FLEXIBLE PENSION (LIVING ANNUITY) INVESTMENT CHOICE ELECTION FORM

SENTINEL retirement fund

Please send your completed form to:

Email: mic@sentinel.za.com

Hand in: at your nearest Client Service Centres situated in Sandton, Welkom, Klerksdorp, Carletonville and Witbank/Emalahleni.

Industry / Participant Number (Pensioner)	Identity Number (Pensioner)r

I would like my existing **Fund Credit** to be invested as selected below.

FUND CREDIT (This is your existing capital in the Fund) Indicate your selection and % of total Fund Credit.

	PORTFOLIO (Select at least one)	**COMMENT**	**% ALLOCATION**	
	Wealth Builder	You may elect to invest all, or a portion of, your Flex Annuity Capital in ONE of these portfolios. You may also elect not to invest in any of these four portfolios by leaving it blank.	%	0-100%
	Inflation Protector		%	0-100%
	Pension Protector		%	0-100%
	Shari'ah		%	0-100%
	Money Market	You may elect to invest all, or a portion of, your Flex Annuity Capital in this portfolio. You may also elect not to invest in this portfolio by leaving it blank.	%	0-100%
	THE TOTAL OF YOUR PERCENTAGE ALLOCATIONS MUST EQUAL 100%		%	0-100%

IMPORTANT: Before exercising a Flexible Pension option, you are urged to consult the MIC Brochure and obtain professional advice.

You are strongly encouraged to contact the Fund should you require any assistance with making an Investment Choice decision!

I understand that should I elect to exercise a Flexible Pension Investment Choice option, the responsibility lies with me to notify the Fund in the event that I wish to amend my investment selection. I acknowledge that I understand the implications of my investment selection.

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

FLEXIBLE PENSION (LIVING ANNUITY) INVESTMENT CHOICE ELECTION FORM
- CONTINUED

Industry / Participant Number (Pensioner)	Identity Number (Pensioner)r

PERSONAL DETAILS – ALL FIELDS TO BE COMPLETED

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	

Identity Number | Passport Number		Gender	M	F

Your Tax Number (Compulsory)	

CONTACT DETAILS

Telephone Number	Code		Number	
Mobile Number	Code		Number	
E-mail				

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

Sandton: 5th Floor, 92 Rivonia Road, Wierda Valley, Sandton, 2196 | **Toll-Free** 0800 776 861
Carletonville: S Buys Office Park, Shop 10, Corner Kaolin and Radium Streets, Tel (011) 481 8290/1
Klerksdorp: 54 Buffelsdoorn Road, Flamwood, Tel (011) 481 8024/8 | **Welkom:** Shop 25, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni / Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6