

EOS Web Upload Guide

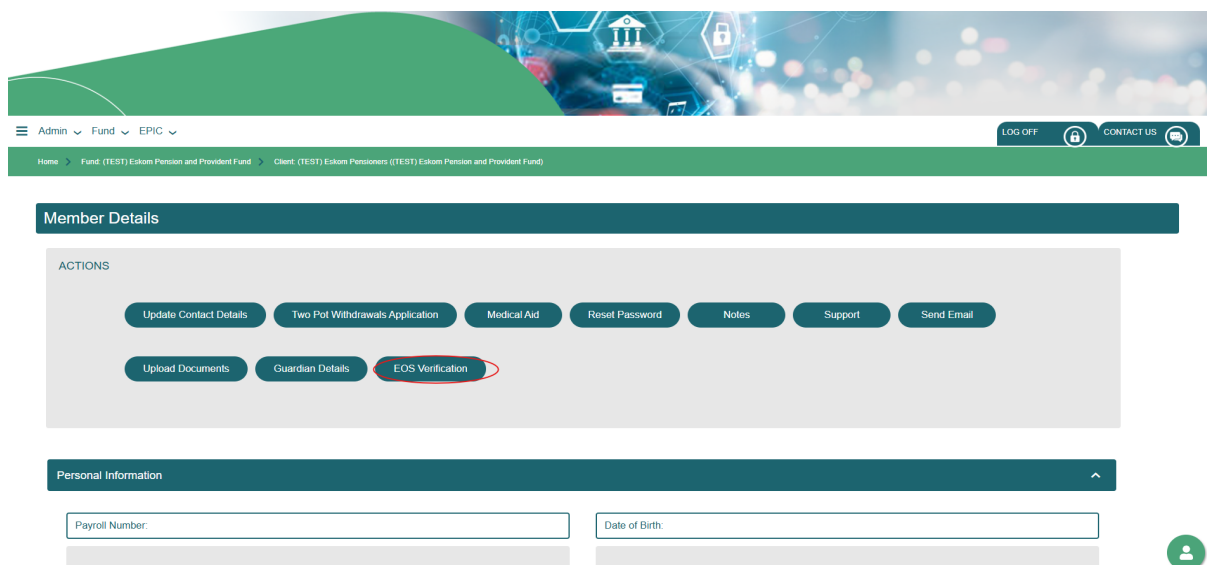
The purpose of this guide is to highlight the functionality available to members who are registered on the EPPF Member Portal, to upload their completed EOS forms onto the portal.

We have put together this short and descriptive guideline to assist you when uploading your documents on the member portal, please follow the below steps:

If you have never registered on the Member Portal, kindly refer to the **Getting Started Manual** available on the EPPF website.

After logging into the portal, you will land on the Member Details page. From this page follow the steps below.

Step 1: Click on the EOS Verification Button



The screenshot shows the EPPF Member Portal interface. At the top, there is a navigation bar with a menu icon, 'Admin', 'Fund', and 'EPIC' dropdowns. On the right, there are 'LOG OFF', a lock icon, and 'CONTACT US' with a chat icon. Below the navigation bar is a breadcrumb trail: 'Home > Fund: (TEST) Eskom Pension and Provident Fund > Client: (TEST) Eskom Pensioners (TEST) Eskom Pension and Provident Fund'. The main content area is titled 'Member Details' and contains an 'ACTIONS' section with several buttons: 'Update Contact Details', 'Two Pot Withdrawals Application', 'Medical Aid', 'Reset Password', 'Notes', 'Support', 'Send Email', 'Upload Documents', 'Guardian Details', and 'EOS Verification'. The 'EOS Verification' button is circled in red. Below the actions section is a 'Personal Information' section with two input fields: 'Payroll Number' and 'Date of Birth'. A user profile icon is visible in the bottom right corner.

Step 2: Capture all your personal information as per the prompts directed below.

Admin Fund EPIC

Home Fund (TEST) Eskom Pension and Provident Fund Client (TEST) Eskom Pensioners (TEST) Eskom Pension and Provident Fund

LOG OFF CONTACT US

Pension Number: Pensioner ID / Passport No. *

All First Names in full: Surname:

AKHONA

Date of Birth: Marital Status:

Cellphone: * Phone Number:

041 406 4011 +27 71 123 4567

E-Mail

Residential Address: *

Residential City: * Residential Code: *

<< Copy Residential Address

Spouse Date of Birth:

Contact details of caregiver / next of kin / alternative contact

Firstname: Surname:

Relationship: Contact Number:

E-Mail: +27 71 123 4567

Address:

Postal City: Postal Code:

Step 3: Complete the questionnaire

Admin Fund EPIC

LOG OFF CONTACT US

Postal City: Postal Code:

Special Needs

Blind
 Deaf
 Frail
 Old Age Home
 Other:

Verification Questions

Do you have a medical aid deduction on your pension? *

What is your bank name? *

What was your last pension amount – amount received in your account? *

Close Submit Cancel

After you have submitted the questionnaire, you will receive an email confirmation of your submission.