

NEW ENTRANT OPTION FORM

If you do not return an option form, you will be allocated to the Automatic Life Stage investment option.

Surname																					
First Name																					
ID Number														Emp	oloy	ee N	10.				
Date of Birth	D	D	Μ	Μ	Y	Υ	Y	Y]			To	ax N	√0.							
Date of Joining Company D D M M Y Y Y Y																					
Store/Branch																					
Tel No.	0											Ce	ell N	0.	0						
Email																					

I WOULD LIKE TO INVEST MY RETIREMENT FUND CONTRIBUTIONS AS FOLLOWS:

Indicate ONE choice only. Please tick in the appropriate box with your choice of investment option.

OPTION A: AUTOMATIC LI If you select Automatic Life Stage, your Fund C automatically be placed in the investment por These portfolios are selected by the trustees.	Credit and contrib rtfolio appropriate		Automatic Life Stage							
	OR									
OPTION B: WOOLWORTH HRA TO FORWARD TO BENEFITS	S SHARI'A	H PORTFOLIO	Shari'ah Portfolio							
I confirm that I understand the investment strategy options available to me and the implications of my choice. I do not hold the Fund, the trustees, the principal officer or my employer liable for any claim resulting from my decision.										
Employee Signature		Date D D M M Y Y	YY							
SIGNATURE ON BEHALF OF THE EMPLOYER I certify that the foregoing statements are correct and that the above employee has fulfilled the eligibility conditions as set out in the Rules.										
Full Name	Signature									

Date

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