendix A attached to and forming part of this Application Form.

SECTION A: APPLICANT DETAILS

Full Name _____

Physical Address _____

Postal Address _____

Telephone Number _____

Key Contact Person Name _____

Key Contact Person Mobile Number _____

Key Contact Person Email Address _____

SECTION B: CONTRIBUTING EMPLOYER CONTRIBUTIONS

Mode of Contributions Monthly

Amount of Contributions ____ % of Monthly Gross/Basic (Tick on applicable) Salary

Commencement Date of Contributions _____

Method of Contributions Cheque, Bank Transfer (Tick on applicable)

In accordance with the Scheme Rules, we hereby opt to vest our Contributing Employer's contributions as follows:

Less than one Year of Pensionable Service 100%

SECTION C: CONTRIBUTING EMPLOYER'S EMPLOYEE CONTRIBUTIONS

Mode of Contributions Monthly

Amount of Contributions ____ % of Monthly Gross/Basic (Tick on applicable) Salary

Commencement Date of Contributions _____

Method of Contributions Cheque, Bank Transfer (Tick on applicable)

SECTION D: DECLARATION (TO BE SIGNED BY THE APPLICANT)

We, the above named Applicant, hereby agree to:

- (a) remit the above detailed Contributions directly to the Scheme effective the commencement date of contributions (stated above) for all Employees detailed under Appendix A enclosed hereto and any new Employees joining our employment so long as they are entitled to this benefit in accordance with our Company HR Policy until the said Employees leave our service of employment.
- (b) be bound by the Scheme Trust Deed & Rules and any changes thereto together with every person whose claim upon the Scheme is derived from us and with the terms & conditions of all contractual agreements between the Scheme and service provider(s) to the Scheme.

Name of the Authorised Officer

Signature

Employer's rubber stamp

Date

DOCUMENTS REQUIRED TO BE ATTACHED TO THIS APPLICATION FORM:

- ✓ Copy of Employer's Certificate of Incorporation
- ✓ Copy of Employer's PIN