

ITRANSACT RETIREMENTS PLANS - TRANSFER IN/OUT FORM

Select the applicable product:

Itransact Retirement Plan

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Itransact Preservation Plan

☐

SECTION 1: Investor Details

Account No.

Client No.

Investor No.

Investor Name

Investor ID/Reg No.

Email Address

Are you an existing Investor?

Yes

☐

No

☐

If **"Yes"** please provide your Investment Number.

SECTION 2: Acting on behalf of Investor

Please provide full details of the person who is authorised to act on behalf of the investor together with proof of the authority/appointment.

Capacity in which the person is authorised:

Curator

☐

Guardian

☐

Executor of Estate

☐

Power of Attorney

☐

Discretionary IFA

☐

Title

First Names

Surname

ID/Passport No.

Physical Address

Code

Tel (Mobile)

Tel (Work)

Physical Address

SECTION 3: Transfer in details

- Please complete this section if you are transferring FROM another Product Provider.
- If you are a new investor, please submit the relevant application form together with this transfer instruction.
- If you are an existing investor, please submit an additional contribution form with this transfer instruction.

The details to be provided below are for the **transferring** Provider.

Product Provider Name	<input type="text"/>		
Registration No.	<input type="text"/>	Product Name	<input type="text"/>
Contact Person's Name	<input type="text"/>		
Email	<input type="text"/>	Tel No.	<input type="text"/>
Estimated Transfer Value	R <input type="text"/>		

SECTION 4: Transfer out details

- This section is to be completed if you are transferring TO another Investor or Product Provider.
- Please note that all Money Market Fund transfers are processed in cash.
- Unless instructed otherwise your funds will remain invested until the date of actual disinvestment.
- Securities purchased by debit orders are subject to a 40 day holding period before they can be transferred.

Transfer Type	Cash Transfer	<input type="checkbox"/>	Unit Transfer	<input type="checkbox"/>
Transfer Amount	Full Transfer (100%)	<input type="checkbox"/>	Partial Transfer	<input type="checkbox"/>

If you have selected to do a Partial transfer please complete the table below:

Portfolio Name & Class	Component	Rands	Units	%

SECTION 5: Transferring to

(A) Individual

Investor Name	<input type="text"/>	Investor ID No.	<input type="text"/>
Email	<input type="text"/>	Tel No.	<input type="text"/>
Is this a new investment account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If **“yes”** please include a copy of the relevant application form. If **“no”** please provide existing investment no.

(B) Other Product Provider

Product Provider Name

Registration No.

Product Name

Contact Person's Name

Email

Tel No.

Is this a new investment account?

Yes

☐

No

☐

If **"yes"** please include a copy of the relevant application form. If **"no"** please provide existing investment number.

Unit Transfer Account Details (if applicable):

Portfolio (CIS) Fund	Management Company	Bulk Account Number

SECTION 6: Special Requirements/Additional Declarations

SECTION 7: Investor Declaration

1. I/We confirm that all the information provided on this form is correct.
2. I/We confirm that I 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

M

M

Y

Y

Y

Y

Investor'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:

- 4. 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.
- 5. 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
---	---

Y	Y	Y	Y
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Advisors Signature