itransact
Investment Platform

ETF TAX FREE SAVINGS ACCOUNT

TRANSFER REQUEST FORM

VERSION NUMBER 1.0

IMPORTANT INFORMATION

STEP 1 Complete the form and agree to the terms and conditions	• 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. • Note that multiple transfers are allowed, within the same contract, per tax year. Transfers out are not allowed in the last 14 days of the tax year.
STEP 2 Send documents to Itransact via Email Additional forms and FICA requirements for juristic investors (i.e companies and trusts) are available on our website in the 'Forms & Downloads' section. **www.itransact.co.za**	Email your documents to: **newbus@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. **Document Checklist** ☐ Completed application form ☐ Copy of your latest tax free account investment statement ☐ Copy of your bar coded South African ID, valid passport (if a foreign national) or birth certificate (if a minor) ☐ Proof of your bank details (e.g. cancelled cheque or bank statement) ☐ Additional forms that may be requested from you in this application form
STEP 3 Fulfilment	• 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. • You will receive an email welcoming you to Itransact. • You will automatically be provided with a secure Itransact online servicing account. New investors are requested to activate their online account by registering on our website within 3 business days. Subsequent products will automatically appear in your online account.
CUT OFF TIMES	• 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.

SECTION 1: INVESTOR DETAILS

Title Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Prof ☐ The Hon ☐

Full name(s) and surname

Identity/passport number

Resident of South Africa Yes ☐ No ☐

Date of birth

Gender Male ☐ Female ☐

Income tax number (if applicable)

Withholdings tax status Exempt ☐ Not Exempt ☐ (If you selected Exempt, please complete the administrators Dividend Withholding Tax Form.)

SECTION 2: PRODUCT TO BE TRANSFERRED FROM

Product provider name

Tax free savings account number to be transferred from

Estimated value of transfer R

Contact person at transferring product provider

Contact number

Email address

Transfer type ☐ Rand Value OR ☐ Units* (Optional)

Note: When selecting the transfer type, please ensure that the Receiving Product Provider is able to accommodate the transfer type selected.

Transfer amount ☐ 100% / Full Transfer OR ☐ Partial Transfer

* If partial transfer is unit based or is not proportional, please specify the amount to be transferred below:

Product name	Rand Amount**	OR % Allocation	OR Units (optional)
	R .		
	R .		
	R .		
	R .		

SECTION 3: TRANSFER TO (TO BE COMPLETED BY THE RECEIVING PRODUCT PROVIDER)

Product provider name

Company registration number

Tax refrence number

Tax free savings account name

Tax free savings account investment number

Contact person names and surname

Contact number

Email address

CSDP Transfer Details

CSD participant details

Nominee

Name of account holder

Account number

Contact name

Contact number

Email address

Bank Account Details of Receiving Product Provider

Name of bank

Account number

Branch name

Branch code

Account type

Payment reference number (Please use your ID number)

On behalf of the Receiving Product Provider

We will accept the above Tax Free Savings Account Transfer and confirm that

- The above transfer request will be processed in terms of the Regulations published in terms of Section 12T(8) of the Income Tax Act; and
- The account to be transferred into is a Tax Free Savings Account as defined in Section 12T of the Income Tax Act.

Date (ddmmyyyy)

Signature of representative

Name of representative

Capacity of representative

SECTION 4: INVESTOR DECLARATION

I confirm that I:

- have read and understood the important notes on the first page.
- have the authority and am legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- am aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Date (ddmmyyyy)

Signature of investor

Print Initials and Surname

4.1 Acting on behalf of the Investor

Guardian / person with Power of Attorney acting on behalf of the investor. Proof to be provided. (Additional information can be requested based on business requirements)

Title Mr Ms Mrs Dr Prof The Hon

First name

Surname

Identity/passport number

Resident of South Africa Yes No

Date of birth (ddmmyyyy)

Gender Male Female

Relationship to Investor

4.2 Investor / Guardian / Person With Power Of Attorney Declaration

- I hereby request that the above mentioned Tax Free Savings Account be transferred to the above Receiving Product Provider.
- I confirm that all the information provide above is true and correct.

Date (ddmmyyyy)

***Authorised signatory**

Print Initials and Surname

*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

SECTION 5: IMPORTANT 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