



ITRANSACT RETIREMENT PLAN - ANNUAL ADVISOR REVISION FORM

This form must be completed for all policy funded retirement annuities on an annual basis.

SECTION 1: Member Details

Investment Account Number

Name

Surname

Telephone Number

Email Address

SECTION 2: Financial Advisor Information

Name

Surname

Contact Number

Email Address

FSP Name

Financial Advisor Code

SECTION 3: Revised Advisor Annual Fee

Please select an option

Retain existing fee

☐

Cancel existing fee

☐

Change existing fee

☐

If option 3 is selected, please complete the below:

Annual Adviser fee

% (Max 1%)

Member Declaration

I confirm that all information provided herein it true and correct and that I have read and understood the contents of this form.

Signature of Member

D	D	M	M	Y	Y	Y	Y
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Print Initials and Surname