

# Member Investment Choice Switch Form: Active Contributing Members

## Section 1: Member Details (Compulsory, this form will not be implemented if not fully completed)

Momentum Retirement Administrator's reference  Employer number

Employer Participating to the Fund

Title  Initial(s)  First name

Surname

Date of birth    -

RSA ID  Yes ☐ No ☐ ID/passport number

Attach a copy of ID/passport (if you have an identity card, please submit a copy of the front and back of the card).

Passport country of origin

Postal address

Unit number  Complex (if applicable)

Street number  Street/farm name

Suburb/district

City/town  Postal code

Telephone (Business)  Home phone number

Mobile Number

Email address

## Section 2: New Investment Allocation

### Section 2.1: Individualised Investment Choice

Please note that all your savings, retirement and vested components will be switched according to your investment election.

I herewith instruct the Administrator of the Fund to switch my current Fund Credit and/or future contributions to the Portfolios in accordance with the percentages indicated below. I am aware that members who are entitled to the so-called "conditional retirement benefits", which apply only to members who joined the Fund on or before 1 December 1994 and who have not accepted their Employer's buy-out offer regarding this benefit, have NO choice and those members' retirement savings will be invested according to the Life Stage Investment Model based on the normal retirement age confirmed by their Employer to the Fund.

#### A. Switch my current FUND CREDIT TO:

REMAIN UNCHANGE*	
<b>INVESTMENT PORTFOLIO</b>	%
Long Term Capital	
Stable Portfolio	
Shari'ah Portfolio	
Money Market Portfolio	
<b>TOTAL</b>	100%

#### B. Switch my FUTURE CONTRIBUTIONS TO:

REMAIN UNCHANGE*	
<b>INVESTMENT PORTFOLIO</b>	%
Long Term Capital	
Stable Portfolio	
Shari'ah Portfolio	
Money Market Portfolio	
<b>TOTAL</b>	100%

### Section 2.2: Switching from one Life Stage Investment Model to another Life Stage Investment Model or Switching from Individualised Investment Choice to Life Stage Investment Model

Members whose Fund credits are currently invested through the Trustees' default Life Stage Investment Model or via an Individualised Investment Choice, and who wish to switch to a different Life Stage Investment Model, must confirm their new selection below. To do so, please submit a completed switching form to the Fund Administrator at [NTRF@momentum.co.za](mailto:NTRF@momentum.co.za).

<b>Switch TO:</b>	<b>MODEL</b> Mark only ONE
Life Stage Investment Model	60 <input type="checkbox"/> or 65 <input type="checkbox"/>

## IMPORTANT NOTES

1. \*It is important to complete both (A) switching of current Fund Credit and (B) switching of future contributions above, which should respectively add up to 100%. This instruction WILL NOT BE IMPLEMENTED IF BOTH INSTRUCTIONS ARE NOT COMPLETED AND IF (A) AND (B) DO NOT ADD UP TO 100% RESPECTIVELY. If you change one of the above options and prefer the other one to remain the same, please indicate in the relevant table the word "REMAIN UNCHANGE".
2. Please note that your contractual retirement age is determined by your employment conditions. This means that if you choose the Life Stage Investment Model 65, but your retirement age is 60, your Employer may force you to retire at age 60. Members should be aware that choosing a Life Stage Investment Model with an older retirement age than what the Employer has specified, means that they will be following a more risky investment strategy, albeit one with an expected higher investment return (but not so guaranteed).
3. Your switching instruction should be e-mailed to **NTRF@momentum.co.za**. The administrator will assess the instruction for completeness. The switch will be process **within 5 business days**. You will receive a notification confirming that your investment option(s) was implemented. If you do not receive confirmation or have any enquires in this respect, please contact the Administrator on **0860000071**.
4. On viewing of the switch election change, it is important to check and ensure that the switch instruction has been implemented in accordance with your intention and advice. Please inform the Administrator on **0860000071** within 30 days should you have any queries.
5. The Administrator will maintain procedures for disaster recovery in the event of catastrophe. The Administrator will have no liability for any loss that results directly or indirectly from a force majeure or from the lack of electricity supply or such other resources over which the Administrator has no control.

## Section 3: Protecting Your Information

For us to provide the service to you, you must furnish us the personal information we ask for in this form. We will process your personal information for valid and lawful reasons only.

### 1. Why we need your personal information

We collect your personal information in this form so that we can identify who you are and that your information corresponds to that which the Fund holds on record for you.

- Pay your benefit from the fund or under the policy
- Share it with a third party (who we contract with to provide services to you) so that we can provide services and products to you.

### 2. Keeping your personal information safe and confidential

We will take care to keep your personal information safe and obey any legal requirements about protecting your personal information (in terms of the Protection of Personal Information Act).

We will keep your personal information confidential and will not share it except in the circumstances explained in this document. We will keep your personal information for as long as:

- We need it to achieve the purpose set out above
- Any law or contract requires us to keep the information
- The Fund or insurer needs it for lawful purposes linked to its functions.

Once we are no longer authorised to keep your information, we have the right to take any one of the following actions:

- Destroy the information
- Delete the information
- De-identify the information

We do not need to let you know when we take any of these actions.

## Section 4: Declaration

I,  (full names)

A fax confirmation slip does not constitute sufficient proof of receipt by the Administrator. I understand that the onus is on me to ensure that the investment switch instruction is received by the Administrator and if the Administrator does not acknowledge receipt of the investment switch instruction within five working days, then the investment switch will not be implemented.

I understand that should the form be incomplete or inaccurately completed (refer to "Important Notes" above), the investment switching instruction may not be implemented by the Administrator. I will advise the Administrator within 30 days if the investment switching instruction has not been implemented as per my intention and advice. Any failure on my part to notify the Administrator of any errors and/or omissions relating to my investment switch instruction within 30 days will be deemed acceptance by me. Should you have any queries, please contact the Administrator on **0860000071** or alternatively via **NTRF@momentum.co.za**.

I declare that I understand the risk profile of the investment Portfolio(s) of my investment choice and that I have obtained advice where appropriate. I declare that I understand the implications of my investment choice. I indemnify the Fund, the Trustees, the Principal Officer of the Fund, my Employer and the Administrator against any claim arising from my written instruction to switch my investment Portfolio as specified on the reverse side of this investment switching form.

Member's surname

Initial(s)

Member's signature

Place

Date