



PRESERVATION FUND TRANSFER OUT FORM

VERSION 1.0

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. **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.**

PROCESS

STEP 1 Complete the form and agree to the terms and conditions	<ul style="list-style-type: none"> • To ensure there is no delay in processing your investment, please complete the form accurately and ensure you understand the terms and conditions you are entering into. • Depending on the investment type and/or product you may be required to complete and provide additional forms.
STEP 2 Send documents to Itransact via Email www.itransact.co.za	Email your documents to: instructions@itransact.co.za 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.
CUT OFF TIMES	<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.
FSCA Registration Number 12/8/38169	

SECTION 1: INVESTOR DETAILS

Investor Number

First Name

Surname

ID Number (Passport number if foreign national)

Income Tax Number

Cell Phone Number

Other Contact Number

Email Address

Divorce Orders

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.

SECTION 2: TRANSFER DETAILS

I/We hereby request the administrator to transfer securities from my/our account as follows:

Name of Approved Insurer

FSCA Fund Registration Number

Contact Name

Contact Telephone Number

Fund Email Address

Reason for Transfer

Fund Name	Amount	Or %
<input type="text"/>	R <input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/>

SECTION 3: INVESTOR DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Investor 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 Investor confirms that all statements made and information provided on this form are correct.

_____ Date (ddmmyyyy)

Signature of Investor

Print Initials and Surname

SECTION 4: FINANCIAL SERVICES PROVIDER DECLARATION (IF APPLICABLE)

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 investor 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: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

Financial Service Provider Details

Name of Financial Services Provider (The Company)

Cell Phone Number

Other Contact Number

Email Address

Tick the box if the details below are the same as the FSP details above

Name of Financial Advisor/Representative

Cell Phone Number

Other Contact Number

Email Address

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