

INVESTMENT SWITCH INSTRUCTION

MULTILECT UMBRELLA PENSION FUND

MEMBERSHIP NUMBER: _____

AUTHORITY: I hereby authorise Multilect Administrators (Pty) Ltd to make the following investment switches at the end of the month to my policy.

Switch from:	% or Rand amount	Switch to:	% or Rand amount

REASON:

Signed at _____ this _____ day of _____ 20____

Signature of Member/ Financial Services Provider: _____

ID Number: _____

Postal Address: _____

_____ Code: _____

Telephone Number: _____

Mobile Number: _____

E-mail address: _____