

NEW ENTRANT NOTIFICATION

1. GENERAL

Participating Employer

Paypoint/Branch

2. MEMBER DETAILS

(a) Surname

(b) First names

(c) ID 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) Contribution Category (see fund summary)

(m) Date joined company

(n) Fund join date

(o) Tax number

(p) Tax office

(q) Investment Portfolio choice * (if none selected, you will be invested according to your Fund's default option):

Destiny Market Enhanced Portfolio %

Destiny Moderate Portfolio %

Destiny Conservative Portfolio %

Destiny Defensive Portfolio %

Destiny Money Market Portfolio %

** Visit www.destinyfund.co.za to see the latest Portfolio Fact Sheets.
The rules of your fund may restrict you to specified investment portfolios.
See your Fund Summary to establish whether you are restricted in terms of Portfolio selection.*

Member Signature

3. 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.

Member Signature

Date

4. TO BE COMPLETED BY EMPLOYER

It is understood that:

- (a) Cover in respect of risk/insured benefits in respect of this 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.

Authorised Signatory

Date

COMPANY STAMP

PLEASE REMIT TO:

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