

Membership: Change of Option

Advice: It is always important to seek professional financial advice and assistance.

INCREASING OF OPTIONS

You may only increase your option in the event of marriage, birth or adoption of a child or promotion, provided your application reaches the Scheme within 60 days of the event and you are not yet 50 years old. As a last option, you may, at any time apply to increase your cover on the basis of "proof of good health".

For this application you will need to submit satisfactory proof of good health to the satisfaction of the insurer.

IMPORTANT:

Late applications will not be considered.

For more information please visit the Scheme's website at www.tglscheme.co.za

DECREASING OF OPTIONS

You may decrease your benefit or cover option at any given time provided that your application is done so inwriting to the Scheme

Member Details

Surname and initials:		Identity number:		
Cell phone number:		Pay number:		
Email:				
I am currently on option (Mark with X in appropriate block)	Y	1ZY	2ZY	3ZY
Contribution per option expressed as a percentage (%) of basic salary	0%	0.585%	1.170%	1.755%

Change my option to (Mark with X in the appropriate block)

Option	Mark with X	Benefit Description			Conversion Option
		Death	Funeral	Disability	
Y		1 x annual basic salary	R40 000	1 x annual basic salary	Yes
1ZY		2 x annual basic salary		1.5 x annual basic salary	
2ZY		3 x annual basic salary		2 x annual basic salary	
3ZY		4 x annual basic salary		2.5 x annual basic salary	

Reason for change (Mark with X in the appropriate block)

Marriage	Proof must be submitted together with this application. Applications to upgrade due to these circumstances must reach the Scheme within 60 days from the date of the event and you should not yet be 50 years of age. Late applications will not be considered.
Birth or adoption of a child	
Promotion	
Submission of proof of good health	Subject to the approval of the Insurer. All medical costs for Members own account.
Decrease of benefit	The decrease will be implemented by the Employer.

INDEMNITY:

The above is my final choice **and** I hereby certify that I have received sufficient information to exercise my options indicated above. I take full responsibility for my decision and also hereby indemnify the Scheme and Employer from any claim as a result of my option. I am aware that all benefits will be paid strictly in terms of the policy issued by the insurer to the Employer.

MEMBER SIGNATURE

DATE