





ITRANSACT LIVING ANNUITY SWITCH FORM

VERSION NUMBER 1.1

IMPORTANT INFORMATION

- 1. Please send this form and all associated documents directly to the Administrator (by email only) to the following email address instructions@itransact.co.za
- 2. Automated Outsourcing Services (Pty) Ltd, trading as Itransact is an authorised Financial Services Provider (FSP 650) and is the Administrator of this product.
- 3. The responsibility of transmitting the documents to the Administrator lies with the sender.
- 4. No form will be considered complete without all the required fields being completed and the required supporting documentation being submitted. The Administrator reserves the right to reject any application and or instruction at any time due to incomplete or insufficient documentation and information.
- 5. Lump sum investments will only be processed upon proof of deposit of funds into the relevant inflow bank account associated with this product and receiving all the relevant documentation.
- 6. It is important that you have read and understood all the latest product media, terms and conditions associated to this product before you sign this form, all of which are available from the Administrator whose details are provided at the end of this form.

SECTION 1 INVESTOR DETAILS																			
Investor Number																			
First Name																			
Surname																			
If any of your contact details have changed since your initial investment, please provide updated details in the spaces below.																			
Cell Phone Number		Τ																	
Other Contact Number																			
Email Address																			
SECTION 2 SWITCH DETAILS																			
I/We hereby request the administrator to switch funds as fol	lows	(no r	partia	al sw	itche	es allo	owec	d on	portf	olios	:)·								
From (Fund Name)							Rand Amount								Or Units Or %				
							R								%				
To (Fund Name)																			
From (Fund Name)							Rand Amount							Or Units Or %					
																	%		
To (Fund Name)																			



From (Fund Name)							Rand Amount Or Units								Or %			
To (F	Fund Name)																	
From (Fund Name)								Ran	d Am	nount	t				Or l	Jnits		Or %
To (F	Fund Name)																	
Plea	se note that transaction fees are charged on	ooth the b	ouy	and sel	lleg	s of	this	tran	sacti	on.								
 2. 3. 4. 	A Stock Broker Fee which is currently set at C through which the transaction is conducted for A nominal fixed Investor Protection Levy shall A nominal STRATE fee shall be charged by S All fees quoted are exclusive of VAT.	or all purch be charge	nas ed k	e and sal by the Jo	e tra hanr	ansac nesbi	tion urg S	s. Stock	Exch	nange								
	(Note that capital gains tax may arise from t	ne sale of s	sec	curities re	esult	ing f	rom	swit	ching	.)								
SE	CTION 3 INVESTOR DECLARATION	ON																
2. 3. —————————Sign	read and understood them. A copy of these The Investor confirms that all statements ma If the investor has appointed a financial advi services provider declaration below. ature of Investor or duly authorised person/s	ade and info sor to cond	clu	mation p	rovi	ded (uctio	on th	nis fo e fin	rm a	re co I adv	rrect				nplet	e the	e fina	ıncia
Print Initials and Surname							1	1										
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_	nature of third party applicant or authorised re	presentati	ive	of a			Dat	e (dc	mmy	ууу)								
Print Initials and Surname																		
	CTION 4 FINANCIAL SERVICES P	ROVID	EF	R DEC	LAI	RA1	ΠΟ	N (IF A	PPI	_IC/	ABL	E)					
	The latest terms and conditions associated to that he/she/it has read and understood ther be requested from the administrator. The Financial Service Provider confirms that	o this produ	luc lair	t are app ned them	olical n to t	ole. T the in	he F	inar tor ir	cial S full.	ervic A cop	ce Pro	ovide these	r is r e ter	ms a	ınd c	ondit		



Print Initials and Surname

SECTION 5: FINANCIAL SERVICES PROV	IDER DETAILS
Financial Service Provider Details	
Name of Financial Services Provider (The Company)	
Telephone	
Facsimile	
Email	
Tick the box if the details below are the same as the FSP details	above
Name of Financial Advisor/Representative	
Telephone	
Cell	
Facsimile	
Email	

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SECTION 6 ADMINISTRATOR CONTACT DETAILS

Financial Advisor Support Centre

Telephone 086 143 2383 | Fax 086 743 6959 | Email info@itransact.co.za

Investor Support Centre

Telephone 086 146 8383 | Fax 086 743 6959 | Email investor@itransact.co.za

www.itransact.co.za

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