

ANNUAL ADVISOR REVISION FORM

(This form must be completed for all policy funded retirement annuities on an annual basis.)

IMPORTANT INFORMATION

This document must be sent together with the product application form to the Administrator by either fax 086 743 6959 or email info@itransact.co.za

SECTION 1: MEMBER INFORMATION	
Investment Account Number: Name and Surname/Registration Number:	
Telephone Number: Email Address:	
SECTION 2: FINANCIAL ADVISER INF	ORMATION
Name	
Surname	
Contact Number	
Email Address	
FSP Name	
Financial Adviser Code	
SECTION 3: REVISED ADVISER ANNU	JAL FEE
Please select one option	
Retain existing fee	
Cancel existing fee	
Change existing fee	
If option 3 is selected, please complete the below:	
Annual Adviser fee% (Max 1%)	

MEMBER DECLARATION

I confirm that all information	provided herein it true and	d correct and that I have rea	d and understood the contents of this form	
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Signature of Member				rate ((ddiri		, , , L				
Print Initials and Surname											