

# ITRANSACT RETIREMENT ANNUITY FUND

## FUND WITHDRAWAL FORM

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

### VERSION 9.0

#### 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.**

**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 and you are not contributing to the fund anymore, and/or
- If 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.

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

- 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

First Names

South African Identity Number  Male  Female

Income Tax Number

Estimated taxable income for the current tax year R  .

**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: WITHDRAWAL OPTIONS**

Emigration  or full withdrawal below R15 000

**SECTION 2: WITHDRAWAL OPTIONS**

(This bank account must be a South African bank account in the name of the Member)

Name of Bank Account Holder   
  
Name of Bank   
Branch Name   
Bank Account Number  Branch Code   
Account Type

All payments are made electronically to your current, or savings bank account only.

**SECTION 5: MEMBER DECLARATION**

- 1. I have read and understood the latest Conditions of Membership. (A copy of the Conditions of Membership is available on the Administrator's website)
- 2. The Member confirms that all information made and information provided on this form are correct.

Date (dd/mm/yyyy)

**Signature of person applying for Membership (or person acting on behalf of the Member)**

Print Initials and Surname

**SECTION 6: 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 7: 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](http://www.itransact.co.za)**