

# MULTI-FUND STRUCTURE FORM

Please Complete in BLOCK LETTERS

## 1. Personal Details

A. PIN: \_\_\_\_\_

B. SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

OTHER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

C. RESIDENTIAL ADDRESS: \_\_\_\_\_

D. CONTACT PHONE NUMBER: \_\_\_\_\_

C. EMPLOYER NAME: \_\_\_\_\_

D: EMPLOYER ADDRESS: \_\_\_\_\_

## 2. Choice of Fund (Tick as appropriate)

<b>FUND I</b> <input type="checkbox"/> (Less than 50 years)	<b>FUND II</b> <input type="checkbox"/> (49 years & below)	<b>FUND III</b> <input type="checkbox"/> (50 years & above)
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## 3. Capacity to choose

By signing this form, you hereby confirm and warrant to us that you have read the information regarding the Multi-Fund Structure and understood the risks associated with each fund, on the basis of which you have chosen the .....

If you are unsure as to whether you have all the necessary information to make this choice, you will need to obtain further information on the various funds and associated risks before you continue. Our Customer Care Centre is available to provide the information you need and answer your questions on the Multi-Fund Structure. Please call: 07046475720; or email [info@vgpensions.com](mailto:info@vgpensions.com) for further assistance.

### Indemnity

I hereby indemnify VG Pensions and release the Company for any losses and from any liabilities that may be incurred as a result of defects in my decision to choose this fund, due to failure on my part to duly ascertain and understand the characteristics of the various funds.

### Consent

I ....., having read and understood the Multi Fund Structure grouping, I have chosen and hereby confirm my choice to have my pension funds in ..... and to have them invested under the regulations guiding the investment of this specific Fund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date