

ITRANSACT PRESERVATION PLAN WITHDRAWAL FORM

SECTION 1: Investor Details

| | | | | | | | | | | | | |
|---------------------|----------------------|--------------------------|----------------------|----------------------|----|----------------------|-----|----------------------|----|----------------------|------|----------------------|
| Fund Membership No. | <input type="text"/> | Title | Dr | <input type="text"/> | Mr | <input type="text"/> | Mrs | <input type="text"/> | Ms | <input type="text"/> | Prof | <input type="text"/> |
| Surname | <input type="text"/> | First Names | <input type="text"/> | | | | | | | | | |
| Date of Birth | <input type="text"/> | Identity No. | <input type="text"/> | | | | | | | | | |
| Maiden Name | <input type="text"/> | Income Tax Reference No. | <input type="text"/> | | | | | | | | | |
| Residential Address | <input type="text"/> | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | |
| Postal Address | <input type="text"/> | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | |
| Home Tel No. | <input type="text"/> | Work Tel | <input type="text"/> | | | | | | | | | |
| Cell Phone No. | <input type="text"/> | Email | <input type="text"/> | | | | | | | | | |

SECTION 2: Withdrawal Election (tick appropriate box)

Has any divorce order been made against your interest in the Fund and which has not been paid to the non-member spouse?

Yes ☐ No ☐

If yes, please provide details in the space below and attach a certified copy of the court order and settlement agreement or amended agreement if not previously provided.

Partial Vested Component Withdrawal

☐

Full Vested Component Withdrawal

☐

Or Withdrawal due emigration/ work VISA expiration

☐

If **"Partial Vested Component Withdrawal"** please provide the total amount you wish to withdraw

R

Please take careful note that should you want to access a full or partial withdrawal from the Vested Component prior to retirement, the lump sum withdrawal will be subject to applicable administration fees and will be taxed according to your applicable marginal income tax rate. Please take further note of the Information Document which details the terms and conditions of withdrawal from each respective component.

SECTION 3: Benefit Payment Instructions

Please ensure that the bank account details supplied are in respect of your own bank account and not a third party. Failure to complete this section in full may result in a delay in the settlement of your claim.

Specify pre-tax amount to be taken as cash

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Account Holder's Full Name

Account No.

Name of Bank

Type of Account

Current

Savings

Branch Code

SECTION 4: Claims Process

1. Claiming Pre-Retirement Benefits (Vested Component)

You will have immediate access to the vested pot and can make a withdrawal, and will be taxable based on your marginal income tax rate

Required Documentation

- 1.1. Completed pre-retirement withdrawal claim form.
- 1.2. Proof of bank account details not less than 3 months old.

2. Process

- 2.1. Application: submit the pre-retirement claim form along with the required documentation to instructions@itransact.co.za.
- 2.2. The Administrator shall review the claim and verify the qualifying conditions and information provided.
- 2.3. If approved, the claim will be processed.
- 2.4. The approved amount from the Vested Component will be paid into your bank account.

SECTION 5: Member Declaration

I confirm that:

1. The information contained herein is correct, I have the necessary authority to request this withdrawal and that this transaction is within my powers.
2. I have not received advice from the Administrator relating to this or any other instruction I would like processed.
3. I have read and understood the terms and business processes outlined within the Product Information Document
4. Payment of my Savings Component shall be made in accordance with the Fund's rules, and it represents the full and final discharge of the Fund's liability to me within the current tax year.
5. I understand the withdrawal options available to me with regard to the payment of my benefits, including the tax implications and that I am making an informed choice in this regard.
6. I acknowledge that only upon receipt of a fully completed claim form will my benefit be disinvested and held in the Fund's bank account until such time as payment of the benefit is made in terms of my payment instructions.
7. In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Administrator can be held liable for such losses.
8. I made the decision about the payment of my benefit voluntarily.

Your Full Name

Your Signature

D

D

M

M

Y

Y

Y

Y

SECTION 6: 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)

Advisor’s Signature

D

D

M

M

Y

Y

Y

Y