



RFLAUN

Retirement Fund for Local Authorities
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

CAPITAL PROTECTION OPTION CHOICE FORM 1 APRIL / 1 OCTOBER _____

PLEASE NOTE THAT YOU MAY ONLY COMPLETE THIS FORM IF YOU HAVE ATTAINED AGE 55.
COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK [✓]

A MEMBER DETAILS

Employer				Company Ref. No	
Title, Initials, Surname	Title	Initials	Surname	Date of Birth	DD / MM / YYYY
First Name				Identity number	

B CONTACT DETAILS

Telephone number (office hours)		Fax number	
E-mail address			

C OPTIONS

C - 1 Members who attained age 55 before the above date

I wish to retain my Fund Credit and all future contributions in the Fund's Market Linked Option and thus opt not to adopt the Trustees decision to automatically move my Fund Credit into a Capital Protection Option.

If you have attained age 55 before the above date and **this choice is not completed, your Fund Credit will be switched automatically to the Capital Protection Option.** If you are comfortable with your Fund Credit being switched automatically to the Capital Protection Option, you need not submit a form.

C - 2 Members already older than 55 at above date, who previously opted to retain their Fund Credit in the Market Linked Option:

With effect from **above date** I wish to retain my Fund Credit and all future contributions in the Fund's Market Linked Option and thus opt not to adopt the Trustees decision to automatically move my Fund Credit into a Capital Protection Option.

If you are already older than 55 at the above date and you previously opted to retain your Fund Credit in the Fund's Market Linked Option and **this choice is not completed** you will be switched to the Capital Protection Option.

Initials

D PERSONAL DECLARATION

- I hereby declare that I fully understand the risk profile of the investment Options and the implications of me exercising this option and that it will be binding on me and my beneficiaries.
- I understand that the option to switch to the Capital Protection Option is irreversible.
- I understand that should the form be incomplete or inaccurately completed, the relevant action as described per C1 or C2 above will be taken by the administrator of the Fund.
- I indemnify the Fund, its officials and service providers, and my Employer against any claim whatsoever, arising from my choice.
- I accept that I am responsible for ensuring that my Fund Credit is reflected in the correct Option, for which purpose I will be provided with an annual benefit statement and a statement soon after the two annual switch dates. Should the Option not correctly reflect my decision, I am required to advise my HR department immediately.

E NOTES

- The Capital Protection Option is being invested in a combined portfolio consisting of Old Mutual Absolute Secure Growth and Sanlam Namibia Stable Bonus or such other Option(s) selected by the Trustees from time to time in their absolute discretion for the purpose of providing an alternative conservative investment Option.
- This form must reach the Human Resources office at least **two (2)** months prior to above date.
- The member's option indicated above must be communicated to the administrator of the Fund via the Human Resources office at least one (1) month before the above date in order for the switch to be effected.
- A benefit statement will be provided to the member as proof of the switch.

Member's Signature

Date

Witness

Date

Authorised Employer Signature

Date form received

COMPANY STAMP