**105026: Occupational Certificate:**

**Financial Advisor**

**Module 4**

**Employee Benefits and Retirement Advice**

**SAQA ID: 105030**

**NQF Level 5**

**80 credits**

**RPL PORTFOLIO GUIDE**

(*For candidate)*

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## About this RPL Portfolio guide

Welcome to the Recognition of Prior Learning (RPL) process for the Occupational Certificate: Financial Advisor (Employee Benefits) – this is an NQF registered qualification (ID 105026, NQF Level 6). This Qualification is for any individual who is, or wishes to be involved in the insurance underwriting profession, and it serves to support and advance the functioning of individuals in this industry.

The purpose of this RPL Portfolio guide is to provide the Candidate, RPL Advisor and Assessor with detail about the information required to be submitted about the candidate as well as instructions on the evidence that the candidate must gather. The candidate must gather all the required evidence and compile it in a file, preferably an arch lever file sub-divided into relevant sections. Any additional evidence other than that asked for must also be filed in the Portfolio of Evidence file under section E.

# Section A: Index

## 1. Candidate Information Sheet

|  |  |
| --- | --- |
| **Name** |  |
| **Surname** |  |
| **ID** |  |
| **Ethnicity**  *(Black African, Black Coloured, Black Asian, White, Other – specify)* |  |
| **Language** |  |
| **Physical Address** |  |
|  |
| **Postal Address** |  |
|  |
| *Area Code:* |
| **Telephone Number** |  |
| **Cell Number** |  |
| **Email Address** |  |
| **Employer** |  |
| **Employer Contact Details** |  |
| **Date of Portfolio Submission** |  |

|  |  |
| --- | --- |
| **Assessor Name** |  |
| **Assessor ID Number** |  |
| **Date of Assessment** |  |
| **Qualification Name** |  |
| **Contact Number** |  |
| **Assessor Signature** |  |

## 2. Portfolio Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TAB** | **Index** | **Information** | **Present Yes/No** | **Evidence Location – indicate page number** |
| A | Index | * Candidate Information Form * Portfolio Checklist |  |  |
| B | Personal Details | 1. Candidate RPL Request 2. Candidate Registration and SAQA Coding Form 3. Assessment Contract 4. Candidate Declaration of Authenticity 5. Certified copy of ID document 6. Certified copies of Qualifications / Certificates 7. Copy of Candidate CV 8. Candidate’s Organizational Organogram 9. Candidate Job Description(s) / Performance Contract(s) 10. Candidate Employment History Form |  |  |
| C | Qualification Exit Level Outcomes & Assessment Criteria | * Exit level outcomes * Assessment criteria per exit level outcome |  |  |
| D | Candidate evidence requirements | * Interview form * Practical assignment evidence * Natural Occurring Evidence |  |  |
| E | Evidence Locator Grid | * Evidence Locator Grid – Additional Historical Evidence |  |  |
| F | Portfolio Review | * Review Document |  |  |
| **Candidate Name and Surname** | |  | **Date** |  |

# Section B: Personal Details

## Index

*This section contains the following documents:*

|  |  |  |
| --- | --- | --- |
| **No** | **Document** | **Page** |
|  |  |  |
| 1 | Candidate Request for RPL |  |
|  |  |  |
| 2 | Candidate Registration and SAQA Coding Form |  |
|  |  |  |
| 3 | Assessment Contract |  |
|  |  |  |
| 4 | Candidate Declaration of Authenticity |  |
|  |  |  |
| 5 | Candidate Identification Document (ID) Copy |  |
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|  |  |  |
| 7 | Candidate CV |  |
|  |  |  |
| 8 | Candidate’s Organizational Organogram |  |
|  |  |  |
| 9 | Candidate Job Description(s) / Performance Contract(s) |  |
|  |  |  |
| 10 | Candidate Employment History Form |  |

## 1. Candidate Request for RPL

*(To be completed by the candidate)*

|  |
| --- |
| **Request for Recognition of Prior Learning**  This application serves to confirm that I (full name and ID Number)  \_\_\_\_\_\_\_\_\_\_\_\_  request to participate in the process of Recognition of Prior Learning for the following occupational qualification:  **105026: Occupational Certificate: Financial Advisor: Employee Benefits**  Please include a detailed motivation why you feel that you are ready to participate in this process.  Your letter should outline your competency, skill and knowledge in the field you wish to receive recognition in.  Additionally, you should include a list of achievements and any other relevant information the Assessor may find useful during the RPL process.  Your motivation should be at least 1 page in length. |

## 2. Learner Registration and SAQA Coding Form

| **No** | **Field** | **Description** | **Information** |
| --- | --- | --- | --- |
|  | **Personal Details** | | |
| 1 | **Learner Surname** | *As per your ID document* |  |
| 2 | **Full Names** | *As per your ID document* |  |
| 3 | **Learner Title** | *Mr, Ms, Mrs, Dr, Prof.* |  |
| 4 | **ID Number** | *RSA ID. If not, complete next line* |  |
| 5 | **Alternative ID** | *Only complete if no RSA ID available.*  *Indicate type of alternative ID* |  |
| 6 | **Date of Birth** | *Insert date of birth* |  |
| 7 | **Gender** | *Male – M, Female – F, Other – O* |  |
| 8 | **Equity** | *Black African – BA, Black Indian Asian – BI, Black Coloured – BC, White – W, Other – O (specify)* |  |
| 9 | **Socio Economic Status** | *Employed, unemployed, student* |  |
| 10 | **Disability Status** | *None, hearing / sight / speech / movement, other (specify)* |  |
| 11 | **Geographic Area** | *List geographic area that you live in, i.e. Gauteng, Kwa-Zulu Natal, Eastern Cape, Western Cape, Northern Cape, Limpopo, Polokwane, Free State, North West, Mpumalanga, Northern Province, Outside SA* |  |
|  | **Contact Details** | | |
| 12 | **Physical Address** | *State physical address* |  |
| 13 | **Postal Address** | *State PO Box, or address where mail is received* | Postal Code: |
| 14 | **Home Phone Number** | *One of the following contact details (number 12 – 16 is mandatory to complete* |  |
| 15 | **Business Phone Number** |  |  |
| 16 | **Cell Phone Number** |  |  |
| 17 | **Fax Number** |  |  |
| 18 | **Email** |  |  |
|  | **Educational Details** | | |
| 19 | **Highest Education** | *Overview of qualifications completed* |  |
| 20 | **Current Occupation** | *State current or last occupation, if unemployed.* |  |
| 21 | **Experience** | *Overview of experience in years and fields / areas* |  |
| 22 | **Years in Occupation** | *State years in last occupation* |  |
|  | **Programme Details** | | |
| 23 | **Name of Learning Programme** | *Full name of programme, i.e. National Certificate in …* | Occupational Certificate: Financial Investment Advisor: Employee Benefits |
| 24 | **Registration Number of Programme** | *NLRD number* | 105026 |
| 25 | **NQF Level of programme** | *State NQF Level* | Level 6 |
| 26 | **Type of learning programme** | *Qualification, learnership, skills programme, learning programme* | Qualification |
|  | **Qualification Details** | | |
| 27 | **Qualification** | *List NLRD numbers and names of part qualification in programme.* | See attached list of qualification document. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Alternative ID type** | **Equity code** | **Nationality code** | | **Citizen/residence status** |
| 521 SAQA member ID  527 Passport No  529 Driver’s licence  531 Temporary ID no  533 None  535 Unknown  537 Student no  538 Work permit no  539 Employee no  540 Birth certificate no  541 Human Sciences Research Council register no  561 ETQA record no | BA Black: African  BC Black : Coloured  BI Black : Indian / Asian  U Unknown  WH White | U Unspecified  SA South African  SDC SADC except SA (i.e. Nam to ZAI)  NAM Namibia  BOT Botswana  ZIM Zimbabwe  ANG Angola  MOZ Mozambique  LES Lesotho  SWA Swaziland  MAL Malawi  ZAM Zambia  MAU Mauritius  TAN Tanzania | SEY Seychelles  ZAI Zaire  ROA rest of Africa  EUR European countries  AIS Asian countries  NOR North American countries  SOU Central & South American countries  AUS Australia & New Zealand  OOC Other and rest of Oceania  NOT N/A: Institution | U Unknown  SA South Africa  O Other  D Dual (SA plus other) |
| Gender Code |
| M Male  F Female |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home language code** | **Province code** | **Disability status** | **Socioeconomic Status** |
| ENG English  AFR Afrikaans  OTH Other  SEP sePedi  SES seSotho  SET seTswana  SWA siSwati  TSH tshiVenda  U Unknown  XHO isiXhosa  XIT xiTsonga  ZUL isiZulu  NDE siNdebele | 1. Undefined 2. Western Cape 3. Eastern Cape 4. Northern Cape 5. Free State 6. Kwazulu-Natal 7. North West 8. Gauteng 9. Mpumalanga 10. Limpopo | N None  01 Sight (even with glasses)  02 Hearing (even with hearing aid)  03 Communication (talking, listening)  04 Physical (moving, standing, grasping)  05 Intellectual (difficulties in learning); retardation  06 Emotional (behavioural or psychological)  07 Multiple  09 Disabled but unspecified  U Unknown | U Unspecified  01 Employed  02 Unemployed  03 Not working – not looking for work  04 Not working – housewife/homemaker  06 Not working – scholar/full time student  07 Not working – pensioner/retired person  08 Not working – disabled person  09 Not working – not wishing to work  10 Not working – none of the above  97 N/A : Aged < 15  98 N/A : Institution |

