Please complete accurately, using CAPITAL/BLOCK LETTER. Return the completed form to your HR office and to RFS Administrators (Pty) Ltd by email to info@rfsolutions.co.za

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE EMPLOYEE (MEMBER) OF THE FUND

Participating Employer

PARTICULARS OF EMPLOYEE

First Name

Last Name

ID number

Income tax reference number

Date of birth (D D M M Y Y Y Y)

Member No

Postal Address

City

Code

Home Address

City

Code

Cellphone no

Work no

Home no

Email

TWO-POT RETIREMENT SYSTEM - OPT-IN

Members who were 55 years and older on 1 March 2021 and wish to opt-in to the two-pot retirement system, must formally elect to do so.

☐ **I hereby elect to opt-in to participate in the two-pot retirement system.**

You have until 31 August 2025 to decide whether you wish to opt-in to participate in the two-pot retirement system. This is a permanent, once-off election.

SECTION B: MEMBER DECLARATION

I _____ (full names) have checked this form and declare that all particulars furnished in this form and supporting documentation are true and correct.

Authorised Signature _____ Date | D | D | M | M | Y | Y | Y | Y |

Supporting Documents Required

* Copy of the member's identification document. If it is smart identification, both sides must be copied and certified.

Confidentiality

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.