GQM
Fund Administrators (Pty) Ltd
Quality Managed Retirement Fund Administration Services

Investment Election and Switch Request Form – Member Level

A. MEMBER'S PERSONAL PARTICULARS

Fund Name			
Title and Initials		Full Names and Surname	
ID / Passport Number		Date of Birth	
Member Number			
Contact Number (Home)		Contact Number (Cell)	
E-mail address			

B. ELECTION DETAILS

Effective Date	

This is for future contributions (Cash flow). No backdating is allowed.

	Current Election			New Election	
1		%	1		%
2		%	2		%
3		%	3		%
4		%	4		%
5		%	5		%
6		%	6		%

C. ELECTION DETAILS

This is for your existing fund balance. No backdating is allowed. The switch will be processed within 5 working days of receiving this form.

	Portfolio to switch from			Portfolio to switch to (total should always be 100%)
1		%	1	
2		%	2	
3		%	3	
4		%	4	
5		%	5	
6		%	6	

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Member Declaration:

1. GQM will implement an investment instruction when it has received a correctly completed application in the prescribed format.
2. I understand that should the form be incomplete or inaccurately completed, the instruction may not be auctioned by GQM.
3. An investment instruction will be implemented within 5 working days of confirmation of receipt.
4. If I have not received a confirmation of receipt within 5 working days, I must make enquiries, as my request may not have been received and processed.
5. Queries regarding the progress of an investment selection instruction must be directed to GQM at talk2us@gqm.co.za
6. The fee for investment changes is determined by GQM as agreed by the fund/employer.
7. I confirm that I have received appropriate advice from a Licensed Financial Services Provider.
8. I confirm that I am making an informed decision.

Employer/Trustee declaration:

1. I confirm that the above elections are in line with and allowed in terms of the Investment Policy Statement in place for the employer/fund.
2. The declaration made by the member is true and correct.

Company Stamp

_____
Member Signature

_____
Date

_____
Trustee / authorized Signatory

_____
Date

Disclosure of information

GQM and the fund understand privacy and the confidentiality of personal information. If required, we may disclose your personal information to 3rd parties. These 3rd parties are insurance and service providers who are involved in the delivery of products or services to you. The same strict confidentiality standards are imposed on 3rd parties. Signing of this form confirms acknowledgement and consent to the above. We will treat personal information with caution and have security measures in place to protect it. The information provided will be used for intended purpose only. Such purposes include fund and related communications. We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.

Where the person signing this document is someone other than the person whose personal information is being supplied, such signatory confirms that the necessary consent has been obtained to supply personal information and that the information is true and correct.