



NATIONAL TERTIARY RETIREMENT FUND

**FLEXIBLE RISK BENEFIT
OPTION FORM**

ANNEXURE A

**PLEASE NOTE: THIS OPTION FORM SHOULD ONLY BE COMPLETED SHOULD YOU WISH TO REVISE
YOUR CURRENT FLEXIBLE RISK BENEFIT COVER**

**Kindly refer to the accompanying letter or your latest member benefit statement that specifies
your current risk benefit cover.**

*Please complete Section 1 in full. If any of the information is omitted, the option form will be considered invalid
and your current risk benefit structure will remain unchanged for the next 12 months.*

Section 1: Complete in full														
Surname	:													
Initials	:													
Date of birth	:													
ID number	:													
Employer	:													
E-mail address	:													
Telephone number	:	(Work):						(Mobile):						
Signature of member	:											Date	:	

*Kindly indicate in the table below your preferred percentage should you wish to revise your current Flexible Risk
Benefit option.*

Section 2: Choosing the percentage (%)				(Only select ONE of the options with X)	
From	4%	To	2%		
From	4%	To	1%		
From	2%	To	4% *		
From	2%	To	1%		

** Should you wish to switch to a higher category; thus, from the 2% to the 4% risk benefit category, a pre-approval medical testing process may be required, the cost of which will be borne by the Fund. The Insurer will manage this medical assessment process and, thereafter, confirm the percentage cover accepted.*

IMPORTANT TO NOTE:

1. **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 to ensure you make an informed decision. Please also note that this is an irrevocable option and fixed for the following twelve month period.**
3. **Please refer to your previous member benefit statement to ensure you know your current risk benefit structure. Should you need any clarification in this regard, kindly e-mail your inquiry to: NTRF@momentum.co.za.**
4. **Please submit the completed option form to NTRF@momentum.co.za by no later than 12:00 on 9 October 2026. Kindly note that option forms received after 12:00 on 9 October 2026 will not be processed. Members are afforded the opportunity to make an election once per annum, effective 1 October each year.**
5. **Should the Administrator not receive your option form by 12:00 on 9 October 2026, your current Flexible Risk Benefit structure will remain the same for the next 12-month period.**
6. **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 Fund's administrator **will not** implement the instruction.**
7. **The member should also understand the implications of the choice. By signing this option form, the member indemnifies the Fund, the Insurer, the Board, the Principal Officer of the Fund, the Employer and the administrator of the Fund (Momentum Retirement Administrators), against any claim arising from the revised choice.**
8. **Please note, should you wish to switch to a higher category; thus, from the 2% to the 4% risk benefit structure category, a pre-medical testing process may be required by the Insurer.**