

LIFE EVENTS THAT REQUIRE A CHANGE IN INSURED DEATH AND DISABILITY INCOME BENEFITS OPTION FORM

The purpose of this form is for you, the member, to inform the Fund and its Administrator of your wish to change your death and disability income benefit option as a result of a life event.

MEMBER'S PERSONAL DETAILS

Title Dr Mr Mrs Ms Prof

Fund membership number

Surname First names

Date of birth Identity number

Residential address

Postal code

Postal address

Postal code

Home telephone number Work telephone number

Cellphone number Facsimile number

Email address

CHANGE OF OPTION

This request must be presented within 3 months of the life event and a supporting document confirming the life event must be provided.

The life event-based switch takes effect from the 1st of the month following receipt and approval of the application.

* Life events that permit a change in option at any time

- A single member gets married
- A married member gets divorced or their spouse dies
- A member increases his/her dependants through the birth of a child or the like
- A member whose contract of employment changes from permanent and in full-time service of the employer to an employee employed on a fixed-term contract or vice versa may change his/her risk option on the date of the employment contract change
- A member is promoted

DEATH BENEFIT

Current age	Current age "X"	Confirm your selection by circling the multiple of cover for your current age. Multiples of annual pensionable salary available per age band.						
		No cover	1	2	3	4	5	6
Younger than 30		No cover	1	2	3	4	5	
Age 30 to 39		No cover	1	2	3	4	5	
Age 40 to 49		No cover	1	2	3	4	5	6
Age 50 to 54		No cover	1	2	3	4	5	
55 and older		No cover	1	2				

If no death benefit selection is made, the default level of cover, as decided by the Fund, will be applied. The applicable default per age band is lightly shaded. The premium for the above insurance cover is funded from the employer's contribution towards the Fund. For further information regarding this benefit, please refer to the Fund's website: www.laretirementfund.co.za

DISABILITY BENEFITS

If you elected not to be covered for the disability income benefit on joining the Fund, you now have the option to elect to take up the cover.

Please select one of the following two options by ticking the relevant block:

I hereby apply to be covered for the disability income benefit.

My original decision made on joining the Fund not to take up this cover remains unchanged. I choose not to elect this cover.

Please note that once you elect to take up the disability income benefit, you may not subsequently elect to cancel this cover.

Declaration and confirmation of death and disability income benefit option changes:

Please state the reason for the request (i.e. the life event)

Date of the event

Signed at on this day of (month) (year)

Surname First names

Signature

Important Notes:

You, the member, must inform the Fund's Administrator in writing of any change in option within three (3) months of the event occurring (i.e. the reason for the request).

- Certified copies of relevant documents must be attached to this form i.e.
- Marriage – copy of marriage certificate
- Divorce or death of spouse or death of a child – copy of divorce order or death certificate
- Birth or adoption of a child – copy of birth certificate and confirmation of adoption
- Change in employment conditions or promotion – letter from your Employer

Once you elect to take up the disability income benefit, you may not subsequently elect to cancel this cover.