

GERMISTON MUNICIPAL RETIREMENT FUND

POSTNET SUITE #083 CNR. RENDELL AND NAGINGTON ROADS
PRIVATE BAG X1037 WADEVILLE
GERMISTON,1400 1428
TEL: 011 873 0989 (Members) TEL: 011 873 0900/1 (General)
073 575 3702

WEBSITE: www.gmrf.co.za

E-MAIL: admin@gmrf.co.za or members@gmrf.co.za

**INVESTMENT OPTION FORM
CLOSING DATE 14 MAY 2026**

(Please note that this form is only valid for the investment choice effective 1 June 2026 All future changes to your accumulated Fund Credit must be made using the forms provided by the Fund, which are available from April each year)

SECTION A: Personal details

Surname: _____ Initials: _____

ID number: _____ Date of birth: _____

Fund reference number: _____ Employee number: _____

E-mail address: _____ Fax: _____

Mobile: _____ Phone: _____

SECTION B: Notes

1. This form must be returned before or on **14 MAY 2026**.
2. Only whole number percentages are allowed for the tables in Section B, not Rand amounts.
3. If you do not receive an acknowledgement of receipt of your option form within five working days of submission, it is your responsibility to contact the administrator and request confirmation of receipt.
4. **Your current investment choice will remain as is unless you exercise this option to amend it.**
5. **Complete only Section D or E. Not both.** Completion of both section D and E will make your choice invalid.

DECLARATION BY MEMBER

SECTION C: Declaration

I have read the attached Member Investment Guide on the Fund’s default Life Stage Model and the investment choices available to members, I hereby confirm that the Fund’s administrator should invest my Fund assets as indicated on this form.

I waive any claim that I may otherwise have for any loss that I may sustain as a consequence of my decision to exercise investment choice, and indemnify the Fund against any claims by me or my dependants arising from any losses as a consequence of this decision.

Signature: _____ Date: _____

Name in print: _____

SECTION D: Your own investment option

Please note that you should only complete this section if you **DO NOT** want your Fund assets to be invested **according to the Default Life Stage Model**.

Please indicate how you would like to invest your **Fund Credit**, which can be in any combination of the following portfolios.

FUND CREDIT/ ACCUMULATED RETIREMENT SAVINGS	%
MARKET PORTFOLIO	%
STABLE PORTFOLIO	%
MONEY MARKET PORTFOLIO	%
TOTAL	100%

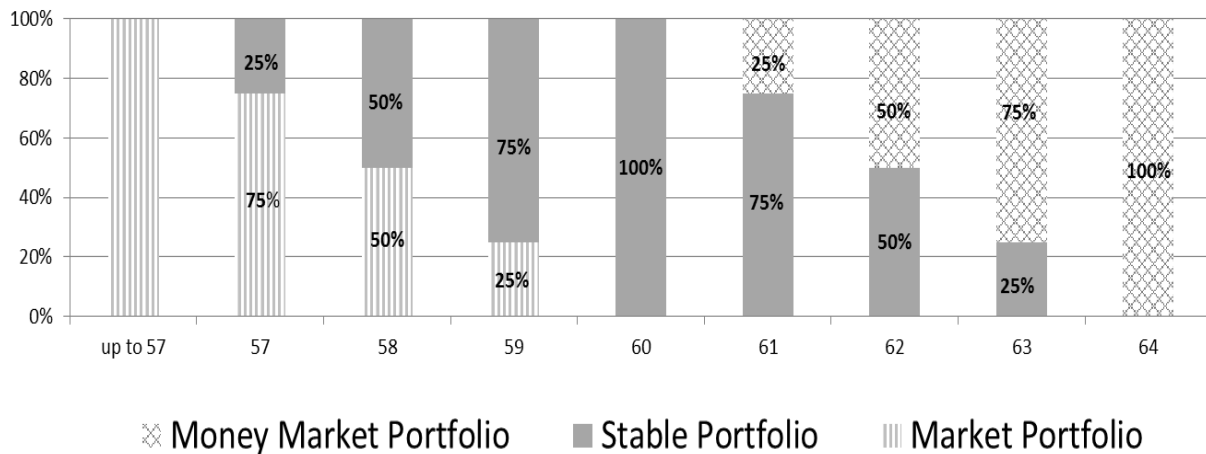
Note: Your future contributions (i.e. after 1 June 2026) will be invested according to your investment options elected as above.

YOUR CHOICE EXERCISED ABOVE WILL REMAIN IN FORCE UNTILL SUCH TIME THAT YOU NOTIFY THE FUND IN WRITING OF YOUR AMENDED INVESTMENT OPTION

SIGNATURE: _____

OR
(DO NOT COMPLETE BOTH SECTION D AND E)

SECTION E: Transfer back to/ Remain in the Default Life Stage Model



I wish to be transferred back / Remain in the Default Life Stage Model (✓ to indicate)

SIGNATURE: _____