## 3. Assessment Contract

Between

|  |  |
| --- | --- |
| **Candidate Name** | **Candidate’s ID Number** |
|  |  |

And

|  |  |
| --- | --- |
| **Provider Name** | **Provider Representative Name** |
|  |  |

**3.1. Welcome to the RPL / Assessment Process!**

This purpose of this document is to formalise your agreement to the RPL process between yourself and your provider. In terms of assessment guidelines, it is required that the candidate must agree to:

* The method of assessment
* The time of assessment
* The qualification, outcomes that will be assessed
* The role of the Candidate, Assessor and Moderator in the process
* The Assessment Process

This process will include a Portfolio Workshop to ensure that you are adequately prepared.

**3.2. Portfolio Workshop**

Your Portfolio Workshop / briefing session will be held:

|  |  |
| --- | --- |
| **Date:** | **Venue:** |
| **Time:** | **Workshop RPL Advisor:** |

During this session the RPL Advisor/Assessor will discuss with you the items listed in the table below. Please initial next to each item indicating that you understand the concepts and terms.

|  |  |
| --- | --- |
| **Items for Discussion Confirmed** | **Initial your understanding** |
| 1. The RPL Process was explained to you |  |
| 1. The NQF, the QCTO, OQSF, occupational qualifications, part qualifications, Exit Level Outcomes and related Assessment Criteria was explained without complicated jargon |  |
| 1. The occupational qualification that you want to be assessed against has been confirmed |  |
| 1. The method of assessments provided is suitable and incorporates any special needs that you may have |  |
| 1. The assessment principles of fairness, validity, reliability and practicality was explained |  |
| 1. The assessment plan was discussed and agreement was reached |  |
| 1. The concept of “Naturally occurring evidence” was explained |  |
| 1. The provider and AQP Appeals Procedure were discussed |  |
| 1. The moderation process and role were explained |  |
| 1. The feedback procedure was discussed |  |
| 1. Your rights and responsibilities were outlined |  |
| 1. Your RPL Advisor’s role and responsibilities were outlined |  |
| 1. Portfolio Submission time lines and method have been agreed, etc. |  |

**3.3. Your RPL Assessment Plan & Preparation**

On completion of the RPL Workshop, your RPL Advisor must discuss the assessment schedule with you and an agreement for dates of submission must be reached.

*Please tick what has been agreed to and include dates:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | **Agreed date for initial submission** | **Agreed date Review / Session** | **Agreed date Final submission** |
| The agreed date for submission of Evidence for ELO 1 |  |  |  |
| The agreed date for submission of Evidence for ELO 2 |  |  |  |
| The agreed date for submission of Evidence for ELO 3 |  |  |  |
| The agreed date for submission of Evidence for ELO 4 |  |  |  |
| The agreed date for submission of the Final Summative Assessment |  |  |  |
| Please sign in full to indicate your agreement with the overall Assessment Schedule |  | | |
| Do you have any special needs that may impact the assessment – and how could these be accommodated by your Assessor |  | | |

|  |  |
| --- | --- |
|  | Candidate Note:  Any adjustment to this assessment plan must be in writing. Email any adjustments to your Provider’s representative - extensions for submission must be by mutual agreement and in writing. |

