

1. MEMBER'S INFORMATION

Employer Name		Member ID Number	
<input type="text"/>		<input type="text"/>	
Mr.	Mrs.	Ms.	Dr.
Last Name		First Name	Middle Name
<input type="text"/>		<input type="text"/>	<input type="text"/>
Gender	M	F	Date (DD/MM/YYYY)
<input type="text"/>		Marital Status	Single
<input type="text"/>		Married	
<input type="text"/>		Divorced	
<input type="text"/>		Widowed	
Permanent Residential Address (include Street, Apt. or Suite No. or Rural Route)		Postal Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>
ID Type	National Identification Number	Passport	Driver's License
Work Permit		Other	
ID No.	<input type="text"/>		
Personal E-mail Address		Home Phone No.	Mobile No.
<input type="text"/>		<input type="text"/>	<input type="text"/>

2. ASSET ALLOCATION**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

, 20 . Please allocate as follows:

- % RF Aggressive Pension Strategy
- % RF Growth Pension Strategy
- % RF Balanced Pension Strategy
- % RF Moderate Pension Strategy
- % RF Conservative Pension Strategy

Allocation must total 100% with no fractions. Maximum selection of four (4) Funds with a minimum allocation of 25% in each fund. If your Mandatory Asset Allocation is incomplete or inaccurate, all contributions received will be invested in the default fund option: RF Balanced Pension Strategy.

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 Strategy
- % RF Conservative Pension Strategy

Allocation must total 100% with no fractions. Maximum selection of four (4) Funds with a minimum allocation of 25% in each fund. If your AVC Asset Allocation is incomplete or inaccurate, all contributions received will be invested in the default fund option: RF Balanced Pension Strategy.

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

Employer 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 _____, 20____. Please allocate as follows:

____ % RF Aggressive Pension Strategy
____ % RF Growth Pension Strategy
____ % RF Balanced Pension Strategy
____ % RF Moderate Pension Strategy
____ % RF Conservative Pension Strategy

Allocation must total 100% with no fractions. Maximum selection of four (4) Funds with a minimum allocation of 25% in each fund. If your Mandatory Employer Asset Allocation is incomplete or inaccurate, all contributions received will be invested in the default fund option: RF Balanced Pension Strategy.

3. AGREEMENT

I certify that the information provided above is accurate and complete;

- I understand that all my rights in the Plan are set forth in the Rules of the Plan, and agree to be bound by all the terms and conditions of the Plan.
- I acknowledge that the risks associated with my investment options have been explained to me.
- I agree to receive electronic pension statements and acknowledge that to receive a hard copy I can email pension@rfgroup.com.

Signature of Member: _____ Date (DD/MM/YYYY): _____

Would you like to receive more information about our mutual funds or other products that may help you create wealth? Y N

4. COMPLETED BY EMPLOYER

Name	Title
Authorised by _____	_____
Signature Date (DD/MM/YYYY) _____	Hire Date (DD/MM/YYYY) _____
Participation Date (DD/MM/YYYY) _____	Termination Date (DD/MM/YYYY) _____
Nationality _____	

TO: RF GROUP:

I, _____ the undersigned being a member of the RF Pension Plan ("Plan") and Beneficiary under the RF Pension Plan Trust ("Trust") hereby appoint the hereinafter mentioned person(s) as beneficiary under the Trust (hereinafter called Designee(s)) to the intent that such Designee(s) shall, if they survive me, upon my death prior to the termination of the Trust and before my receipt of my entitlement under the Plan/Trust be entitled in the following proportions to all monies to which I may be entitled from the said Plan/Trust Fund held by you.

Are you married? Yes ☐ No ☐ Name of spouse _____ D.O.B (DD/MM/YYYY) _____

Details	Beneficiary (A)	Beneficiary (B)	Beneficiary (C)	*Guardian (if applicable)
First Name				
Middle Initial(s)				
Last Name				
Date of Birth (DD/MM/YY)				
Relationship				
Address				
Phone Number				
Email				
% Allocated				

- List your beneficiary(ies), and the percentage of your benefit payable to each, below. If no percentage is indicated, the beneficiaries will share equally.
- Please note that a Guardian must be designated for any Beneficiary Child under the age of 18.

Should my Designee(s) be entitled to receive my interest in the Plan/Trust by virtue of my death and only one (1) of the Designees survive me, I appoint that the survivor shall, in addition to his share, take the remainder of my entitlement under the Plan/Trust.

Where two (2) only of three (3) appointed Designees survive me, each surviving Designee shall, in addition to his share, take an equal portion of the share of the designee who did not survive me.

I, having appointed only one (1) Designee above, hereby appoint the following person as an Alternative Designee to the intent that in the event my Designee does not survive me, my Alternate Designee shall be entitled to receive my entitlement under the Plan/Trust.

Alternative Designee

NAME _____

ADDRESS _____

RELATIONSHIP _____

If none of the Designees or Alternate Designees appointed herein survive me, my entitlement under the said Plan/Trust shall be disposed of according to the laws of the jurisdiction in which I am deemed resident.

This Appointment is revocable at any time prior to the termination of the Trust. I hereby revoke all appointments prior to the appointment made herein.

Client Name _____ Signature _____

Witness Name _____ Position _____ D.O.B (DD/MM/YYYY) _____