



NATIONAL TERTIARY RETIREMENT FUND

MEMBER INVESTMENT CHOICE SWITCHING FORM: DEFERRED MEMBERS

PART 1: MEMBER DETAILS (Compulsory, this form will not be implemented if not fully completed)

Surname : _____ Momentum Retirement Administrator's reference : _____
 Full Names : _____ Tel Nr (H) : _____
 Postal Address : _____ Tel Nr (W) : _____
 ID Number : _____ Mobile Nr : _____
 Date of Birth : _____ dd / mm / year
 E mail Address : _____

PART 2: NEW INVESTMENT ALLOCATION

Part 2.1: Individualised Investment Choice

I herewith instruct the Administrator of the Fund to switch my **current Fund Credit** effectively from the first calendar day of the following month, to the Portfolios in accordance with the percentages indicated below.

(A) Switch my current FUND CREDIT FROM:

INVESTMENT PORTFOLIO**	%
Long Term Capital	
Stable Portfolio	
Shari'ah Portfolio	
Money Market Portfolio	
TOTAL	100%

Switch my current FUND CREDIT TO:

INVESTMENT PORTFOLIO**	%
Long Term Capital	
Stable Portfolio	
Shari'ah Portfolio	
Money Market Portfolio	
TOTAL	100%

Part 2.2: Switching from one Life Stage Investment Model to another Life Stage Investment Model

Members whose Fund credits are currently invested according to the Trustees' **default Life Stage Investment Model** and who wish to **change** to another **Life Stage Investment Model** should confirm their revised choice below, by **forwarding** a switching form to the Administrator of the Fund. *Please also refer to note 2 on the reverse side of this document.*

FROM:	MODEL ①
Life Stage Investment Model	60 <i>or</i> 65

TO:	MODEL ①
Life Stage Investment Model	60 <i>or</i> 65

① Mark only **ONE** of the above.

Part 2.3: Switching from individualised Investment Choice to a Life Stage Investment Model

FROM:
Individualised Investment Choice

TO:	MODEL ①
Life Stage Investment Model	60 <i>or</i> 65

① Mark only **ONE** of the above.

Part 2.4: Switching from a Life Stage Investment Model to an Individualised Investment Choice

FROM: LIFE STAGE MODEL	MODEL ①
Life Stage Investment Model	60 <i>or</i> 65

TO: INDIVIDUALISED INVESTMENT CHOICE	%
INVESTMENT PORTFOLIO**	
Long Term Capital	
Stable Portfolio	
Shari'ah Portfolio	
Money Market Portfolio	
TOTAL	100%

① Mark only **ONE** of the above.

TURN OVER

IMPORTANT NOTES

1. Your switching instruction should be **e-mailed to NTRF@momentum.co.za** during the month for it to be implemented on the 1st day of the following month. You will receive a switching confirmation from the Administrator 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**.
2. 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.
3. 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.

PART 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. 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. 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).
3. 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.
4. 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.
5. We do not need to let you know when we take any of these actions.

PART 4: DECLARATION

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.**

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 Board, 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 & Initials: _____ Signature: _____ Date: _____.