

## INVESTMENT PORTFOLIO SELECTION - NEW MEMBER

Employer:			
Member Name:			
ID/Passport no.:		Date of Birth:	
Email Address:		Mobile no.:	

As a **new member**, please note that you will need to make a choice regarding both your ongoing contributions and if applicable, your transfer-in fund credit.

### Regular Contributions:

Name of Portfolio	Portfolio (% Allocation)
<b>TOTAL</b>	

### Transfer-in Fund Credit:

Name of Portfolio	Portfolio (% Allocation)
<b>TOTAL</b>	

### Notes

- ❖ 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](mailto:rfs@gib.co.za) and visit [www.gib.co.za](http://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.
- ❖ 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  
[rfs@gib.co.za](mailto:rfs@gib.co.za) / 011 483 1212  
P.O. BOX 3211, HOUGHTON, 2041  
GIB House, 3 West Street, Houghton