

# ITRANSACT RETIREMENT ANNUITY FUND

## RETIREMENT NOTIFICATION

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

## VERSION 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. 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. Where another person is acting on behalf of the investor, please complete Annexure A which is available on the Administrator's website.
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.**

**You may only retire from the Fund if;**

- You are aged 55 or older.
- You are younger than age 55 and you become 'permanently disabled'. The rules of the Fund provide that, subject to the provisions of the Income Tax Act, you will be regarded as permanently disabled if you become permanently incapable of carrying on your occupation due to sickness, accident, injury or incapacity through infirmity of mind or body. The trustees must be satisfied that you have become 'permanently disabled', and your claim must be supported by, and based on, medical evidence which they may request you to obtain at your own cost. The trustees will make their decision as soon as they have received all the information they require.

## SECTION 1: MEMBER DETAILS

|   |  |  |  |  |  |  |         |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |      |  |        |  |  |   |  |  |  |
|---|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|------|--|--------|--|--|---|--|--|--|
| Contract 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.

[illegible]



## SECTION 4: MEMBER BANK ACCOUNT DETAILS

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

**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 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 | <input type="text"/> |
| Bank Account Number         | <input type="text"/> |
| Name of Bank                | <input type="text"/> |
| Branch Name                 | <input type="text"/> |
| Branch Code                 | <input type="text"/> |
| Account Type                | <input type="text"/> |

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 5: 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 Member (or person acting on behalf of the Member)**
Date (ddmmyyyy)

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.

\_\_\_\_\_  
**Signature of Authorised Financial Service Provider/Representative**
Date (ddmmyyyy)

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](mailto:info@itransact.co.za)

### **Investor Support Centre**

Telephone 086 146 8383 | Fax 086 743 6959 | Email [investor@itransact.co.za](mailto:investor@itransact.co.za)

[www.itransact.co.za](http://www.itransact.co.za)