



In association with **Hollard.**

# PROPOSAL FORM Trustee Liability

**Hollard.**

Underwritten by The Hollard Insurance Co. Ltd,  
an authorised Financial Services Provider

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Please answer **ALL** questions completely  
 Should any question or part thereof not be applicable, please state "N/A"  
 Should insufficient space be provided, please continue on your company letterhead

**Please include the latest Audited Financial Statements**

1. Name of Insured \_\_\_\_\_
2. Name of Fund \_\_\_\_\_
3. Address of Fund / Head office \_\_\_\_\_
4. VAT Number \_\_\_\_\_
5. Company Website \_\_\_\_\_
6. Country of registration \_\_\_\_\_
7. Total market value of all funds \_\_\_\_\_

8. Is any fund in the process of being wound up or merged with another fund 

Yes		No	
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*If **YES**, please provide full details (including the date final disbursement of all funds are expected)*


9. Total assets of the fund 

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10. Is the Fund: Fully funded, shortfall, underfunded etc.  

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11. Number of Contributors to the fund 

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12. Average monthly contributions  

Employees		Company	
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13. Average monthly outflows 

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14. Is the fund self-administered 

Yes		No	
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*If **NO**, who are the administrators of the fund and for how long*

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## PENSION / PROVIDENT / RETIREMENT FUND DETAILS

1. Specify what type of fund is provided - Defined Benefit / Defined Contribution / Other


2. Number of members Active / Deferred / Retired:

Active	Deferred	Retired

3. Does the fund comply with the Minimum Funding Requirement

Yes		No	
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*If **NO**, provide full details as to why and when it will ensure compliance within the statutory timescales*

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4. What was the date of the latest Annual Funding Certificate signed by the fund actuary

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5. Who provides the following services to the Funds and how long have they been providing these services

	Name	Duration
Custodian		
Administrator		
Investment Manager		
Legal Advisor		
Actuary		

6. Are all of the above appointed or approved by the Trustees and are there written contracts in place

Yes		No	
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7. Do these service providers carry their own fidelity and professional indemnity insurance

Yes		No	
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8. Does the Investment Manager possess full investment discretion

Yes		No	
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9. USA funds: Please provide full details on any USA Funds

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10. Please confirm that at this point in time, the funds are compliant with all local regulations and laws pertaining to Pension / Provident / Retirement funds.

Yes		No	
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11. Please provide a copy of the latest Actuarial Report on the fund/s where legally required to be assessed by an actuary

## TRUSTEES

1. Number of Trustees \_\_\_\_\_

2. Length of service as Trustees \_\_\_\_\_

3. Confirm that one third of the Trustees are nominated and selected by the members of the fund

Yes		No	
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4. Are procedures in place to assess the suitability of persons appointed to act as Trustees

Yes		No	
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## CONTROL PROCEDURES

1. Have any significant recommendations have been made about internal systems by either internal or external auditors Please explain in detail

2. Is the Fund / scheme(s) subject to internal audit

Yes		No	
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a. How often are procedures reviewed

b. Who receives the report/s

c. Have all recommendations been implemented

Yes		No	
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3. How frequently do the Trustees meet

4. Is dual control required for:

a. Signing cheques

Yes		No	
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b. Disbursement of assets or funds of the Fund / Scheme

Yes		No	
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c. Investment in and custody of securities and other like valuables

Yes		No	
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5. What procedure is used to issue and authorise fund transfer instructions  
*Please provide full details on a separate attachment, include format, bank acknowledgment and confirmations*

6. Does the Pension Scheme enter into any stock lending activities

Yes		No	
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*If YES, what procedures are in force to ensure the authenticity of the other parties and to ensure the return of original stock*

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7. Are passwords used to afford varying levels of entry to the computer system

Yes		No	
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8. Are these regularly changed when there is any turnover in personnel

Yes		No	
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## MANAGEMENT / INVESTMENT

1. Are all assets held in custodianship independently from the employer company and investment manager

Yes		No	
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2. Confirm that any self-investment in the employer company by any fund DOES NOT exceed 5% of fund

Yes		No	
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## INSURANCE & LOSS DETAILS

1. Has there OR are there any pending claims or legal proceeding against any Trustee, Director, Officer, Partner or Employee, or against the Employer Company or Corporate Trustee Company or any subsidiary arising out of any retirement fund

Yes		No	
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*If YES, please provide full details*

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2. Is the proposer aware, after enquiry, of any circumstances, incident or investigation which may give rise to a claim

Yes		No	
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*If YES, please provide full details*

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3. Has any similar trustee insurance or fidelity insurance ever been refused, cancelled or non-renewed

Yes		No	
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*If YES, please provide full details*

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## LIMIT OF INDEMNITY

	Option 1	Option 2	Option 3	Option 4
Quote				

## DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

\_\_\_\_\_  
Name (duly authorised)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

D	D	M	M	Y	Y	Y	Y
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