

INVESTMENT PORTFOLIO SELECTION

Employer: _____

Member Name: _____

ID/Passport no.: _____ Date of Birth: _____

Email Address: _____ Mobile no.: _____

Please note that you will need to make a choice regarding both your ongoing contributions and your current fund credit.

Regular Future Contributions:

	Existing Portfolio (% Allocation)	Future Portfolio (% Allocation)
Market Enhanced Portfolio		
Moderate Portfolio		
Conservative Portfolio		
Defensive Portfolio		
Money Market Portfolio		
TOTAL		

Current Retirement Account Fund Credit:

	Existing Portfolio (% Allocation)	Future Portfolio (% Allocation)
Market Enhanced Portfolio		
Moderate Portfolio		
Conservative Portfolio		
Defensive Portfolio		
Money Market Portfolio		
TOTAL		

Notes

- 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.

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