

APPLICATION FORM: LIVING ANNUITY RETIREMENT OPTION

SECTION A

I, the undersigned herewith wish to elect the in-Fund Living Annuity pension option with effect from

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**Note that the effective date above will also be your anniversary date for any future changes.*

SURNAME :

FULL NAMES :

ID NUMBER :

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(Kindly mark your choice with an X)

DRAW DOWN PERCENTAGE

%

INVESTMENT PORTFOLIOS

▪ Trustee Default Investment Option

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OR

▪ Long Term Capital Portfolio

%

▪ Stable Portfolio

%

▪ Money Market Portfolio

%

These should add up to **100%**. The instruction **WILL NOT BE IMPLEMENTED** IF IT DOES NOT ADD UP TO 100% RESPECTIVELY.

SECTION B

I hereby declare that I have noted the content of the Fund's retirement option documentation and obtained financial advice and understand the options offered to me in full as well as the implications of my choice and that it is my wish for my monthly pension to be converted to an in-Fund Living Annuity, which can only be amended at the above-mentioned anniversary date.

.....
SIGNATURE

.....
DATE