

INVESTMENT PORTFOLIO SELECTION

Employer:			
Member Full Name:			
ID/Passport no.:		Date of Birth:	
Email Address:		Cell phone no.:	

As an **existing member**, please note that you will need to make a choice regarding both your regular (ongoing) contributions and your current fund credit. As a **paid-up member** you will only need to complete the fund credit section.

Regular Contributions:

From: Name of Portfolio	(% Allocation)	To: Name of Portfolio	(% Allocation)
TOTAL		TOTAL	

Retirement Account Fund Credit:

From: Name of Portfolio	(% Allocation)	To: Name of Portfolio	(% Allocation)
TOTAL		TOTAL	

Notes

- ❖ In order to obtain guidance or more information, please contact your Employer's HR department or GIB on 086 000 3863 (FUND) or investselect@gib.co.za and visit www.gib.co.za
- ❖ This form must be fully completed.
- ❖ This form is only deemed to be received by GIB once you have received written confirmation from GIB.
- ❖ Portfolio changes are made within 15 working days.
- ❖ Members are entitled to two free switches per 12 months.
- ❖ 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.

Declaration by Member

- ❖ All particulars in this form are true and correct.
- ❖ I am aware that I have access to benefit counselling as outlined in, Notes.
- ❖ I will hold neither my employer nor the Trustees accountable for poor performance in relation to the portfolio/s I have selected.
- ❖ I agree that GIB may process all information that I provide on this form. 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.

Signed at this day of 20

Member Signature: _____

PLEASE REMIT TO:

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