



## UNIT TRUST INVESTMENT PLAN

### TRANSFER IN FROM ANOTHER PRODUCT PROVIDER

(For investors who wish to transfer unit trust fund/s from another product provider to Itransact)

#### VERSION NUMBER 1.0

#### IMPORTANT INFORMATION

<p><b>STEP 1</b> Complete the form and agree to the terms and conditions</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Depending on the investment type and/or product you may be required to complete and provide additional forms.</li> </ul>
<p><b>STEP 2</b> Send documents to Itransact via Email</p> <p>Additional forms and FICA requirements for juristic investors (i.e. companies and trusts) are available on our website in the 'Forms &amp; Downloads' section.</p> <p><b>www.itransact.co.za</b></p>	<p>Email your documents to: <b>newbus@itransact.co.za</b></p> <p>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.</p> <p><b>Document Checklist</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed application form</li> <li><input type="checkbox"/> Copy of your latest unit trust fund investment statement from the other product provider.</li> <li><input type="checkbox"/> Copy of your bar coded South African ID, valid passport (if a foreign national) or birth certificate (if a minor)</li> <li><input type="checkbox"/> Proof of your bank details (e.g. cancelled cheque or bank statement)</li> <li><input type="checkbox"/> Additional forms that may be requested from you in this application form</li> </ul>
<p><b>STEP 3</b> Fulfilment</p>	<ul style="list-style-type: none"> <li>We will acknowledge receipt of your documents and contact you if there are any outstanding requirements.</li> <li>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.</li> <li>You will receive confirmation once your instruction has been processed.</li> <li>You will receive an email welcoming you to Itransact.</li> <li>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.</li> </ul>
<p><b>CUT OFF TIMES</b></p>	<ul style="list-style-type: none"> <li>Instructions received <b>before</b> 11h00 on a business day will start processing on that day.</li> <li>Instructions received <b>after</b> 11h00 on a business day will start processing on the next business day.</li> <li>Instructions received <b>on</b> a weekend or public holiday will start processing on the next business day.</li> <li>The processing of any tax free transfer applications is <b>10 working days</b> prior to the financial tax year.</li> </ul>

### SECTION 1: TRANSFER FROM (THE OTHER PRODUCT PROVIDER)

Product provider name

Investment 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)

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:

Fund Name	Rand Amount**	OR % Allocation	OR Units (optional)
<input type="text"/>	R <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	R <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 2: TRANSFER TO (DETAILS OF THE RECEIVING PRODUCT PROVIDER)**

Bank Account Details of Receiving Product Provider

Name of receiving product provider

Name of bank

Account name

Account number

Payment reference number (Please use your ID number)

Who to contact at the receiving product provider

Contact number

Email address

**On behalf of the Receiving Product Provider**

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

**Signature of representative**

**SECTION 3: 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).
- am aware that the processing of any tax free transfer applications is 10 working days prior to the financial tax year.

\_\_\_\_\_  
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 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)

**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


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: 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**