



INVESTMENT ELECTION FORM

MEMBER TO COMPLETE THIS SECTION IN BLOCK CAPITALS

Name of Company	Policy Number	Certificate Number
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Member's Name:	<input type="checkbox"/> Miss	Last	First	Middle
	<input type="checkbox"/> Mrs.			
	<input type="checkbox"/> Mr.			

National Registration Number	TAMIS Number	NIS Number
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Pursuant to the terms and conditions of my enrolment in the above Pension Plan, I hereby make the below investment option(s).

Investment Option(s):

Current Portfolio Holdings section is only applicable where there are existing holdings. If more than one investment option is chosen, please indicate the percentage allocation.

Confirm with your Human Resources/Plan Administrator which of the following funds are applicable to your plan.

Current Portfolio Holdings

<input type="checkbox"/> Sagikor Bonds Fund	<input type="text"/> %	<input type="checkbox"/> Sagikor Preferred Income Fund	<input type="text"/> %
<input type="checkbox"/> Sagikor Equity Fund	<input type="text"/> %	<input type="checkbox"/> Sagikor Global Balanced Fund	<input type="text"/> %
<input type="checkbox"/> Sagikor Renewable Energy Fund	<input type="text"/> %	<input type="checkbox"/> Sagikor Select Growth Fund	<input type="text"/> %

Future Contributions

<input type="checkbox"/> Sagikor Bonds Fund	<input type="text"/> %	<input type="checkbox"/> Sagikor Preferred Income Fund	<input type="text"/> %
<input type="checkbox"/> Sagikor Equity Fund	<input type="text"/> %	<input type="checkbox"/> Sagikor Global Balanced Fund	<input type="text"/> %
<input type="checkbox"/> Sagikor Renewable Energy Fund	<input type="text"/> %	<input type="checkbox"/> Sagikor Select Growth Fund	<input type="text"/> %

This election takes effect from

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 (Date must be either Member's Entry Date or Anniversary Date of Plan.)
Day Month Year

I further acknowledge that my selection of investment option(s) was of my own choice and was without coercion.

Signature of Member

Date

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Day Month Year

Name of Witness

Signature of Witness

THIS SECTION TO BE COMPLETED BY EMPLOYER

We hereby confirm that the above employee is an eligible/enrolled Member of our Company's Pension Plan.

Company Stamp

Name of Authorized Official

Signature of Authorized Official

Date