

NEW ENTRANT NOTIFICATION

1. GENERAL

Name of participating Employer/Cost Centre.....

2. MEMBER DETAILS

(a) Surname

(b) First names.....

(c) ID number..... (d) Date of birth.....

(e) Gender..... (f) Marital status.....

(g) E-mail address..... (h) Cell phone.....

(i) Occupation.....

(j) Category.....

(k) Fund salary.....

(l) Contribution.....% or R.....

(m) Date joined company..... (n) Date joined fund.....

(o) Investment portfolio choice * (Conservative unless otherwise stipulated hereunder):

Destiny Conservative Portfolio%

Destiny Moderate Portfolio%

Destiny Money Market Portfolio%

** Please note that the rules of your fund may restrict you to specified portfolios.*

(p) Tax number..... (q) Tax office

3. TO BE COMPLETED BY MEMBER

(i) I confirm having completed a beneficiary nomination form which has been returned to my employer for safekeeping and I have been informed of the implications thereof.

(ii) I formally apply for membership of the Fund and agree to abide by its Rules.

(iii) I request and authorise the deduction of contributions which are payable by me in terms of the Rules from my salary, and understand that this authority is irrevocable while I continue to be employed by the employer.

Member's Signature

Date

4. TO BE COMPLETED BY EMPLOYER

It is understood that:

- (i) Cover in respect of life insurance, disability, dread disease and funeral benefits in respect of this member commences only when written confirmation is received from the Underwriter;
- (ii) No risks are assumed other than in accordance with the conditions incorporated in the Rules of the Policy to this Fund.

DECLARATION:

- (i) The abovementioned employee qualifies for membership of the Programme in terms of the Rules;
- (ii) The employee has been notified of the conditions incorporated in the Rules and Policies issued to the Fund relating to the assumption of risks.

Authorised Signatory

Date

Authorised Signatory

Date

COMPANY STAMP

PLEASE REMIT TO: GIB Employee Benefits
P.O. BOX 3211, HOUGHTON, 2041; or
1st Floor Houghton Place, 51 West St. Houghton; or
FAX: (011) 728-4426 / eb@gib.co.za / TEL: (011) 483-1212 or

