

# MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM



Industry / Participant Number (Member)

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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)

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			
<input type="checkbox"/>	Wealth Builder	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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	0-100%
<input type="checkbox"/>	Inflation Protector					
<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 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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	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.

Signature

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

Date

Y	Y	Y	Y	M	M	D	D
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# MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM

- CONTINUED



Industry / Participant Number (Member)

Grid input field for Industry / Participant Number

Title

Initials

Surname

Grid input fields for Title, Initials, and Surname

Full Names (First Two Names in Full)

1

2

Grid input fields for Full Names

Identity | Passport Number

## CONTACT DETAILS

Tel

Mobile

Email

Please indicate the preferred method of communication

SMS

Email

Telephonic

Postal

Large empty box for signature

Signature

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

Date

Grid input field for Date (YY YY MM DD)