NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

NEW ASSOCIATE MEMBERSHIP APPLICATION FORM (Retired members)

PLEASE RETURN TO **: NAPTOSA (add province name based on selection)**

Email address : ***Based on selected province*** **Telephone number :** ***Based on selected province*** **Fax number :** ***Based on selected province***

Please complete the fields provided. NAPTOSA is POPI compliant and by submitting this membership update form you consent to NAPTOSA collecting and updating your personal information. Click ***here*** *for our Privacy Notice or go to www.naptosa.org.za*

Surname																								
First names (in Full)																Title				Initials				
ID / Passport Number															Date of birth									
Cell phone no																								
Personal Email address																								
Home address																								
																			Code					
Date of retirement	Y	Y	Y	Y	M	M	D	D	***NAPTOSA will always keep you updated with relevant, reliable information. Should you not require such information please unsubscribe.***															

The Associate fee is R150 per annum payable in advance, within 3 months from retirement and thereafter annually before the end of February of each year. The fee is subject to change, which will be communicated in advance.

Please Note: If we do not receive your Annual Associate Subscription fee **before the end of February of each year you will not be covered by the Funeral Benefit Scheme.** The annual fee may not be pro-rated for a shorter time period. The full amount is payable upon becoming an Associate and in the year that you cease to be an Associate.

NAPTOSA FUNERAL SCHEME BENEFICIARY NOMINATION

Please note that this form includes your Funeral Beneficiary nomination and by signing the form you declare that you understand that this beneficiary nomination cancels all previous nominations, if any, that you have made with respect to the NAPTOSA Funeral Scheme payable by Momentum.

I hereby nominate the following person as the beneficiary of my NAPTOSA Funeral benefit in the event of my death: ***(NOTE: The Funeral Benefit will be paid into your estate if we do not have a valid Beneficiary Nomination form)***

Main Beneficiary Details:	First name																	Title						
Surname																								
ID/ Passport number															Date of birth									
Relationship	Spouse / Life Partner		Child		Step-child		Parent		Brother/ Sister		Friend		Aunt/ Uncle		Niece/ Nephew									
Contact telephone no																								
Personal Email address																								

In the event that the main beneficiary nominated above has passed away before the effective date of my death, they will be excluded from receiving the portion he/she was nominated to receive, and the following nominated beneficiary will receive any benefits payable:

Secondary Beneficiary Details:	First name																	Title						
Surname																								
ID/ Passport number															Date of birth									
Relationship	Spouse / Life Partner		Child		Step-child		Parent		Brother/ Sister		Friend		Aunt/ Uncle		Niece/ Nephew									
Contact telephone no																								
Personal Email address																								

If your circumstances change, for example you get married or divorced or have a child or a nominated beneficiary dies, and you want to change your beneficiary, you must complete a new nomination form.

The Funeral Scheme Benefit ceases on the date of your 70th birthday

Please send the completed form and annual proof of payment to the Provincial Office above with the following payment reference: "Your name&surname + Associate" OR your "NAP number + Associate"

NAPTOSA "Province Name"	Bank name:															Bank code								
Current bank account number:																								

By signing this form, or inserting my digital signature, I confirm that the information provided is true and correct.

Applicant's signature		**Date**	Y	Y	Y	Y	M	M	D	D

Print and sign the form OR click "here" to see how to create and insert your digital signature. Unsigned and / or incomplete forms will not be accepted.

For office use	**N**	**A**	**P**							**Date Uploaded to Q LINK**														