



ITRANSACT PENSION PRESERVATION FUND

SWITCH FORM

VERSION NUMBER 3

IMPORTANT INFORMATION YOU NEED TO KNOW BEFORE YOU SWITCH

Financial Advice

Research has proven that receiving good independent financial advice can make a substantial difference to an investment outcome. If you are not comfortable making your own investment decisions, consider using the services of an independent financial adviser (IFA). To locate an IFA in your area, refer to the 'Find an adviser' section of our website. Itransact is a licensed financial services provider for the purposes of distributing and administering this investment product. Itransact does not provide financial advice.

Make an informed decision

Ensure you understand the terms and conditions of this product before you withdraw. Please consider the tax implications. Refer to our product fact sheets, brochures, fee disclosures and research made available on our website.

INVESTMENT PROCESS

<p>STEP 1 Complete the form and agree to the terms and conditions</p>	<ul style="list-style-type: none"> • Please complete this form accurately to ensure there is no delay in processing your instruction. • If you are representing the investor please complete the 'Acting on behalf of investor' section of this form.
<p>STEP 2 Send documents to Itransact via Email</p> <p>Where required, additional forms are available on our website in the 'Forms & Downloads' section.</p> <p>www.itransact.co.za</p>	<p>Email your documents to: instructions@itransact.co.za</p> <p>If you experience difficulties transmitting your documents to us, please call us on 0861 468 383 during business hours and we will gladly assist you.</p> <p>Document Checklist</p> <p><input type="checkbox"/> Completed instruction form</p> <p><input type="checkbox"/> Additional forms and/or documents that may be requested from you in this application form.</p>
<p>STEP 3 Fulfilment</p>	<ul style="list-style-type: none"> • We will acknowledge receipt of your instruction and contact you if there are any outstanding requirements. • Instructions will only be acted upon after receipt of a completed and signed instruction form together with any relevant supporting documents. • You will receive confirmation once your instruction has been processed.
<p>CUT OFF TIMES</p>	<ul style="list-style-type: none"> • Instructions received before 11h00 on a business day will start processing on that day. • Instructions received after 11h00 on a business day will start processing on the next business day. • Instructions received on a weekend or public holiday will start processing on the next business day.
<p align="center">Itransact Pension Preservation Fund Financial Services Board Registration Number 38169 Itransact Pension Preservation Fund South African Revenue Service Number 18/20/4/042312</p>	

SECTION 1: MEMBER DETAILS

Investor Number

Title Surname

First Names

South African Identity Number Male Female

Person Acting On Behalf Of The Member

(Please provide the name of the legal guardians or persons with a power of attorney to act on behalf of this member)

Title Surname

First Names

Relationship to Member

Residential Address

 Postal Code

Telephone (w)

Cell Phone Number

Other contact Number

Email Address

SECTION 2: SWITCH DETAILS

Please note that 'Portfolio Name' refers to an Managed ETF Portfolio and/or Unit Trust available within the Preservation product.

I/We hereby request the administrator to switch portfolios as follows:

Vested Component

From (Portfolio Name)	Percentage %	To (Portfolio Name)
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>

Savings Component

From (Portfolio Name)	Percentage %	To (Portfolio Name)
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>

Retirement Component

From (Portfolio Name)	Percentage %	To (Portfolio Name)
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>

I/We hereby request the administrator to switch my components as follows:

Switch from vested component to retirement component

Switch from savings component to retirement component

Please note when switching to the retirement component that this instruction cannot be reversed. Funds within the retirement component are only accessible at retirement age.

Please note that transaction fees are charged on both the buy and sell legs of this transaction (where applicable).

1. Stock Broker Fee which is currently set at 0.08% of the value of the transaction (excluding VAT) shall be charged by the brokerage through which the transaction is conducted for all purchase and sale transactions.
2. A nominal fixed Investor Protection Levy shall be charged by the Johannesburg Stock Exchange for all purchase and sale transactions.
3. A nominal STRATE fee shall be charged by STRATE on all purchase and sale transactions.
4. All fees quoted are exclusive of VAT.

SECTION 3: MEMBER DECLARATION

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

_____ Date (ddmmyyyy)

Signature of Member (or person acting on behalf of the Member)

Print Initials and Surname

SECTION 4: FINANCIAL SERVICES PROVIDER DECLARATION

1. The latest terms and conditions associated to 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.

_____ Date (ddmmyyyy)

Signature of Authorised Financial Service Provider/Representative

Print Initials and Surname

SECTION 5: IMPORTANT CONTACT INFORMATION

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