CONTRIBUTION SCHEDULE

FUND NAME:	**FUNDWISE GROUP PENSION / PROVIDENT FUND**
EMPLOYER:	
PAY POINT:	
MONTH-END:	31 January 2010
Membership Category:	**PLEASE COMPLETE A SEPARATE CONTRIBUTION SCHEDULE FOR EACH MEMBERSHIP CATEGORY**
EFT Deposit Reference:	

Surname	First Name	Other Names	Tax Number	System No.	Member No.	Pay Point	DOB	Identity Number	Date Joined Fund	GENDER	Date Joined Co.	Annual Salary	Monthly Salary	Contribution Rate Employee % 0.00% EE Cons	Contribution Rate Employer % 0.00% ER Cons	Member's AVC's RAND AMT	Insert % in Columns to the left Comment - See Notes below
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
												0.00	0.00	0.00	0.00	0.00	
Total No of Members	**0**							**Total Salaries and Contributions:**				**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**TOTAL DUE: 0.00**

NOTES:

1. Please use a separate Spreadsheet for each Membership Category in terms of your Special Rules, and for Maternity Type absence where ONLY Risk Premiums and Fund Costs are payable.

2. If additional rows are required please insert rows between Line 10 and 34 as required and copy paste formulae under EE Cons and ER Cons.

3. Comments Column: E.G. No Contribution / Short payment due to : Maternity; Sick leave; Unpaid leave; Potential Disability; Death; Resignation/Withdrawal; Retrenchment.

*4. Please ensure **correct Bank Account** is used as the Pension Fund and Provident Fund Accounts differ.*

STRIKE OUT WHICHEVER BANK ACCOUNT IS NOT APPLICABLE

Account Holder:	Fundwise Group **Pension** Fund	Fundwise Group **Provident** Fund
Account Number:	05 123 326 6	05 123 314 2
Account Type:	Current	Current
Bank:	Standard Bank	Standard Bank
Branch:	Musgrave Road	Musgrave Road
Branch Code:	04 26 26 10	04 26 26 10
EFT Deposit Reference:	EFT Deposit Reference:	EFT Deposit Reference:

Authorized Financial Services Provider FSP No. 5538

103 Clifton Place, 1st Floor, 19 Hurst Grove, Musgrave

PostNet Suite 163, Private Bag X10, Musgrave Road, 4062

Tel: +27 (31) 277 0100 Fax: +27 (31) 201 0812

E-MAIL : admin@fundwise.co.za

Total banked:		**0.00**
Difference:		0.00
Reason for difference:		