

# ITRANSACT RETIREMENT ANNUITY FUND

## FORM H

### From

Transferor Fund Name

Transferor Fund Number

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### To

Transferee Fund Name

Transferee Fund Number

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**This form must be completed in the event that the Registrar's approval is not required in terms of section 14(8). The form must be kept on file by both the transferor and transferee fund and must be presented to the Registrar upon request or inspection. For each fund, the form must be signed by the following persons duly authorised by the Board: the chairperson of the board (or other member of the board so appointed) and the principal officer of the Fund**

1. The purpose of the scheme and whether the transfer is based on any agreement

2. The transfer will be effected in terms of rule(s)

Transferor Fund



Transferee Fund

3. The effective date of the transfer is

4. The effect of the transfer on the membership of the transferor fund as at the effective date will be as follows:

	Number transferring	Number remaining after the transfer
Active members	<input type="text"/>	<input type="text"/>
Pensioners	<input type="text"/>	<input type="text"/>
Deferred pensioners	<input type="text"/>	<input type="text"/>
Members with Unclaimed benefits	<input type="text"/>	<input type="text"/>

5. Assets to be transferred

R

Constituted as follows:

The assets transferred will be increased or decreased with fund return<sup>1</sup> from the transferor fund from the effective date of transfer to the actual date of payment.



