

## ITRANSACT RETIREMENT ANNUITY FUND

### SWITCH FORM

(To be completed by members who wish to switch from one retirement annuity portfolio to another)

#### 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: SWITCH DETAILS**

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

From (Portfolio Name)	Rand Amount	Or Units	Or %	To (Portfolio Name)	Switch Debit Order	
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="button" value="YES"/>	<input type="button" value="NO"/>
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="button" value="YES"/>	<input type="button" value="NO"/>
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="button" value="YES"/>	<input type="button" value="NO"/>
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="button" value="YES"/>	<input type="button" value="NO"/>

**Please note that transaction fees are charged on both the buy and sell legs of this transaction.**

- 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 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 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**