



ELECTION TO DEFER MY BENEFIT UNTIL RETIREMENT

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.

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"/>	<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"/>	<input type="text"/>	<input type="text"/>	
Identity / Passport 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"/>	
Tax Number					Gender (Please tick block)		Date Of Birth (YYYYMMDD)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS

P O Box Number		Suburb, City or Town						Postal Code	
<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"/>

RESIDENTIAL ADDRESS

Street Number		Street Name							
<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"/>
Suburb, City or Town								Postal Code	
<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"/>

CONTACT DETAILS

Home Tel No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>
Cell No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>
E-Mail	<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"/>	

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"/>
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IMPORTANT NOTES

I understand that by completing this form and submitting it to the Fund:

- I elect to become a non-contributory (deferred) member of the Fund;
- Accept that my decision is irrevocable;
- I will not have the option in future to terminate my membership and withdraw or transfer my fund credit;
- The only benefit that will be payable by the Fund will be a retirement benefit (based on age or disability, subject to the Rules) or a death benefit. The retirement benefit is payable as a lifelong pension and only part of it may be taken in a lump sum, subject to legislation.

I have read the Member Investment Choice brochure and understand the investment options. I undertake to keep the Fund updated regarding changes in address or contact detail.



ELECTION TO DEFER MY BENEFIT UNTIL RETIREMENT MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM

Industry Number	ID/Passport 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PART 1 : RETURN TO LIFE STAGE MODEL (If you previously elected a MIC option, tick here to return to the Life Stage Model)	<input type="checkbox"/>
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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"/> % 0% - 100%
<input type="checkbox"/> Inflation Protector		<input type="text"/> <input type="text"/> <input type="text"/> % 0% - 100%
<input type="checkbox"/> Pension Protector		<input type="text"/> <input type="text"/> <input type="text"/> % 0% - 100%
<input type="checkbox"/> Shari'ah		<input type="text"/> <input type="text"/> <input type="text"/> % 0% - 100%
<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"/> % 0% - 100%
<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"/> % 0% - 100%
THE TOTAL OF YOUR PERCENTAGE ALLOCATIONS MUST EQUAL		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
B. FUTURE CONTRIBUTIONS (Monthly contributions to be made to the Fund) TICK ONLY ONE BLOCK		
Wealth Builder <input type="checkbox"/>	Inflation Protector <input type="checkbox"/>	Pension Protector <input type="checkbox"/>
Shari'ah <input type="checkbox"/>	Money Market <input type="checkbox"/>	

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"/>

Please send your application form and required documents to :
Sentinel Retirement Fund,
Post : P O Box 61172, Marshalltown, 2107, Fax: (011) 481-8111, E-mail : info@sentinel.za.com