itransact
Investment Platform

UNIT TRUST INVESTMENT PLAN

REGULAR WITHDRAWAL

(To be completed by investors who wish to add a regular withdrawal to their Unit Trust account)

VERSION NUMBER 1

IMPORTANT INFORMATION

1. Please send this form and all associated documents directly to the Administrator by using the following email address **instructions@itransact.co.za**
2. The responsibility of transmitting this form and all associated documents to the Administrator lies with the sender.
3. 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 form at any time due to incomplete or insufficient documentation and information.
4. Automated Outsourcing Services (Pty) Ltd, trading as Itransact is an authorised Financial Services Provider (FSP 650) and is the Administrator of this product.
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	
First Name or Trading Name (If a legal entity)	
Surname	

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

Cell Phone Number	
Other Contact Number	
Email Address	

SECTION 2: REGULAR WITHDRAWAL

If you would like to receive a regular withdrawal from this investment account, please complete this section. You can:

- Either withdraw proportionately across your funds you have currently invested in.
- Or you can specify the funds you would like to withdraw from and the amount to be withdrawn by completing the table below.
- The proportionate split will be determined on the processing date of the regular withdrawal.
- The withdrawal may result in capital gains tax, depending on your fund selection.
- The proportions will only change if you send us an amended instruction.
- Regular withdrawal will be paid into the bank details provided

Select one option only

☐ Withdraw proportionately across your funds ☐ Withdraw specific amounts from specific funds

Unit Trust	Amount per regular withdrawal
	R
	R
	R
	R
	R
	R
	R

Confirm total amount to be withdrawn per frequency R

Choose the frequency ☐ Monthly ☐ Annually ☐ Quarterly ☐ Biannually

- Regular withdrawal will be paid into the bank details provided.
- Only cleared shares can be redeemed to pay a regular withdrawal
- Income payments are made on the 25th of every month. In December payment is made on the 15th.
- If a once off collection was done in the last 40 days, the regular withdrawal will only be processed once the shares have cleared
- To cancel this instruction a written request needs to be submitted by the 5th working day of the month.
- Only funds currently invested in can be selected for a regular withdrawal.

SECTION 3: BANK DETAILS

(This bank account must be a South African bank account in the name of the investor or the investor's legal guardian in the case of a minor.)

Name of Account Holder	
Name of Bank	
Account Number	
Branch Name	
Branch Code	
Account Type	

If bank details are different from those which the administrator has on record for the investor, please include proof of bank account details with this form in the form of a copy of a cancelled cheque or current bank statement, not older than 3 months, which reflects the bank name, the account holder's full name and the bank account number. Please note that no credit card or Internet statements will be accepted.

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.

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

Date (ddmmyyyy)

Print Initials and Surname

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

Date (ddmmyyyy)

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.t

Signature of Authorised Financial Service Provider/Representative

Date (ddmmyyyy)

Print Initials and Surname

SECTION 6: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

Financial Service Provider Details

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