## 4. Candidate Declaration of Authenticity

*(To be completed by the candidate)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Declaration of Authenticity**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  *(full name and ID number)*  hereby declare that the portfolio and any evidence included therein submitted for assessment against the assessment requirements of the Occupational Certificate: Financial Investment Advisor: Employee Benefits (105026) Level 6 have been compiled by me.  For assessment, my method of working was as follows:   1. Discussed evidence requirements with the Assessor and agreed to the assessment plan 2. Reviewed the qualification’s evidence requirements 3. Completed / gathered required evidence as per the Evidence Plan 4. Compiled portfolio and other evidence submission requirements 5. Submitted evidence to the Assessor   *(Update above process to reflect own method of evidence collection, if not applicable)*  Where a document has been sourced elsewhere for evidence purposes, recognition of the source has been included. I am prepared to submit supplementary evidence on any of the evidence areas required, should authenticity of this portfolio, or parts thereof, not be sufficient.   |  |  | | --- | --- | |  |  | | Candidate Name | Signature | |  |  | | Date |  | |

Please provide the name of witnesses that may be contacted to confirm the authenticity of the evidence contained in the POE and that were present during the induction/orientation session.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Contact Details** | **Evidence witnessed** | **Capacity of**  **Witness** | **Role in evidence**  **gathering** |
|  |  |  |  |  |
|  |  |  |  |  |

## 5. Candidate Identification Document (ID) Copy

|  |  |
| --- | --- |
|  | Candidate Note:  Please attach a certified copy of your Identity Document (ID) behind this page. |

## 6. Candidate Copies of Qualifications / Certificates

|  |  |
| --- | --- |
|  | Candidate Note:  Please attach a certified copy of your qualifications and certificates behind this page, including your professional registration documents. |

## 7. Candidate CV

|  |  |
| --- | --- |
|  | Candidate Note:  Please attach a copy of your Curriculum Vitae (CV) behind this page, including detailed information on your previous work history, positions held, duties and years of service. |

## 8. Candidate’s Organizational Organogram

|  |  |
| --- | --- |
|  | Candidate Note:  Please attach a copy of your Organizational Organogram behind this page, indicating where your position fits in. If applicable, organograms for previous positions may be included as well. |

## 9. Candidate Job Description(s) / Performance Contract(s)

|  |  |
| --- | --- |
|  | Candidate Note:  Please attach a copy of your Job Description or any performance contract (previous or current) behind this page. If applicable, job descriptions for previous positions may be included as well. |

## 10. Candidate Employment History Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name, Address and Phone number of Employer/s** | **Period/s of Employment**  **(DD/MM/YYYY)** | | **Position/s Held** | **Full Time**  **Part-time**  **Casual** | **Description of Major Duties** |
| **From** | **To** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

**Attach additional sheet if required**

If you are including documents in your application, please provide a brief description below

|  |  |
| --- | --- |
| **Document**  (e.g. resume, photos, awards, etc) | **Document Description** |
|  |  |
|  |  |
|  |  |
|  |  |

**Declaration**

I declare that the information contained in this application is true and correct and that all documents are authentic.

**Candidate Signature:**  **Date**

# 

# Section C: Qualification Exit Level outcomes & Assessment Criteria

## 

## 1. Exit Level Outcomes (ELO) as per Qualification document.

This occupational qualification has four exit level outcomes (ELOs) which are outlined in the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ELO** | **Description** | | | **Level** | **Credits** |
| ELO 1 |  |  |  |  |  |
|  | | | 5 |  |
| ELO 2 | Provide advice to clients regarding the implementation of Employee Benefits and Retirement Funds | | | 5 | 80 |
| ELO 3 |  | | | 5 |  |
| ELO 4 |  | | | 5 |  |
|  | **TOTAL CREDIT VALUE** | | |  |  |

## 2. Assessment Criteria per ELO

The candidate is required to show applied competence against the following assessment criteria per exit level outcome:

|  |
| --- |
| **Associated Assessment Criteria for Exit Level Outcome 2:** |
| * Demonstrate knowledge and understanding of the role and responsibilities of Trustees of retirement funds * Demonstrate knowledge and understanding of the duties of Trustees of retirement funds with regard to death benefits * Analyse different group retirement products * Analyse healthcare funding in South Africa and the role of intermediaries in the sector * Analyse the Pension Funds Act as it applies to the administration of retirement funds * Demonstrate knowledge and understanding of the investment strategy of a selected group retirement fund * Describe group insured benefits * Explain the legislation relating to marriage, divorce and maintenance as it applies to retirement benefits * Demonstrate knowledge and insight into the actuarial valuation of retirement funds |

# Section D: Candidate Evidence Requirements

Your RPL assessment will be conducted using three forms of assessment instruments which are:

* Interview questions
* Practical assignment/s
* Instructions to collect naturally occurring evidence

You are required to gather all of the requisite evidence for submission in a portfolio of evidence. All your evidence must be filed in this section for each of the exit level outcomes.

## ELO2 Evidence Requirements (Module 4)

|  |
| --- |
| **INTERVIEW QUESTIONS** |

***Note to Assessors:*** Refer to “Record of Interview” sheet.

**Record of interview** *(For Assessor)*

|  |  |
| --- | --- |
| **Candidate’s name** |  |
| **Assessor’s name** |  |
| **How/where was the interview conducted?** | **Interview only** ❑  **At a Provider’s premises** ❑ **Name:**  **In the workplace** ❑ **Name:** |

|  |  |  | |  |
| --- | --- | --- | --- | --- |
| **Assessment Criteria** | **Interview question** | **Met Requirements** | | **Assessor’s comments** |
|  | **Yes** | **No** |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Interpreting documents and texts related to the rules of a retirement fund | 1. Provide an overview of the rules that are normally covered in any retirement fund rules. | ❑ | ❑ |  |
| Interpreting documents and texts related to meetings of the Trustees of a retirement fund | 1. Explain the approach to decision-making by Trustees. Describe the need for Trustee meeting minutes. | ❑ | ❑ |  |
| Interpreting legal documents applicable to Trustees of a retirement fund. | 1. Name and describe the legal documents that are used by Trustees of a retirement fund. | ❑ | ❑ |  |
| Comparing the different group retirement products available in South Africa | 1. Name and differentiate different types of products that that are used in group retirements (Here emphasis is not on group risk products but on group retirement). | ❑ | ❑ |  |
| Comparing the group risk benefit options. | 1. Name and differentiate different types of products that that are used in group risk benefits. | ❑ | ❑ |  |
| Describing different group termination benefit options | 1. Describe the options that members have when they terminate their membership of a retirement fund. | ❑ | ❑ |  |
| Analysing post-retirement options | 1. Analyse the different options that individuals have after retirement. | ❑ | ❑ |  |
| Interpreting the objectives of the Pension Funds Act and the requirements for the registration of retirement funds | 1. List the objectives of the Pension Funds Act and explain the requirements regarding the registration of pension funds (as per the PFA). | ❑ | ❑ |  |
| Analysing the sections of the Pension Funds Act that relate to governance by the relevant role-players | 1. Explain the concept of pension funds governance and also explain the governance structures that must be in place for a pension fund’s governance framework. | ❑ | ❑ |  |
| Analysing sections of the Pension Funds Act that apply to the financial operation and the flow of funds. | 1. List the financial operation and flow of funds requirements for a retirement fund. | ❑ | ❑ |  |
| Analysing sections of the Pension Funds Act that apply to contributions, payments and allowable deductions. | 1. Explain the tax treatment of contributions towards a retirement fund. Refer to both employer and employee contributions. | ❑ | ❑ |  |
| Analysing the needs of members of a group retirement fund | 1. What factors will guide you in establishing the needs of the members of a retirement fund? | ❑ | ❑ |  |
| Discuss the implications of value systems for an investment strategy | 1. How do norms and values of the following affect the investment strategy and choice of investments in a pension fund?    1. Individuals    2. Industry | ❑ | ❑ |  |
| Explaining the guidelines for investments in terms of current legislation. | 1. Name and detail the legislation regarding investments for a retirement fund. | ❑ | ❑ |  |
| Applying knowledge of investments in order to evaluate a proposal for a specific group retirement fund. | 1. State the criteria that you would use in evaluating an investment proposal for a retirement fund. | ❑ | ❑ |  |
| Describing generic group products marketed in the insurance industry. | 1. Describe group risk products sold in the market. | ❑ | ❑ |  |
| Explaining how group insurance products are underwritten. | 1. Explain the underwriting process of life, risk and dread disease products for a pension fund. | ❑ | ❑ |  |
| Explaining how group insurance products are marketed. | 1. How are life insurers marketing group life insurance covers? | ❑ | ❑ |  |
| Applying legislation to group insurance products. | 1. Explain the impact of the PFA and the Income Tax Act on group life cover. | ❑ | ❑ |  |
| Explaining the impact of legislation and the South African Constitution on retirement fund matters. | 1. In general, what would you say is the impact of the South African Constitution on retirement funds and related matters? | ❑ | ❑ |  |
| Explaining the different types of marriages and partnerships that are recognised in South Africa. | 1. Describe the marriage regimes in South Africa and their impact on retirement funds. | ❑ | ❑ |  |
| Explaining the effect of the Divorce Amendment Act of 1989 on the allocation of retirement fund benefits. | 1. Describe the concept of a pension interest and its treatment in the event of a divorce. Also comment on the tax treatment of the pension interest if a divorce takes place. | ❑ | ❑ |  |
| Explaining the application of the Maintenance Act (99 of 1998) to the accrual and payment of retirement fund benefits. | 1. Detail the treatment and requirements of maintenance deductions when a member terminates his membership of a retirement fund. | ❑ | ❑ |  |
| Explaining the purpose and requirements for actuarial valuation of a retirement fund. | 1. Why would you recommend a valuation of a retirement fund? | ❑ | ❑ |  |
| Critically analysing the basic principles that underpin the valuation of a retirement fund. | 1. Expand on the principles that underpin the valuation of a retirement fund. | ❑ | ❑ |  |
| Evaluating the financial results of an actuarial valuation. | 1. Describe the frequency of actuarial valuations (where needed) of a retirement fund. 2. Detail the timeframes and requirements for bringing back a fund to financial soundness if an actuarial valuation shows that the fund is not financially sound. | ❑ | ❑ |  |
| Discussing the main socio-economic factors that affect the valuation results of a retirement fund | 1. Name and describe the socio-economic factors that affect the valuation results of a retirement fund. | ❑ | ❑ |  |

