

NEW ENTRANT NOTIFICATION

1. IMPORTANT NOTES

Please attach 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 / Birth Certificates.

Note the following:

- ✦ This new entrant notification must be **fully completed**.
- ✦ 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.
- ✦ You can access your Fund information once your first contribution is received and reconciled by GIB via www.gib.co.za
- ✦ 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.

2. GENERAL

Participating Employer
 Paypoint/Branch

3. MEMBER DETAILS

- | | |
|---|----------------------|
| (a) Surname | |
| (b) First names | |
| (c) ID/Passport number | (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 number | (q) Tax Office |
| (r) Investment Portfolio: You will automatically be defaulted to the portfolio or life stage model as selected by your Board of Trustees. If you would like to select your own then complete the Investment Selection Form. | |

 Employer Authorised Signature

 Member Signature

4. TO BE COMPLETED BY MEMBER

- (a) 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.
- (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 am aware that I have access to benefit counselling as outlined in section 1, Important Notes.
- (e) 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.

Member Signature

Date

5. TO BE COMPLETED BY EMPLOYER

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.

DECLARATION:

- (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
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P.O. BOX 3211, HOUGHTON, 2041
GIB House, 3 West Street Houghton