



ITRANSACT RETIREMENT PLANS - CHANGE OF DETAILS FORM (INDIVIDUALS)

Select the applicable product:

Itransact Retirement Plan

☐

Itransact Preservation Plan

☐

SECTION 1: Member Details

Member Name

Account No.

SECTION 2: New Personal Details

- Complete only the details you want to change.

Member Details

Title

First Names

Surname

ID/Passport No.

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*For change of name please include proof thereof i.e. Copy of South African bar-coded ID, passport (for foreign nationals), marriage cert or divorce decree.

*Residential Address

Code

*Postal Address

Code

*Please include proof of residential address.

Tel (Home)

Tel (Mobile)

Email

*Unless specifically instructed, all communication will be sent via email.

Marital Status

☐

Married

☐

Divorced

☐

Never Married

☐

Other (Please specify)

☐

For change of marital status please include proof thereof i.e. marriage cert or divorce decree.

Residence and Income Tax Details

Country of Residence

*Income Tax Number

**Please include proof of tax number.*

SECTION 3: Person Acting on Behalf of Member

- Please note that certified proof of capacity stated below will be required on the submission of this instruction.

Capacity

ParentDivorcedEstate Late ExecutorsCuratorshipTrusteesPower of Attorney

TitleFirst Names

Surname

Date of Birth

D

D

M

M

Y

Y

Y

Y

ID/Passport No.

*Residential Address

Code

*Postal Address

Code

Tel (Home)Tel (Mobile)

Email

**Unless specifically instructed, all communication will be sent via email.*

Signature of the person acting on behalf of the Member

D

D

M

M

Y

Y

Y

Y

SECTION 4: Change of Debit Order Details (Retirement Plan)

- Please complete this section if you want to add/change or cancel your existing Debit Order.
- This change must be received 10 days prior to the next Debit Order date.

Please select from the following options:

<input type="checkbox"/>	Cancel the Debit Order	Effective Date of Change	<table><tr><td>D</td><td>D</td></tr></table>	D	D	<table><tr><td>M</td><td>M</td></tr></table>	M	M	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
D	D												
M	M												
Y	Y	Y	Y										
<input type="checkbox"/>	Change an Existing Debit Order	Effective Date of Change	<table><tr><td>D</td><td>D</td></tr></table>	D	D	<table><tr><td>M</td><td>M</td></tr></table>	M	M	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
D	D												
M	M												
Y	Y	Y	Y										
<input type="checkbox"/>	Load a New Debit Order Amount	Debit Order Amount (per month)	<table><tr><td>R</td></tr></table>			R							
R													

If you would like to change the date on which your Debit Order runs, please select from the options below:

<input type="checkbox"/> 3rd of the month	<input type="checkbox"/> 15th of the month	<input type="checkbox"/> 25th of the month
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If you would like to increase your Debit Order automatically each year, please select from the options below:

Percentage Increase Per Annum	5%	<input type="checkbox"/>	10%	<input type="checkbox"/>	15%	<input type="checkbox"/>	20%	<input type="checkbox"/>
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Please specify the Debit Order details below. This instruction will replace any existing Debit Orders on your investment account.

Portfolio Name and Class	Percentage Allocation (%)
TOTAL	100%

SECTION 5: Change of Banking Details

- Please complete this section if you want to change your banking details.
- Please provide proof of banking details provided in the form of a bank statement or cancelled cheque.
- For Debit Order transactions, where the account holder is not the Member, we require the account holder to sign the change of bank details.

Please indicate to which transaction this change must apply? Debit Order ☐ Once off/ Regular Withdrawals ☐

Account Holder Information

Account Name	<input type="text"/>		
Account No.	<input type="text"/>	Bank	<input type="text"/>
Branch	<input type="text"/>	Branch Code	<input type="text"/>
Type of Account:	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/> Other <input type="checkbox"/>

Signature of Account Holder

D	D
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M	M
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Y	Y	Y	Y
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SECTION 6: Change of Brokerage / Financial Services Provider (FSP) and or Financial Advisor

- Complete this section if you would like to change your Financial Services Provider (FSP) and/or Financial Advisor Annual Fee.
- Please note that the new nominated FSP must hold a contract with the Product Provider to take effect.

