



## UNIT TRUST INVESTMENT PLAN

### SWITCH FORM

(To be completed by investors who wish to switch from one fund to another within their Unit Trust Investment Plan account)

#### 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. 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.
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: INVESTOR DETAILS

Investor Number	<input type="text"/>
First Name or Trading Name (If a legal entity)	<input type="text"/>
	<input type="text"/>
Surname	<input type="text"/>
	<input type="text"/>

**If any of your contact details have changed since your initial investment, please provide updated details in the spaces below.**

Cell Phone Number	<input type="text"/>
Other Contact Number	<input type="text"/>
Email Address	<input type="text"/>

### SECTION 2: SWITCH DETAILS

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

From (Fund Name)	Rand Amount	Or Units	Or %	To (Fund Name)	Switch Debit Order	
<input type="text"/>	R <input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	R <input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	R <input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	R <input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Please note that transaction fees are charged on both the buy and sell legs of this transaction.**

1. Where investments have been ceded as security, the written consent of the cessionary must be provided before this instruction can be processed.
2. Capital Gains Tax liabilities may arise from the sale of units when effecting a switch transaction.

**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.

\_\_\_\_\_ Date (ddmmyyyy) 

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**Signature of Investor or duly authorised person/s for minor investors**

Print Initials and Surname 


\_\_\_\_\_ Date (ddmmyyyy) 

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**Signature of third party applicant or authorised representative of a legal body (if applicable)**

Print Initials and Surname 


**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.

\_\_\_\_\_ Date (ddmmyyyy) 

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**Signature of Authorised Financial Service Provider/Representative**

Print Initials and Surname 


**SECTION 5: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)**

Name of Financial Services Provider (The Company) 


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 


Cell Phone Number

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Other Contact Number

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Email Address


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