

4. DEPENDANTS / BENEFICIARIES

- Payment to dependants & beneficiaries will be subject to section 37C of the Pension Funds Act.

The following person is a Dependant or a Nominated Beneficiary

Surname																												
Name(s)																												
Date of Birth	/	/	Rand amount spent on dependant per month R																									
Address																												
Contact Tel																										Benefit		%
Relationship																												

The following person is a Dependant or a Nominated Beneficiary

Surname																												
Name(s)																												
Date of Birth	/	/	Rand amount spent on dependant per month R																									
Address																												
Contact Tel																										Benefit		%
Relationship																												

The following person is a Dependant or a Nominated Beneficiary

Surname																												
Name(s)																												
Date of Birth	/	/	Rand amount spent on dependant per month R																									
Address																												
Contact Tel																										Benefit		%
Relationship																												

The following person is a Dependant or a Nominated Beneficiary

Surname																												
Name(s)																												
Date of Birth	/	/	Rand amount spent on dependant per month R																									
Address																												
Contact Tel																										Benefit		%
Relationship																												

The following person is a Dependant or a Nominated Beneficiary

Surname																												
Name(s)																												
Date of Birth	/	/	Rand amount spent on dependant per month R																									
Address																												
Contact Tel																										Benefit		%
Relationship																												

Declaration by Investor / Member

- I acknowledge that it is my duty to acquaint myself with the investment risks associated with my instructions and I am aware of, and accept the risk and any unique characteristics involved with the selected investment.
- I am aware that the initial administration fee is 2.75% plus VAT and that the annual asset consulting fee is 0.75% plus VAT. I am also aware that the underlying asset managers charge annual management fees.
- I warrant that all the information supplied on this form is true and correct and as per my instructions.

Signed at

Date

Signature of Investor / Member

5.1 FINANCIAL SERVICES PROVIDER (FSP) FEES

I hereby confirm the FSP, whose details are completed in the "Financial Services Provider Details and Declaration" section below, to be my introductory FSP and agree to payment of fees as follows:

Please specify the percentage (excluding VAT).

Initial: % (maximum 3% excluding VAT – deducted prior to investment being made)

Annual: % per annum of the investment portfolio, charged and paid monthly in arrears (maximum 1% excluding VAT, unless an initial % in excess of 1.50% is selected, in which case the maximum is 0.50%)

The authority may be withdrawn by written notice to GIB Financial Services (Pty) Ltd or the Fund.

Signature of Investor / Member

Date

5.2 FINANCIAL SERVICES PROVIDER (FSP) DETAILS AND DECLARATION (IF APPLICABLE)

FSP Institution Name

Code

VAT Vendor Status Registered

Not Registered

Adviser Name

- I/we
- declare that I/we have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 and subordinate legislation thereto, to the investor(s).
 - warrant that I/we have established and verified the identity of the investor(s) (and persons acting on behalf of the investor) in accordance with the Financial Intelligent Centre Act 38 of 2001 (FICA) and subordinate legislation thereto, and I/we will keep records of such identification and verification according to the provisions of FICA.
 - warrant that I/we have explained all fees that relate to this investment to the investor and I/we understand and accept that the Investor may withdraw his/her authority of payment to me/us in writing to GIB Financial Services.

Signed at

Date

Signature of Authorised Financial Advisor

5.3 THE FUND'S DETAILS

	Destiny Preservation Provident Fund	Destiny Preservation Pension Fund
FSB Registration Number	12/8/37588/1	12/8/37611/1
SARS Number	18/20/4/41971	18/20/4/41965
Bank Account Name	Destiny Preservation Provident Fund	Destiny Preservation Pension Fund
Bank	Nedbank	Nedbank
Branch	Business Northrand (146905)	Business Northrand (146905)
Account Number	1469161702	1469161680

PLEASE REMIT TO GIB Financial Services: destiny@gib.co.za
 P.O. BOX 3211, HOUGHTON, 2041
 GIB House, 3 West Street Houghton
 FAX: (011) 728-4426 / TEL: (011) 483-1212

6. RETIREMENT DETAILS (FOR OFFICE USE ONLY)

TRANSFERRING FUND DETAILS

Name of Employer

TRANSFERRING FUND

Nature of Fund Pension Fund Provident Fund Retirement Annuity Preservation Pension Fund Preservation Provident Fund

Registered name of fund

Postal Address

FSB Fund Number SARS Approval number

Date of commencement of Transferring fund membership Date of withdrawal/transfer from transferring fund

Amount to be transferred R *Full withdrawal benefit amount in Terms of rules of transfer or fund R

* If amount to be transferred is less than full withdrawal benefit amount, give reasons (refer SARS RF1/2011).

* Details of any other condition set out by the transferor fund:

I, the undersigned, duly authorised, declare on behalf of the Fund that all the above Information is correct, and the Fund authorises the transfer.

Capacity: Trustee Fund Administrator

Signature

Contact person: