



PRIME PRESERVATION PROVIDENT PLAN TWO-COMPONENT ELECTION FORM

The purpose of this form is to enable Prime Preservation Provident fund members who were 55 years or older on 1 March 2021 to elect to opt in to the Two-Component Retirement System. This instruction is important. If you do not understand the consequences of this instruction, please contact your financial adviser for assistance.

1. YOUR PERSONAL AND CONTACT DETAILS

Fund membership number: Title: Dr. Mr. Mrs. Ms. Prof.

Surname: First names:

Date of birth: Identity number:

Maiden name: Income tax reference number:

Residential address:

Postal address:

Home telephone number: Work telephone number:

Cellphone number: Email address:

2. ELECTION PROCESS AND TIMELINES

Should you wish to opt in to the Two-Component Retirement System, please complete, sign and return this instruction by emailing the document to trading@globaladmin.co.za by no later than midnight on 31 August 2025.

3. INSTRUCTION

I confirm that I am a Member of the Prime Preservation Provident Plan who was 55 years or older on 1 March 2021 and that I am eligible to opt into the Two-Component Retirement System. I hereby elect to opt in to the Two-Component Retirement System

*Please select by ticking (✓)

4. INVESTOR DECLARATION

I confirm that:

1. The information contained herein is correct, I have the necessary authority to submit this instruction and that this instruction is within my powers.
2. I have not received advice from the Administrator relating to this or any other instruction I would like processed.
3. I have read and understood the terms and business processes outlined within the Product Information Document.
4. My existing benefits as of 1 March 2021 will be preserved and unaffected by this election.
5. I acknowledge that this decision is voluntary and has been made after considering my personal financial situation and retirement planning needs. I understand the implications of opting into the Two-Component Retirement System and confirm that I have sought or had the opportunity to seek financial advice before making this decision.
6. I acknowledge that only upon receipt of a fully completed "intra-fund transfer" form will my instruction be processed.
7. In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Administrator can be held liable for such losses.

Your full name:

Your signature: Date: