

Transfer request

Tax-free investment



1. What you need to know

Compliance with the Financial Intelligence Centre Act, 38 of 2001 (FICA) is required to process your instruction - if you have not previously submitted the necessary supporting documentation to us or your authorised financial planner, please do so with this form.

1. Before completing this form please read the latest relevant Investment Agreement - which can be obtained from our website: www.nedgroupinvestments.com, your financial planner or our Client Service Centre.
2. We will process your instruction once we have received a completed and signed form.
3. The daily cut-off for receipt of instructions is 14:00.
4. Information filled in outside of the relevant fields will not be considered when processing your instruction.
5. Return the completed and signed form with the relevant supporting documents to us via email to nedgroupinvestments@silica.net (please print and sign the form before scanning and emailing it to us, as an authorised signature is required for processing).
6. If you have any questions about this form please contact your financial planner or our Client Service Centre on **0860 123 263** (from within RSA) or on **+27 21 416 6011** (from outside RSA).

2. Investor details

Title and surname	<input type="text"/>
First names	<input type="text"/>
Date of birth	<input type="text"/> D D M M Y Y Y Y
SA ID / passport number	<input type="text"/>
Expiry date	<input type="text"/> D D M M Y Y Y Y
South African tax number	<input type="text"/>

3. Product transfer details

Product to be transferred from

Product provider name

Product name

Tax-free investment account number to be transferred from

Product to be transferred to

Product provider name

Product name

Tax-free investment account number to be transferred into

Full transfer or Partial transfer

If partial transfer is selected, please specify the amount to be transferred below:

Unit trust portfolio	Rand amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please note

- If you request a partial transfer and your instruction decreases the market value of the unit trust portfolio selected to R2 500 or less and you don't have an active debit order, we will transfer the entire balance.
- Please ensure that all of the transferring provider's requirements are met when submitting the Tax-free investment transfer out request form to them. If these requirements are not met the transfer process cannot commence.

4. Investor / guardian / person with power of attorney declaration

I confirm and certify that:

- I hereby request that the above mentioned Tax Free Savings Account be transferred to the Product Provider and Product detailed in Section B below.
- I am responsible for my investment decisions and have considered whether this instruction is suitable for my needs.
- I understand and agree to the information in the latest relevant Investment Agreement.
- I am authorised to act on behalf of the investor (if applicable) and that I will be personally responsible for this instruction should this not be the case.
- I have read and understand the contents including the terms and conditions of this form.
- I did not receive advice from Nedgroup Investments about this instruction.
- All of the information, instructions and documents provided by me or on my behalf about this instruction, whether in my handwriting or not, are accurate and complete.

Name

Capacity

Authorised signatory

Date
D D M M Y Y Y Y

Name

Capacity

Authorised signatory

Date
D D M M Y Y Y Y

Name

Capacity

Authorised signatory

Date
D D M M Y Y Y Y

SECTION B

5. To be completed by the receiving product provider

Product provider name

Company registration number Tax Reference number

Product name

Account number to be transferred into (if applicable)

Contact person

Email address

Contact number + (0)

Email address for receipt of Tax-free investment transfer certificate

BANK ACCOUNT DETAILS

Name of account holder (as registered with bank)

Name of bank

Account number

Name of branch Branch code

Account type Current Country

Payment reference number (optional)

6. On behalf of receiving product provider

We will accept the above Tax Free Savings Account transfer and confirm that:

- The above transfer request will be processed in terms of the Regulations published in terms of Section 12T(8) of the Income Tax Act; and
- The account to be transferred into is a Tax Free Savings Account as defined in Section 12T of the Income Tax Act.

Name of representative

Capacity of representative

Authorised signatory

Date
D D M M Y Y Y Y

Or

Company stamp / electronic signature

Nedgroup Investments (Pty) Limited (Company registration number 1996/017075/07)

Incorporating Nedgroup Collective Investments (RF) Proprietary Limited (Company registration number 1997/001569/07); Nedgroup Investment Advisors Limited (Company registration number 1998/017581/07) an authorised Financial Services Provider (FSP Licence No. 1652) Sponsor of the Nedgroup Investments Retirement Funds

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