MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM

MIC01

Industry / Participant Number	Identity Number

Please send your completed application form and required documents to:

E-mail: **mic@sentinel.za.com**

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

PART 1: RETURN TO LIFE STAGE MODEL

(If you previously elected a MIC option, tick here to return to the Life Stage Model) ☐

PART 2: INDIVIDUAL MEMBER CHOICE

(Please complete both A and B) ☐

I would like my existing **Fund Credit** (PART A) **and Future Contributions** (PART B) to be invested as selected below. (Paid-Up Members must not complete PART B.)

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

Please tick the applicable blocks under the portfolio section and indicate the percentage allocation for each portfolio chosen.

	PORTFOLIO (Select at least one)	COMMENT	% ALLOCATION	
☐	**Wealth Builder**	You may elect to invest all, or a portion of, your Fund Credit 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 Fund Credit 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%

B. FUTURE CONTRIBUTIONS (Monthly contributions to be made to the Fund) TICK ONLY ONE BLOCK

Wealth Builder ☐ Inflation Protector ☐ Pension Protector ☐ Shari'ah ☐ Money Market ☐

IMPORTANT: a) You are required to complete either PART 1 or PART 2 of this Member Investment Choice Election Form.
b) Before exercising a MIC 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 Member 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

MEMBER INVESTMENT CHOICE (MIC) ELECTION FORM

- CONTINUED

Industry / Participant Number	Identity Number

PERSONAL DETAILS

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	
Identity | Passport Number			

CONTACT DETAILS

Tel	
Mobile	
Email	

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