



ITRANSACT RETIREMENT ANNUITY FUND

FUND WITHDRAWAL FORM

(To be completed by Members who qualify to withdraw from the Itransact Retirement Annuity Fund)

VERSION NUMBER 10.0

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.

If your withdrawal is due to emigration, the Administrator requires the following documents:

- 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. Where another person is acting on behalf of the investor, please complete Annexure A which is available on the Administrator's website.
- 6. 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.
- 7. 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.

Note that you may only withdraw from the Fund if;

- The total investment value of all your Itransact Retirement Annuity Fund investment accounts is less than or equal to R15 000
- You have emigrated from South Africa and your emigration has been approved and recognised by the South African Revenue Services and the South African Reserve Bank.
- Your savings component has a minimum of R 2000 available and no withdrawals have been taken within the current tax year from this component.

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I have emigrated from South Africa, as recognised by (SARB) for the purposes of exchange control and emigration application was submitted on or before the 28/02/2021 and approved.														
I have not been a South African tax resident for an uninterrupted period of at least three years on or before the 01/03/2021.														
I have left South Africa at the expiry of a work or visit visa														
Please Note: The above withdrawal options are required to be approved by SARS; .We will notify you if we need additional documents required by SARS.														
SECTION 1: MEMBER DETAILS														
Investor Number														
Title Surname Surname														
First Names														
South African Identity Number Male Female														
Income Tax Number														
Estimated taxable income for the current tax year R														



Divorce Orders

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All payments are made electronically to your current, transmission or savings bank account only. No payments will be made to credit cards or market linked accounts.



SECTION 4: 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.

Signature of of person applying for Membership (o	- ng o	Date half								
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Print Initials and Surname										

SECTION 5: 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.

Signature of Authorised Financial Service Provider/Representative				-	Date	(ddr	nmy	ууу)						
Print Initials and Surname														

SECTION 6: 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