MULTI-FUND SWITCH FORM



													holde	er of
(Surname F	(Surname First name						Other Names)							
Retirement Savings Account (RS.	A)	P	Ε	Ν										
Email Address							Мо	bile	Num	nber				
would like to switch from:		2					-		Ń					
Fund IFund II _					Fund II			-	Fui	ndl				
*Fund II					Fund III		-		· Fυ	nd I	l			
*Contributor must be 50years & abov	ve													

Kindly tick the box as appropriate for the fund you would like to switch to.

CERTIFICATION:

I am fully aware and understand the features of the new fund type I am choosing, and that:

- RSA holders can switch between fund types maximum of twice in a calendar year
- The first switch is free but the second switch within the calendar year would attract a fee.
- Contributors would be able to switch back to the default fund type as long as age limits are not breached.
- The fee for moving between funds (where it applies) would be deducted from the contributor's RSA.

DISCLAIMER: By this application, made with full knowledge of the multi fund guideline, I accept the consequences of my change instruction; subject to PenCom's investment guideline on multi fund which came into force on the 2nd July 2018. I have read and agreed with this disclaimer.

SIGNATURE: DATE: DATE:

FOR OFFICIAL USE ONLY

Received by: Date: .../20..... Signature: Date: .../20.....