

UNIVERSITY OF JOHANNESBURG PENSION FUND

MEMBER INVESTMENT CHOICE & ADDITIONAL GLA NEW ENTRANT FORM

E-mail this form to UniversityofJohannesburgPensionFund@aforges.co.za by the 7th of the month following date joined fund

MEMBER DETAILS

Surname	:	_____
Full Name/s	:	_____
Employee Number	:	_____
Income Tax Reference Number	:	_____
Gender	:	_____
ID Number / Passport Number	:	_____
Date of Birth	:	_____
Date of Employment	:	_____
Date Joined Fund	:	_____

MEMBER INVESTMENT CHOICE

I choose Option 1 below

Option 1: Lifestage (default option)

OR

I choose Option 2 below

Option 2: Own choice portfolio
(Please note that you can only elect ONE of the below investment options).

INVESTMENT PORTFOLIO	Please tick <u>one</u> of the below options
UJ Wealth Creation	<input type="checkbox"/>
UJ Capital Protection	<input type="checkbox"/>
UJ Wealth Preservation	<input type="checkbox"/>
UJ Money Market	<input type="checkbox"/>
Shari'ah Fund	<input type="checkbox"/>
Capital Guarantee	<input type="checkbox"/>

ADDITIONAL GROUP LIFE COVER

In addition to my current Life cover option, I wish to elect one of the following options of additional Group Life Cover.

Additional 1 x Annual Salary

Additional 2 x Annual Salary

I understand that in the event that this document is received incomplete or is not received timeously, Alexander Forbes will not action this instruction and will default my options to the Default Options as specified above. Should the outstanding form be received after the cut off date, the election options will only be actioned in the next month's contribution update. I certify that the foregoing statements are correct and that the employee has fulfilled the eligibility conditions set out in the Rules and that the employee is in active employment on the first working day of joining the Fund

Employer Stamp

Employee

Signature :

Date :

Employer

Signature :

Designation:

Date :