KZN
MUNICIPAL PENSION FUND
Together We Grow Your Wealth

MEMBER INVESTMENT SWITCH FORM

The completed form together with the required supporting documents (refer to Checklists) are to be sent by the Employer:

FAIRSURE ADMINISTRATION | kznmunicipalpensionfund@fairsure.co.za | PO Box 8417, Roggebaai, 8012

1 Important notes

- This form consists of 3 pages, part 1 – 4, sections A – D which must be read and completed by the member.
- The completed form (i.e. ALL sections), together with the required supporting documents, as stipulated in the Checklist and form hereinafter, are to be submitted to KZN Municipal Pension Fund/Fairsure Administration.
- This switch form is to be completed in its entirety – if a question is not applicable, please mark "N/A" or "Unknown".
- Information can be completed by hand or electronically.
- For an instruction to be considered correct and valid, it must follow the criteria below, along with any additional requirements determined by the Fund from time to time:
  - The instruction must be in writing.
  - The instruction must be legible.
  - The instruction must be on the form and in the format determined by the Fund.
  - The form must be signed.
  - The chosen portfolio must be clearly specified.
  - The chosen portfolio must be available.
  - The allocation among different portfolios must total 100% (where applicable).
  - The investment allocation following execution of the instruction must comply with Regulation 28 of the Pension Funds Act.
  - The instruction must be directed to the person specified by the Fund.
  - The instruction must be sent to the email address specified by the Fund below.
- For any queries, please contact Fairsure Administration on ☎ 086 000 4400 or kznmunicipalpensionfund@fairsure.co.za

2 Protection of Personal Information (POPI) Act Notice

- Personal Information received through this form, by KZN Municipal Pension Fund/Fairsure Administration shall be treated as confidential and protected information and will not be disclosed unless required by law or in the ordinary course of the proper performance of Fairsure Administration's duties, included and not limited to:
  - Assessment and processing of claims
  - Tracing beneficiaries
  - Verifying your identity
- We may share your information for further processing with third parties, to which third parties have an obligation to keep your Personal Information secure and confidential.
- KZN Municipal Pension Fund/Fairsure Administration shall comply with the Protection of Personal Information Act, 2013 (POPIA), regulations, its Data Protection Policies and all other laws and procedures relating to the storage, privacy, processing, handling and the destruction of Member's and Claimant's Personal Information.
- All applicable laws, regulations, policies, and procedures will be complied with, even as they change with time.
- The appropriate and reasonable technical and organisational measures to prevent the loss of damage to or unauthorised destruction of Data and the unlawful access to or Processing of Data will be taken by KZN Municipal Pension Fund/Fairsure Administration.
- Industry Best Practice for the protection, control, and use of Data standards of compliance will be met, even as they change with time.
- Once the personal information received, has been processed for the purpose it was obtained, it will be kept secure, in accordance with the retention policy and thereafter destroyed in accordance with all Data protection laws.
- KZN Municipal Pension Fund/Fairsure Administration warrants that its agents and any other person/s accessing Personal Information on its behalf are reliable and trustworthy and have received the required training on POPIA relating to the Protection of Personal Information.

3 Financial Advisory and Intermediary Services Act

- I am accountable for ensuring the completion and accuracy of this Switching form before signing it.
- Upon request, I will receive a copy or printed record of this transaction within a reasonable timeframe.

Administered by:
Fairsure ADMINISTRATION
Fairsure Administration (Pty) Ltd is an authorised financial services provider (FSP No. 19023)

4. TO BE COMPLETED BY THE MEMBER

B Member Details

Title: Initial(s): Surname:

First name(s): Gender: Male ☐ Female ☐

Date of birth (YYYY/MM/DD): RSA ID: Yes ☐ No ☐ ID/Passport number:

Residential address:

Code

Postal address:

Code

Contact number: Alternative contact number

Email address:

C Investment Portfolio Options

There are two investment options below:

1. **Default Option –** This option is for active members who do not wish to choose investment portfolios. 100% of your Fund Credit will be invested in the KZN Managed Fund investment portfolio.

☐ Tick this box if you wish to invest 100% of your fund credit in the KZN Managed Fund.

2. **Choice of Portfolio Option –** This option allows you to split your 100% across a list of investment portfolios.

☐ Tick this box if you wish to invest your fund credit in the portfolios below. Seek advice when making these choices.

Indicate your choices below by percentage across the investment portfolios, the total must equal to 100%.

SYG KZN Aggressive Fund		%
SYG KZN Managed Fund		%
SYG KZN Islamic Fund		%
SYG KZN Moderate Fund		%
SYG KZN Defensive Fund		%
SYG KZN Money Market Fund		%
KZN Global Balanced Fund		%
TOTAL	100	%

D Declaration

Member Declaration:

I, _____, and in my capacity as the member _____, hereby declare:

- That I am duly authorised to make this declaration; ☐
- That I understand the risk profile of the investments I have chosen; ☐
- That I have had advice where appropriate; ☐
- That all details furnished in this form, and accompanying documentation, to the best of my knowledge, is true and correct, and that no material information has been omitted or withheld; ☐
- That I have an obligation to inform the KZN Municipal Pension Fund/Fairsure Administration should any information change, or any new information become available. ☐
- That by signing this form I agree that neither the fund nor Fairsure Administration are liable for any claim arising from my investment choices. ☐

Signed at:

Date (YYYY/MM/DD):

Signature of Member: