



Liberty Corporate - A division of Liberty Group Limited (Reg. No. 1957/002788/06)
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Statement of Admission of Liability

(For the purpose of deductions in terms of Section 37D(1)(b)(ii)(aa) of the Pension Funds Act. This form applies in instances where fraud, theft or dishonesty resulted in damage caused to the Employer.)

We are required in terms of various laws and for contractual purposes to share, collect and process your Personal Information (PI). Your PI is collected and processed by our colleagues, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

Declaration

I, _____ (Person's Full Name)

acknowledge and accept that Liberty may process my Personal Information (PI) and special PI to process any claim for benefits. I authorise Liberty, its subsidiaries and contracted third-party service providers, to process my PI and special PI.

By submitting any of my PI or special PI to Liberty in any form, I acknowledge that such conduct constitutes a voluntary consent to process my PI in accordance with the Protection of Personal Information Act, 4 of 2013 ("PoPIA"), which consent shall remain in force until Liberty receives a written objection from me or the Employer to delete my PI. Liberty may, however, keep my information for the period as otherwise required in terms of any applicable law.

I authorise Liberty to share my PI and special PI with their contracted third-party service providers for this application or in any related policy or other document, either directly or through a database at any time and to validate and supplement the information you have provided to us.

I, _____ (Full Names)

ID number _____ state that I am an adult Male Female residing at

Physical _____

address _____ Postal Code _____

to my knowledge, the facts in this statement are true.

I was employed by _____ (Full Name of Employer) ("my Employer")

a participating Employer in the fund _____ (Full Name of Fund) ("the Fund"),

which I was a member of during my employment.

- 1) I admit that my conduct detailed below was unlawful and intentional which resulted in my Employer having suffered a loss or damages for which I am personally liable.

(Please describe the fraud, theft or dishonesty in detail. For example, "On dd/mm/yyyy, I stole R1 000.00 from my Employer by forging cheques received from my Employer's clients. I deposited this money into my personal bank account for my own use and benefit.")

- 2) My unlawful and intentional conduct caused my Employer to suffer a loss or damage to the amount of R

- 3) Due to my termination of employment, I have now become entitled to a withdrawal/retirement/pension benefit and acknowledge that the Fund is entitled to deduct the amount as specified above from my benefit and I accordingly authorise the Fund to pay it to my former Employer as compensation.

- 4) This statement is a written admission of my liability to my Employer for the compensation that is payable by me. I understand that this compensation is in terms of Section 37D(1)(b)(ii)(aa).

- 5) I confirm that I made this statement freely and voluntarily.

Signed at _____ on this _____ day of _____ 20 _____

 Member Signature

 Witness Signature

 Witness Name

Please note that in the event of any modification or variation of this standard form, Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms. Complete all forms in black ink. Keep all documents handed to you.**