



### ELECTION TO DEFER MY BENEFIT UNTIL RETIREMENT

Industry Number								Reference Number									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Title			Initials			Surname											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Identity Number								Passport Number									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country Where Passport Was Issued								Gender (Please tick block)				Date Of Birth					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/>	<input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### ADDRESS DETAILS

POSTAL ADDRESS															
P O Box Number				Suburb, City or Town								Postal Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS															
Street Number				Street Name											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb, City or Town												Postal Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### CONTACT DETAILS

Home Tel No		Code		Number		Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell No		Code		Number		Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### IMPORTANT NOTES

I understand that by completing this form and submitting it to the Fund:

- I elect to become a non-contributory (deferred) member of the Fund;
- I may not revoke (change) this option in future;
- I will not have the option in future to terminate my membership and withdraw or transfer my fund credit;
- The only benefit that will be payable by the Fund will be a retirement benefit (based on age or disability, subject to the Rules) or a death benefit. The retirement benefit is payable as a lifelong pension and only part of it can be taken in a lump sum, subject to legislation.

I have included a completed Investment Option Form and confirm that I have read the Member Investment Choice brochure and understand the investment options. I undertake to keep the Fund updated regarding changes in address or contact detail.

I hereby elect to defer my membership of the Sentinel Mining Industry Retirement Fund  and/or  Mine Employees Pension Fund

Signature of Member

Date (YYYYMMDD)
<input type="text"/>



## MEMBER INVESTMENT CHOICE ELECTION FORM

**Industry Number (Member)**

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**Identity Number (Member)**

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**PART 1 : LIFE STAGE MODEL** (Tick here if you wish to elect this investment model)

In terms of the Life Stage Model, your Fund Credit and monthly contributions are automatically invested in one of the 3 Life Stage Model portfolios based on your current age and Normal Retirement Age. Your investment is therefore moved from one portfolio to a lower risk portfolio based on the number of years to your Normal Retirement Age.

**PART 2 : INDIVIDUAL MEMBER CHOICE** (Please tick applicable block)

I would like my existing Fund Credit (left hand column) and Future contributions (right hand column) to be invested as selected below.

**FUND CREDIT** (Tick only one block)

Wealth Builder Portfolio	<input type="checkbox"/>
OR	
Inflation Protector Portfolio	<input type="checkbox"/>
OR	
Pension Protector Portfolio	<input type="checkbox"/>
OR	
Money Market Portfolio	<input type="checkbox"/>
OR	
Shari'ah Portfolio	<input type="checkbox"/>

**FUTURE CONTRIBUTIONS** (Tick only one block)

Wealth Builder Portfolio	<input type="checkbox"/>
OR	
Inflation Protector Portfolio	<input type="checkbox"/>
OR	
Pension Protector Portfolio	<input type="checkbox"/>
OR	
Money Market Portfolio	<input type="checkbox"/>
OR	
Shari'ah Portfolio	<input type="checkbox"/>

100% Capital Protection Portfolio is available for a minimum one month period beginning at the start of each new month. Notice of your intention to invest in, or disinvest from, this portfolio must be received by the Fund at least two weeks before the start of the new month. Please consult the Investment Brochure for more information.

100% Capital Protection Portfolio    % Of total Fund Credit (25% increments only)

Effective Date Of Switch (YYYYMMDD)

Please select the Fund to which this Member Investment Choice Election Form applies (If you are a member of both Funds and wish to exercise a choice for both Funds, you **must complete a Member Investment Choice Election Form for each Fund**.)

MINE EMPLOYEES PENSION FUND  OR SENTINEL MINING INDUSTRY RETIREMENT FUND

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

I understand that should I elect the Individual Member Investment Choice option the responsibility lies with me to notify the Funds in the event that I wish to amend my investment selection. I acknowledge that I understand the implications of my investment selection.

Signature of Member

Date (YYYYMMDD)

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