



## 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"/>
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"/>
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

<b>Industry Number</b>	<b>ID/Passport Number</b>
<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"/>

<b>PART 1 : RETURN TO LIFE STAGE MODEL</b> (If you previously elected a MIC option, tick here to return to the Life Stage Model)	<input type="checkbox"/>
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<b>PART 2 : INDIVIDUAL MEMBER CHOICE</b> (Please complete both A and B)		
I would like my existing <b>Fund Credit</b> (PART A) <u>and</u> <b>Future Contributions</b> (PART B) to be invested as selected below. Deferred Members must not complete PART B.		
<b>A. FUND CREDIT</b> (This is your existing capital in the Fund) <b>Indicate your selection and % of total Fund Credit.</b>		
<b>PORTFOLIO</b> <small>(Select at least one)</small>	<b>COMMENT</b>	<b>% ALLOCATION</b>
<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%
<b>THE TOTAL OF YOUR PERCENTAGE ALLOCATIONS MUST EQUAL</b>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
<b>B. FUTURE CONTRIBUTIONS</b> (Monthly contributions to be made to the Fund) <b>TICK ONLY ONE BLOCK</b>		
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.

<b>Signature of Member</b>	<b>Date (YYYYMMDD)</b>
	<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