

NEW ENTRANT NOTIFICATION

Please include the following documents:

- ✦ A copy of your ID / Passport.
- ✦ A copy of your completed beneficiary form and where possible, copies of dependants' / beneficiaries' ID, Passport or Birth Certificates.

Note the following:

- ✦ This new entrant notification must be **fully completed**.
- ✦ This form is only deemed to be received by GIB once written confirmation of receipt is provided to the Employer.
- ✦ GIB provides guidance (benefit counselling) to assist you in better understanding your options on joining the Fund including Insured Benefits, Investment Options, transferring your Fund Credit from your previous employer.
- ✦ In order to obtain guidance or more information, please contact your Employer's HR department or GIB on 086 000 3863 (FUND) or rfs@gib.co.za and visit www.gib.co.za
- ✦ You can access your Fund information via www.gib.co.za once your first contribution is received and reconciled by GIB.
- ✦ The Fund complies with the requirements set out in Default Regulations in terms of Section 36 of the Pension Funds Act No. 24 of 1956.
- ✦ We accept joint responsibility and accountability with you to responsibly manage and protect your personal information when providing our services and solutions to you.
- ✦ We are committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, and according to applicable law.
- ✦ Should you have a retirement fund credit from a previous fund/employer that you would like to transfer to Fund then please contact us at rfs@gib.co.za

1. GENERAL

Participating Employer
Pay Point/Branch

2. MEMBER DETAILS

- | | |
|--|----------------------|
| (a) Surname | |
| (b) First names | |
| (c) ID/Passport no. | (d) Date of birth |
| (e) Gender | (f) Marital status |
| (g) E-mail address | (h) Cell phone no. |
| (i) Physical address | |
| (j) Postal address | |
| (k) Fund salary | (l) Risk salary |
| (m) Contribution category (see fund summary) | |
| (n) Date joined company | (o) Date joined fund |
| (p) Tax no. | (q) Employee no. |

Employer Authorised Signature

Member Signature

3. MEMBER INVESTMENT PORTFOLIO SELECTION

You will automatically be defaulted to the portfolio or the life stage model as selected by your member representative committee, employer, or Board of Trustees. If you would like to select a different portfolio then complete the Investment Portfolio Selection hereunder. Please note that you will need to make a choice regarding both your regular (ongoing) contributions and if applicable, your transfer-in fund credit.

Regular Contributions:

Portfolio	Portfolio (% Allocation)
TOTAL	

Transfer-in Fund Credit:

Portfolio	Portfolio (% Allocation)
TOTAL	

4. MEMBER DECLARATION

- (a) All particulars in this form are true and correct.
- (b) I formally apply for membership of the Fund and agree to abide by its Rules.
- (c) 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.
- (d) 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.
- (e) I am aware that I have access to benefit counselling as outlined in page 1.
- (f) I understand that I may have the option to make Additional Voluntary Contributions (AVC) and can transfer my current fund credit (if any) to the Fund. For more information, speak to your HR department or GIB.
- (g) I will hold neither my employer nor the Trustees accountable for poor performance in relation to the portfolio/s I have selected.
- (h) I understand that GIB requires access to my personal information in order to administer my retirement fund and I consent to my employer providing GIB with the necessary information.
- (i) I confirm that GIB may process my personal information as provided above. This would include the processing of this form and future instructions submitted by me or any person authorised by me to act on my behalf.
- (j) I further confirm and understand that my personal information will be used for the purposes it was collected for and GIB will communicate with me in matters relating to the purpose my information was collected for.
- (k) I consent to GIB disclosing and transferring my personal information to any contracted third party.
- (l) I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and GIB’s policies on protecting the confidentiality of my personal information. GIB may use my personal information to provide and administer retirement fund investment and share my personal information with its partners and contracted service providers, who are legally bound to protect the information.

Member Signature _____

Date

5" EMPLOYER DECLARATION

It is understood that:

- (a) Cover in respect of risk/insured benefits for the member commences only when written confirmation is received from the Underwriter;
- (b) No risks are assumed other than in accordance with the conditions incorporated in the Rules of the Fund.

We declare that:

- (a) The abovementioned employee qualifies for membership of the Fund in terms of the Rules;
- (b) The employee has been notified of the conditions incorporated in the Rules and Policies issued to the Fund and Policy of Insurance.

Employer Authorised Signatory

Date

COMPANY STAMP

PLEASE REMIT TO:

GIB Financial Services (Pty) Ltd
rfs@gib.co.za / 011 483 1212
P.O. Box 3211, Houghton, 2041
GIB House, 35 Fricker Road, Illovo