

## **ANNEXURE A**

PLEASE NOTE: THIS OPTION FORM SHOULD ONLY BE COMPLETED SHOULD YOU WISH TO REVISE YOUR CURRENT RISK BENEFIT STRUCTURE FROM THE FIXED TO THE FLEXIBLE RISK BENEFIT STRUCTURE

Kindly refer to the accompanying letter or your latest member benefit statement which specifies your current risk benefit structure.

Please complete Section 1 in full. If any of the information is omitted, the option form will be considered invalid and you will remain on the fixed risk benefit structure.

Section 1: To be comple	eted in	full									
Surname	:										
Initials	:										
Date of birth	:										
ID number	:										
Employer	:				•	•	•	•		•	·
E-mail address	:										
Telephone number	:	(Wor	'k):				(M	obile):			
Signature of member	:						Da	ite :			

Please complete Section 2 should you wish to switch from the Fixed Risk Benefit to the Flexible Risk Benefit (only applicable if you are currently a Fixed Risk Benefit member).

Section 2: Choosing to cl	nange (If YES please mark	(If YES please mark with X)				
Flexible Risk Benefit	<b>YES,</b> I wish to change from the Fixed Risk Benefit category and elect the Flexible Risk Benefit option.					

Kindly indicate in the table below which percentage you want to apply to your Flexible Risk Benefit.

Section 3: Choosi	ng the percentage (%)		(Only s	elect ONE of the options with X)
Option 1	:	4% Flexible Risk Benefit		
Option 2	:	2% Flexible Risk Benefit		

## **IMPORTANT TO NOTE:**

- If you do not wish to make any changes to your current risk benefit structure, you NEED NOT complete and submit a form.
- 2. Kindly consult your Financial Advisor in order to ensure that you make an informed decision. Please also note that this is an irrevocable option and you are not allowed to elect the Fixed Risk Benefit structure ever in future.
- 3. Should you need any clarification in this regard, kindly e-mail your inquiry to: <a href="https://www.ntrage.ncbi.nlm.ntml">NTRF@momentum.co.za</a>.
- 4. Please submit the completed option form to <a href="NTRF@momentum.co.za">NTRF@momentum.co.za</a>, by no later than 12:00, on 30 September 2022. Kindly note that option forms received after 12:00, on 30 September 2022, will not be processed. Members are afforded the opportunity to make an election once per annum, effective 1 October each year.
- 5. Kindly note that the onus is on the member to ensure that the instruction is received by the Fund's administrator (Momentum Retirement Administrators), and should the form be incomplete or inaccurately completed the instruction will **not be** implemented by the Fund's administrator.
- 6. The member should also understand the implications of the revised choice. By signing this option form, the member also indemnifies the Fund, the Board, the Principal Officer of the Fund, the Insurer, the Employer and the Fund's administrator (Momentum Retirement Administrators), against any claim arising from the revised choice.