

WEB ACCESS REQUEST

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable AcraVest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

The employer hereby selects and authorise AcraVest to grant access to:

Employer Broker

We hereby nominate the following person/s to have full web access to all member and fund information:

EMPLOYER ACCESS 1

Full names

Surname

ID or Passport number (if foreign national)

Designation

E-mail address

EMPLOYER ACCESS 2

Full names

Surname

ID or Passport number (if foreign national)

Designation

E-mail address

BROKER ACCESS

Full names

Surname

ID or Passport number (if foreign national)

E-mail address

AUTHORISATION

Signed at on this day of 20

Full names

Surname

ID or Passport number (if foreign national)

Designation Date

Authorised Signature

Company Stamp