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Fund Registration No: 12/8/1278

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.

MEMBERS PERSONAL DETAILS

Pension number _____ Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Surname name _____ First names _____

Date of birth _____ Identity number _____

Residential address _____

_____ Postal code _____

Postal address _____

_____ Postal code _____

Home ☎ no. _____ Work ☎ No. _____

Cell phone no.* _____ Email address* _____

* *Your cell phone number and email address are important as this enables the Fund to communicate with you.*

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 ticking the multiple of cover for your current age. Multiples of annual pensionable salary available per age band						
Younger than 30		No Cover - 0	1	2	**3**	4	5	
Aged 30 to 39		No Cover - 0	1	2	**3**	4	5	
Aged 40 to 49		No Cover - 0	1	2	**3**	4	5	6
Aged 50 to 54		No Cover - 0	1	**2**	3	4	5	
Aged 55 and older		No Cover - 0	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

INSURED INCOME DISABILITY BENEFIT OPTION

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)

☐ Marriage ☐ Divorce ☐ Death of spouse

☐ Increase in dependants (birth of child) ☐ promotion ☐ Permanent to full time service

Date of life event _____

Declaration and confirmation of death benefit option change:

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

Your full name _____

Your signature _____ Date of 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.