Additional notes from conversation

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| Assessor’s signature |  | Outcome *(Please circle)* | C *(Competent)* | NYC  *(Not yet Competent)* |
| Assessor’s name |  | Date |  |  |

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| --- |
| **NATURALLY OCCURRING EVIDENCE/WORKPLACE EVIDENCE** |

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| --- | --- |
|  | Candidate Note:  Naturally occurring evidence refers to evidence gathered during the normal course of actual work or performance. |

**INSTRUCTIONS TO CANDIDATE ON COLLECTING WORKPLACE EVIDENCE**

**Please remember:**The type of evidence listed in the last column are intended only as a guideline. Use your discretion in selecting evidence which *is relevant to your particular organisation*

***LEARNERS MAY INCLUDE OTHER EVIDENCE THAN THE SUGGESTED TYPE OF EVIDENCE, AS LONG AS IT COVERS THE RELEVANT WORKPLACE EXPERIENCE COMPONENT***

| **Workplace experience**  *(As per curriculum document on workplace component)* | **Examples of Type of Evidence Required** |
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*Evidence required must be filed behind this page.*

# Section E: Evidence Locator Grid

## 1.Additional Historical Evidence

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| --- | --- | --- | --- |
|  | What is “Additional Historical Evidence”?  As an Underwriter, you may have obtained additional qualifications, attended a number of training programmes, or have evidence that you have engaged in a number of activities relating to this occupational qualification that we did not ask for in the Evidence Requirements.  *This is your opportunity to showcase your expertise* – the Evidence Locator Grid below will assist you in noting the additional evidence you wish to include, and to link it to an exit level outcome or qualification assessment criteria. | | |
| **Additional Evidence – Document Name** | | **Evidence submitted by you shows competence against an exit level outcome or qualification assessment criteria** | **Page Number** | |
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| **Candidate Signature and Date** | |  | | |

# Section F: Portfolio Review

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|  | Self -Reflection:  Please complete the Self-Reflection on the assessment process to date – your feedback is valuable to us! |

|  | **Review Criteria** | **1** | | **2** | **3** | **4** | **5** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | On a scale of 1 – 5, please review the practices listed below.  *(KEY: 1 – Not at all, 2 –To some extent, 3 – Sufficient, 4 – Above standard, 5 – Excellent)* | | | | | | | |
| 1 | Do you feel the assessment requirements were fair in relation to the qualification requirements? |  | |  |  |  |  |  |
| 2 | Was the assessment free of potential assessment barriers such as language, literacy, access to resources? |  | |  |  |  |  |  |
| 3 | Was the Portfolio Workshop beneficial in preparing you for evidence collection and submission of your portfolio of evidence file? |  | |  |  |  |  |  |
| 4 | Are the Portfolio Guidelines and assessment activities supportive of the assessment strategy? |  | |  |  |  |  |  |
| 5 | Are the workplace and practical environment sufficiently supportive of the assessment strategy? |  | |  |  |  |  |  |
| **Recommendations** | | | | | | | | |
| *(Provide feedback on the assessment experience.)* | | | | | | | | |
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| **Candidate Signature** | | | **Date Review Completed** | | | | | |