



UNIT TRUST INVESTMENT PLAN

TRANSFER TO ANOTHER INVESTOR FORM

(To be completed when transferring Funds held under a Unit Trust Investment Plan account to another investor who has or will open a Unit Trust Investment Plan account.)

IMPORTANT INFORMATION

SECTION 1: INVESTOR DETAILS

- 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.

| Investor Number | | | | | | | | | | | | | | | | | |
|---|-----------|-------|-----|-------|--------|--------|------|-------|--------|------|----------|-------|------|------|-----|-----|---------------|
| First Name or Trading Name (If a legal entity) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| If any of your contact details have changed since your in | nitial ir | vest | mer | nt, p | leas | e pro | ovid | e upo | date | d de | tails | in th | e sp | aces | bel | ow. | |
| Cell Phone Number | | | | | | | | | | | | | | | | | |
| Other Contact Number | | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | $\overline{}$ |
| SECTION 2: TRANSFER DETAILS | | | | | | | | | | | | | | | | | |
| Select either amount or percentage | | | | | | | | | | | | | | | | | |
| I/We hereby request the Administrator to transfer Funds f | rom m | y/our | acc | oun | t as f | follov | VS: | | | | | | | | | | |
| TRANSFER 01 | | | | | | | | | | | | | | | | | |
| FROM | | | | | | | | | | | | | | | | | |
| Fund Name | Amo | unt | | | | | | | · · | % | | 7 | | | | | |
| | l _ | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | % | | | | | | |
| то | R | | | | | | | | | | % | 5 | | | | | |
| TO Fund Name | R | | | | | | | | | | % | | | | | | |
| | R | | | | | | | | | | <u>%</u> | | | | | | |



TRANSFER 02 FROM Fund Name Amount % R % TO Fund Name **TRANSFER 03 FROM** Fund Name Amount R % TO Fund Name Please note that: If the investor to whom Funds are being transferred does not have an existing account with Itransact then a Unit Trust Investment Plan account new business application form must be completed by that investor in addition to this transfer form. There is a 40 day holding period on all Funds purchased by debit order. **SECTION 4: 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) Signature of Investor or duly authorised person/s for minor investors Print Initials and Surname Date (ddmmyyyy) Signature of third party applicant or authorised representative of a legal body (if applicable) Print Initials and Surname



SECTION 5: 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) | | | | | | | | | | | | |
|---|--------------|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Signature of Authorised Financial Service Provider/Re | presentative | | | | | | | | | | | | | |
| Print Initials and Surname | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| SECTION 6: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE) | | | | | | | | | | | | | | |
| Name of Financial Services Provider (The Company) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Cell Phone Number | | | | | | | | | | | | | | |
| Other Contact Number | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Tick the box if the details below are the same as the FSP details above | | | | | | | | | | | | | | |
| Name of Financial Advisor/Representative | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Cell Phone Number | | | | | | | | | | | | | | |
| Other Contact Number | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

SECTION 7: 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