



ITRANSACT RETIREMENT ANNUITY FUND

SWITCH FORM

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

VERSION NUMBER 9

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.

SECTION 1: MEMBER DETAILS																					
Investor Number																					
Title			Surna	ime																	
First Names																					
South African Identity Number												Male Fema						nale			
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			Surna	ime																	
First Names																					
Relationship to Member																					
Residential Address																					
														Postal Code							
Telephone (w)																					
Cell Phone Number																					
Other contact Number																					
Email Address																					



SECTION 2: SWITCH DETAILS

Please note that 'Portfolio Name' refers to an Mana	ged ETF Portfolio a	nd/or Unit Trust available within the	Retirement Annuity product.
I/We hereby request the administrator to switch \boldsymbol{p}	ortfolios as follows:		
Vested Component			
From (Portfolio Name)	Percentage %	To (Portfolio Name)	
	%		
	%		
	%		
	%		
Savings Component			
From (Portfolio Name)	Percentage %	To (Portfolio Name)	
	%		
	%		
	%		
	%		
Retirement Component			
From (Portfolio Name)	Percentage %	To (Portfolio Name)	
	%		
	%		
	%		
	%		
Debit Order			
From (Portfolio Name)	Percentage %	To (Portfolio Name)	Switch Debit Order
	%		YES NO
	%		YES NO
Please note that all contributions will automatic component as per your fund(s) selected.	ically invest one ti	nird into a savings component an	d two thirds into a retirement
I/We hereby request the administrator to switch m	ny components as fo	ollows:	
Switch from vested component to retirem	ent component		
Switch from savings component to retireme	ent component		

Please note when switching to the retirement component that this instruction cannot be reversed. Funds within the retirement component are only accessible at retirement age.

Please note that transaction fees are charged on both the buy and sell legs of this transaction (where applicable).

- 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.														it has		
2.	The Member confirms that all statements made and information provided on this form are correct.																
Signa	ture of Member (or person acting on behalf o	of the	e Me	mbe	- r)	D	ate (ddm	nmyy	yy)							
Print Ir	nitials and Surname																
SEC	TION 4: FINANCIAL SERVICES PR	OV	IDE	R D	ECI	.AI	RAT	101	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. The Financial Service Provider confirms that all statements made and information provided on this form are correct. 																	
Signa	ture of Authorised Financial Service Provide	r/Re	pres	enta	_ tive		Date	e (dd	mmy	ууу)							

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

Print Initials and Surname

Telephone 086 146 8383 | Fax 086 743 6959 | Email investor@itransact.co.za

www.itransact.co.za

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