

# ITRANSACT RETIREMENT ANNUITY FUND

## DEBIT ORDER AMENDMENT FORM

(To be completed by Members who wish to amend the current debit order details that are associated with their Itransact Retirement Annuity)

### 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: 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: AMENDMENT DETAILS**

Minimum Recurring Contribution R300.00.

I hereby instruct the administrator to change my current debit order instruction with immediate effect as follows:

**1 Cancel my debit order on the following portfolio/s.**

**Portfolio Name**

**Portfolio Name**

**Portfolio Name**

**Portfolio Name**

**2 Amend my current debit order on the following securities.**

**Portfolio Name**

Debit Order Amount **R**  .

**Portfolio Name**

Debit Order Amount **R**  .

**Portfolio Name**

Debit Order Amount **R**  .

**Portfolio Name**

Debit Order Amount **R**  .

**3 Amend my current debit order information (Please mark selection)**

Debit Order Deduction Date                      3rd of the Month     15th of the Month     25th of the Month

**4 Amend my current debit order investment intervals**

Debit Order Deduction Intervals                      Monthly                       Quarterly

**5 Amend my annual escalation with immediate effect as indicated below**

Debit Order Deduction Annual Increase                      5%                       10%                       15%                       20%

Other  %

(Note that annual increases are limited to whole percentage increments only. No fractionalised percentage increments or monetary amounts will be accepted)

**6 Amend my current debit order bank account details with immediate effect as indicated below**

(This account must be a South African bank account.)

If this bank account differs from the current bank account on record, the bank account holder (the member, or the members legal guardians or persons with a power of attorney to act on behalf of the member) is required to provide the Administrator with proof of bank account details with this application in the form of a copy of a cancelled cheque or current bank statement, not older than 3 months, which reflects the bank name, the account holder's full name and the bank account number. Please note that no credit card or Internet statements will be accepted.

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, transmission or savings bank account only. No payments will be made to credit cards or market linked accounts.

**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 person applying for Membership (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 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**