



RETIREMENT ANNUITY

TRANSFER OUT FORM

VERSION 2

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.**

PROCESS

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| STEP 1 Complete the form and agree to the terms and conditions | <ul style="list-style-type: none"> • To ensure there is no delay in processing your investment, please complete the form accurately and ensure you understand the terms and conditions you are entering into. • Depending on the investment type and/or product you may be required to complete and provide additional forms. |
| STEP 2 Send documents to Itransact via Email www.itransact.co.za | Email your documents to: instructions@itransact.co.za If you experience difficulties transmitting your documents to us, please call us on 0861 468 383 during business hours and we will gladly assist you. Additional forms and FICA requirements for juristic investors (i.e companies and trusts) are available on our website in the 'Forms & Downloads' section. |
| STEP 3 Fulfilment | <ul style="list-style-type: none"> • We will acknowledge receipt of your documents and contact you if there are any outstanding requirements. • Transactions will only be acted upon after confirmed receipt by the Administrator of a completed and signed investor mandate, investor FICA verification, relevant supporting documentation, and investment funds which have been cleared and made available for investment in the Administrators bank account. • You will receive confirmation once your instruction has been processed. |
| CUT OFF TIMES | <ul style="list-style-type: none"> • Instructions received before 11h00 on a business day will start processing on that day. • Instructions received after 11h00 on a business day will start processing on the next business day. • Instructions received on a weekend or public holiday will start processing on the next business day. |
| FSCA Registration Number 38088 SARS Number 18/20/4/042312 | |

SECTION 1: INVESTOR DETAILS

Investor Number

[illegible]

Account Number

[illegible]

First Name

[illegible][illegible]

Surname

[illegible][illegible]

ID Number (Passport number if foreign national)

[illegible]

Income Tax Number

[illegible]

Cell Phone Number

Other Contact Number

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Email Address

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?

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Yes

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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.

SECTION 2: TRANSFER DETAILS

I/We hereby request the administrator to transfer securities from my/our account/contract as follows:

Name of Approved Fund

[illegible][illegible]

Contract Number

[illegible]

FSCA Fund Registration Number

[illegible]

SARS Approval Number

[illegible]

Contact Name

[illegible]

Contact Telephone Number

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Contact Email Address

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Reason for Transfer

Vested Component Fund

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Savings Component Fund

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Retirement Component Fund

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Note:

- Securities purchased by debit orders are subject to a 40 day holding period before they can be transferred.
- The fund value will transfer as per the current fund allocations in each component.

SECTION 3: INVESTOR DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Investor 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 Investor 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)

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Print Initials and Surname

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SECTION 4: FINANCIAL SERVICES PROVIDER DECLARATION (IF APPLICABLE)

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 investor 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)

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Print Initials and Surname

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SECTION 5: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

Financial Service Provider Details

Name of Financial Services Provider (The Company)

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Cell Phone Number

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Other Contact Number

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Email Address

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Tick the box if the details below are the same as the FSP details above ☐

Name of Financial Advisor/Representative

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Email Address

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SECTION 6: ADMINISTRATOR CONTACT DETAILS

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