Brokerage Name

Brokerage Code

Financial Advisor Name

Financial Advisor Code

Declaration to be completed by the Financial Services Provider

1. I hereby confirm that I am appropriately and timeously registered in terms of the Financial Advisory and Intermediary Services Act No 37 of 2002 (FAIS) to act as the Member's Financial Advisor on record.
2. I warrant that I have either established and verified the identity of all Members in accordance with section 21 of the Financial Intelligence Centre Act No 38 of 2001 ("FICA"), or that in terms of my rules and procedures ordinarily applied in the course of establishing business relationships or concluding single transactions, I will have established and verified, in accordance with Section 21 and 21 A-H of FICA, the identity of every Member on whose behalf I will be establishing business relationships or conducting single transactions with the Administrator or that I have, where it has not established and verified the identity of any Member, been exempted from having to do so by another (the primary) accountable institution and that I will or have obtained a written undertaking from the primary accountable institution to this effect. I further warrant that I will keep records of such identification in accordance with Section 22 and 22A of FICA or, where it has not established and verified the identity of Members, another (the primary) accountable institution has provided me/us with an undertaking that it will keep the requisite records.
3. I authorise the Administrator to accept instructions by facsimile or e-mail and hereby waive any claim that I may have against the Administrator and indemnify the Administrator against any loss incurred as a result of the Administrator receiving and/or acting upon such communication. The Administrator will not be held responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of application and/or transactions. The Administrator will not be liable to make good or compensate any Member or third party for any damages (whether direct or consequential), losses, claims or expenses resulting there from. The Member or any third party indemnifies the Administrator accordingly.

Member Fee and Discretionary Mandate Declaration

1. I/We confirm that I have entered into a mandate with the FSP named herein, who is an approved discretionary FSP and I/We have attached a signed copy of the mandate to this instruction.
☐ Yes ☐ No
2. I/We confirm my understanding that if I/We have not selected '**Yes**', only transaction instructions received from, and signed by me, will be acted upon.
3. I/We further confirm my understanding of the fact that if I/We have selected '**Yes**', the Product Provider and/or the Administrator will act on all transaction instructions received from the nominated FSP irrespective of whether or not authorisation for the transaction in question is received from me/us.
4. I/We indemnify the Product Provider and the Administrator against any losses whatsoever that may occur as a result of transaction instructions carried out, where such instructions are signed and submitted by the FSP without my/our knowledge.
5. I/We confirm that I/we have agreed to the payment of the Initial Financial Advisor Fee and Annual Financial Advisor Fee, as specified below.

Initial Advisor Fee (Debit Oder)

% Excl. VAT

Annual Advisor Fee

% Excl. VAT

Financial Advisor Signature

D	D
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M	M
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Y	Y	Y	Y
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Member Signature

D	D
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M	M
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Y	Y	Y	Y
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SECTION 7: Member Declaration and Signature

1. I/We confirm that all the information provided on this form is correct.
2. I/We confirm that I/we have read and understood all relevant documentation, such as but not limited to the product information guide, portfolio supplement and minimum disclosure document, associated with this investment.
3. I/We acknowledge that I/we are still bound by the terms, conditions and declarations agreed and signed to in the original application documentation.

Signed at (Place)

D	D
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M	M
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Y	Y	Y	Y
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Member's or Authorised Representative's Signature

(If an Authorised Representative please provide proof thereof)

SECTION 8: Financial Services Provider Declaration and Signature

I/We understand/warrant/confirm that:

1. The latest terms and conditions associated with this product are applicable. The Financial Service Provider is responsible for ensuring that he/she/it has read and understood them and explained them to the Member in full. A copy of these terms and conditions may be requested from the Administrator.
2. The Financial Service Provider confirms that all statements made and information provided on this form are correct.

Signed at (Place)

D	D
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M	M
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Y	Y	Y	Y
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Advisor's Signature