## MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM



Industry / Participant Number (Member)

Please send your completed application form and required documents to:

Mail: The Manager, Sentinel Retirement Fund, PO Box 61172, Marshalltown, 2107

E-mail: info@sentinel.za.com

## 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)

Signature

I would like my existing **Fund Credit** (PART A) **and Future Contributions** (PART B) to be invested as selected below. (Paid-Up 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				
	Wealth Builder								
	Inflation Protector	You may elect to invest all, or a portion of, your Flexible Pension Credit in ONE of these portfolios. You may also elect not to invest						%	0-100%
	Pension Protector	in any of these four portfolio	,	,				/0	0-100%
	Shari'ah								
	Money Market	You may elect to invest all, or a portion of, your Flexible Pension Credit in ONE of these portfolios. You may also elect not to invest in any of these four portfolios by leaving it blank.						%	0-100%
	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									
Wealth Builder		Inflation Protector Pension Protector Shari'ah				Money Market			
IMPORTANT: a) You are required to complete either PART 1 or PART 2 of this Member Investment Choice Election Form. b) 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.									

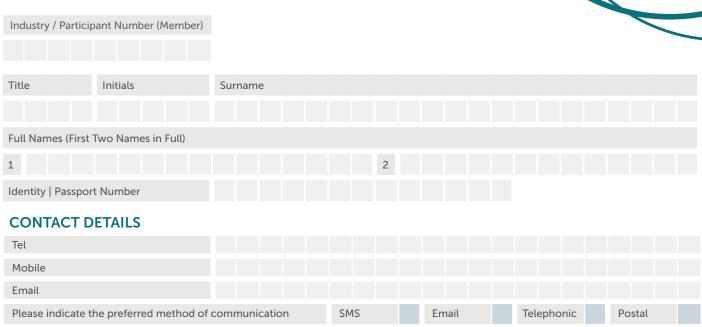
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Electronic signatures are not permitted to be used on this Application Form.

Date

## MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM

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Signature

Electronic signatures are not permitted to be used on this Application Form.

 Date

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