

ITRANSACT RETIREMENT ANNUITY FUND

FORM J

RECOGNITION OF TRANSFER FOR TRANSFERS COMPLETED IN TERMS OF SECTION 14(8)

To be completed by representatives of the transferor and the transferee fund once the transfer has taken place and must be kept on file by both funds

PART A: FOR THE TRANSFEROR FUND

Name of the Transferor Fund

Registration Number: 12/8/

Number of Members Transferring (schedule attached)

Transfer value at effective date of transfer R

Effective Date (ddmmyyyy)

Transfer value at date of payment R

Date of Payment

We certify the following:

That the transfer values were increased or decreased with Fund return from the effective date of transfer to the actual of date of payment.

That a completed copy of this form will be forwarded to the transferee fund within 7 business days from the date of payment.

Details of representative of the Transferor Fund:

Full Name In Print

Designation

Administrator/Company

 Signature Date (ddmmyyyy)

Telephone Number

Fax Number

Email Address

PART B: FOR THE TRANSFEREE FUND

(This part is to be completed by the foreign person to or for the benefit of which the interest is paid)

Name of the Transferee Fund

Registration Number

Banking details of the transferee fund where money was deposited:

Name of Account Holder

Name of Bank

Account Number

Branch Name

Branch Code

Account Type

Reference Number

Amount R

Date of deposit (ddmmyyyy)

We certify the following:

- a. That the transfer values will be applied in the manner specified in Form H to this transfer.
- b. That a completed copy of this form will be sent back to the transferor fund within 7 business days from the date of receipt thereof.

Name of representative of the receiving fund:

Full Name In Print

Designation

Administrator/Company

Signature Date (ddmmyyyy)

Telephone Number

Fax Number

Email Address