



MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM

Industry Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Identity Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART 1 : RETURN TO LIFE STAGE MODEL (If you previously elected a MIC option, tick here to return to the Life Stage Model)

PART 2 : INDIVIDUAL MEMBER CHOICE (Please complete both A and B)

I would like my existing **Fund Credit** (PART A) and **Future Contributions** (PART B) to be invested as selected below. Deferred Members must not complete PART B.

A. FUND CREDIT (This is your existing capital in the Fund) **Indicate your selection and % of total Fund Credit.**

PORTFOLIO (Select at least one)	COMMENT	% ALLOCATION
<input type="checkbox"/> Wealth Builder	You may elect to invest all, or a portion of, your Fund Credit in ONE of these portfolios. You may also elect not to invest in any of these four portfolios by leaving it blank.	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Inflation Protector		0% - 100%
<input type="checkbox"/> Pension Protector		
<input type="checkbox"/> Shari'ah		
<input type="checkbox"/> Money Market	You may elect to invest all, or a portion of, your Fund Credit in this portfolio. You may also elect not to invest in this portfolio by leaving it blank.	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> 100% Capital Protection	You may elect to invest all, or a portion of, your Fund Credit (25% increments only) in this portfolio. You may also elect not to invest in this portfolio by leaving it blank.	<input type="text"/> <input type="text"/> <input type="text"/> %
THE TOTAL OF YOUR PERCENTAGE ALLOCATIONS MUST EQUAL		1 0 0 %

B. FUTURE CONTRIBUTIONS (Monthly contributions to be made to the Fund) **TICK ONLY ONE BLOCK**

<input type="checkbox"/> Wealth Builder	<input type="checkbox"/> Inflation Protector	<input type="checkbox"/> Pension Protector	<input type="checkbox"/> Shari'ah	<input type="checkbox"/> Money Market
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IMPORTANT: a) You are required to complete either PART 1 or PART 2 of this Member Investment Choice Election Form.
 b) Interim Members can only exercise a MIC option within the 24 month period from discharge date.
 c) Before exercising a MIC option, you are urged to consult the MIC Brochure and obtain professional advice.

You are strongly encouraged to contact the Fund should you require any assistance with making an Investment Choice decision!

I understand that should I elect to exercise a Member Investment Choice option, the responsibility lies with me to notify the Fund in the event that I wish to amend my investment selection. I acknowledge that I understand the implications of my investment selection.

Signature of Member

Date (YYYYMMDD)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM (CONTINUED)

Industry Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title			Initials		Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Names (First Two Names in Full)							
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID/Passport Number			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBERS							
Tel No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK							
SMS	<input type="checkbox"/>	E-MAIL	<input type="checkbox"/>	TELEPHONIC	<input type="checkbox"/>	POSTAL	<input type="checkbox"/>
Signature of Member							
							Date (YYYYMMDD)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your completed request must be submitted to the Fund by one of the following means:				
HAND DELIVERY				
JOHANNESBURG	CARLETONVILLE	KLERKSDORP	WITBANK	WELKOM
MPF House 1 Sunnyside Drive Sunnyside Park, PARKTOWN	S Buys Office Park Shop no 10 Corner Kaolin & Radium Streets CARLETONVILLE	54 Buffeldoring Street, Wilkoppies, KLERKSDORP	WCMA Building Corner OR Tambo and Susanna Streets WITBANK	Shop 24 The Strip 314 Stateway WELKOM
POST		FAX	E-MAIL	
P O Box 61172, Marshalltown, 2107		(011) 481-8111	mic@sentinel.za.com	