MEMBER ENROLLMENT FORM

RF PENSION PLAN



(1)
MEMBER'S INFORMATION Please PRINT throughout.
Mr. Ms. Member Name
Mrs. Dr. Last First Middle
Gender M F Date of Birth (DD/MM/YYYY) Marital Status Single Married
Address Divorced Widowed
Postal Code Country ID Type National Identification Number Passport
ID No.
Personal E-mail Address Home Phone No. Mobile No.
2
Member Account I hereby authorize my Employer to deduct 5% of my Salary/Income by way of contribution to the Plan commencing as of the 1st day of
Additional Voluntary Contributions (AVC) I hereby authorize my Employer to deduct an additional% or \$ of my Salary/Income by way of contribution to the Plan commencing as of the 1st day of, 20 Please allocate as % RF Aggressive Pension Strategy % RF Growth Pension Strategy % RF Balanced Pension Strategy % RF Moderate Pension Stra

I understand that my Employer is under no obligation to make or match AVCs.

		ay of contribution to the Plan commencing as of
the 1st day of	, 20 Please allocate as	follows:
% RF Aggressive Pension S	trategy	
% RF Growth Pension Stra	egy	
% RF Balanced Pension St	ategy	
% RF Moderate Pension St	ategy	
% RF Conservative Pension	Strategy	
		minimum allocation of 25% in each fund. If your Mandatory
Employer Asset Allocation is incomplete or mac	arate, all contributions received will be investi	ed in the default fund option: RF Balanced Pension Strategy.
3)		
COPERATION		
GREEMENT		
I certify that the information provided		
	Plan are set forth in the Rules of t	the Plan, and agree to be bound by all the
terms and conditions of the Plan. I acknowledge that the risks associ	ated with my investment ontions h	ave been explained to me
I agree to receive electronic pensio		
pension@rfgroup.com.	G	
Signature of Member		Date (DD/MM/YY)
Vould you like to receive more information a	out our mutual funds or other products	s that may help you create wealth? Y N
4)		
OMPLETED BY EMPLOYER		
Name		Title
uthorised by		
ignature Date (DD/MM/YYYY)	Hire Date	(DD/MM/YYYY)
auticipation Data (DD (111 0000)		Data (DD 444 00000)
articipation Date (DD/MM/YYYY)	Termination	on Date (DD/MM/YYYY)
ationality		