

FUND NAME:

INVESTMENT PORTFOLIO SELECTION - NEW MEMBER

Employer:	<input type="text"/>		
Member Name:	<input type="text"/>		
ID/Passport no.:	<input type="text"/>	Date of Birth:	<input type="text"/>
Email Address:	<input type="text"/>	Mobile no.:	<input type="text"/>

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)
TOTAL	

Transfer-in Fund Credit:

Name of Portfolio	Portfolio (% Allocation)
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 rfs@gib.co.za.
- ✎ 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 will hold neither my employer nor the Trustees accountable for poor performance in relation to the portfolio/s I have selected.

Signed at this day of 20

Member Signature: _____

PLEASE REMIT TO:

GIB Financial Services
rfs@gib.co.za / 011 483 1212
P.O. BOX 3211, HOUGHTON, 2041
GIB House, 3 West Street, Houghton

FUND NAME:

INVESTMENT PORTFOLIO SELECTION – EXISTING MEMBER

Employer:	<input type="text"/>		
Member Name:	<input type="text"/>		
ID/Passport no.:	<input type="text"/>	Date of Birth:	<input type="text"/>
Email Address:	<input type="text"/>	Mobile no.:	<input type="text"/>

As an **existing member**, please note that you will need to make a choice regarding both your ongoing contributions and your current fund credit.

Regular Contributions:

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

Retirement Account Fund Credit:

From: Name of Portfolio	Portfolio (% Allocation)	To: Name of Portfolio	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 rfs@gib.co.za.
- ❖ This form is only deemed to be received by GIB once you have received written confirmation from GIB.
- ❖ Portfolio changes are made within 10 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 will hold neither my employer nor the Trustees accountable for poor performance in relation to the portfolio/s I have selected.

Signed at this day of 20

Member Signature: _____

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