

# Initial Investment

## Endowment

Outright cession

Individuals and Legal Entities



### 1. To be completed by the investor who is ceding their investment (cedent)

#### Please note:

- Please complete per investment contract being ceded. You can only cede 100% of an investment contract, no partial transfers are allowed
- This form will only be accepted when submitted with a '**Client details – Existing (Individual or Legal Entity) Investors**' form
- This form must be signed by both the cedent and cessionary
- This transaction may attract Capital Gains Tax (CGT)

#### 1.1. Cedent details

Investor name

SA ID number / Passport number / Registration number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Investor number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Investment contract number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

#### 1.2. Consent of spouse - only applicable if the cedent is an individual

Is this a transfer to your spouse?

☐

Yes

☐

No

If '**Yes**', please submit a copy of your marriage certificate.

Are you married in community of property?

☐

Yes

☐

No

Name of spouse

I consent to the outright cession detailed herein.

Signature of spouse

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

#### 1.3. Security cession declaration

Please confirm whether any of the unit trust portfolios which you wish to transfer have been ceded as security

☐

Yes

☐

No

If '**Yes**', please return this form together with a letter from the cedent to which the investment is ceded, agreeing to your transfer request.

1.4. Cedent declaration

I, the undersigned cedent, confirm and certify that:

- I am the owner and /or authorised to act in respect of the units being transferred. I instruct Nedgroup Investments to transfer my rights, title and interest in and to the relevant unit trust portfolios to the transferee
- I am acting on my own account and I made my own independent decision to make this transfer of ownership and, as to whether it is appropriate or proper for me, based upon my own judgement, and upon advice from my appointed financial planning business (if applicable)
- I am not relying on any communication from Nedgroup Investments whether written, oral or implied for investment advice or as a recommendation to make this transfer of ownership
- I have not ceded and have not entered the interest in the unit trust portfolios as indicated herein to any other person and have not entered into any agreement restricting or prohibiting the transfer
- This transaction may attract capital gains tax

|                                 |             |          |                                                                                                         |
|---------------------------------|-------------|----------|---------------------------------------------------------------------------------------------------------|
| Cedent / Authorised signatory 1 | <div></div> | Date     | <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> |
| Name                            | <div></div> | Capacity | <div></div>                                                                                             |
| Cedent / Authorised signatory 2 | <div></div> | Date     | <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> |
| Name                            | <div></div> | Capacity | <div></div>                                                                                             |
| Cedent / Authorised signatory 3 | <div></div> | Date     | <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> |
| Name                            | <div></div> | Capacity | <div></div>                                                                                             |
| Cedent / Authorised signatory 4 | <div></div> | Date     | <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> |
| Name                            | <div></div> | Capacity | <div></div>                                                                                             |

## 2. To be completed by the investor receiving the investment (cessionary)

### Please note:

- If transferring between our four Endowment funds, please take note of the tax applicable in the new Endowment
- This transfer may create a secondhand policy in the name of the new investor which may have tax implications that need to be declared on your tax return
- This form must be signed by both the cedent and cessionary
- This form will only be accepted when submitted with:
  - If a new investor: '**Client Details – New to Nedgroup Investments (Individual or Legal Entity)**' form
  - If an existing investor: '**Client Details – Existing (Individual or Legal Entity) Investor**' form

### 2.1 New investor / Cessionary details

New investor name

SA ID number / Passport number / Registration number

### 2.2 Investment details

#### Intended purpose of investment

☐ Invest for over 5 years

#### Nature of relationship with Nedgroup Investments

☐ Invest a single amount with occasional withdrawals

☐ Invest a multiple amounts with occasional withdrawals

☐ Invest a single amount with frequent withdrawals

☐ Invest multiple amounts with frequent withdrawals

### 2.3 Unit Trust portfolio selection

### Please note:

- The unit trusts transferred will be invested in the same portfolio and class as held by the cedent
- Income distributions will be reinvested
- If the unit trusts are in a class that pays a financial planner an annual fee recovered via the sale of units, the fee will be set to zero
- If the unit trusts are in a class that pays a fee that is priced into the unit price of the portfolio, it will continue, and the fee will be paid to the financial planner on record
- Should you wish to perform any of the following transaction once the investment has been transferred, please submit the relevant form which can be obtained from our Client Services Centre:
  - Debit order
  - Switch
  - Recurring withdrawal
  - Income distribution method change
  - Financial planner fee change

### 2.4 Add a Life Assured

### Please note:

The lives assured on the original investment contract you are transferring with remain in effect but you may nominate additional lives assured.

#### First life assured

Title and surname

First names

SA ID number

Passport number  
(if foreign national)

Passport expiry date

Passport country

## Second life assured

|                                          |                                                                                                                                                                                         |                                       |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Title and surname                        | <input type="text"/>                                                                                                                                                                    | <input type="text"/>                  |
| First names                              | <input type="text"/>                                                                                                                                                                    |                                       |
| SA ID number                             | <input type="text"/>                                                                                                                                                                    |                                       |
| Passport number<br>(if foreign national) | <input type="text"/>                                                                                                                                                                    |                                       |
| Passport expiry date                     | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y | Passport country <input type="text"/> |

## 2.5 Consent of spouse - only applicable if cessionary is an individual

Are you married in community of property? ☐ Yes ☐ No

If **'Yes'**, in terms of the Matrimonial Property Act, 1984, the written consent of your spouse is required to authorise your beneficiary nominations.

Name of spouse

I consent to the beneficiary nominations detailed herein.

Signature of spouse

Date  D  D  M  M  Y  Y  Y  Y

## 2.6 Beneficiary nomination - only applicable if the cessionary is an individual

### Please note:

- The beneficiary nominations below will replace all existing nomination
- Beneficiary nominations will only be accepted on written instruction from the investor. Persons acting on behalf of the investor may not nominate beneficiaries. Beneficiary nominations made by Persons acting on behalf of the investor will be rendered null and void
- On death of the investor if the life assured is alive, beneficiary for ownership will be applied. If the life assured is deceased, beneficiary for proceeds will be applied
- On death of the last life assured, if the investor is alive the policy will pay out to the investor

## Please nominate a beneficiary for proceeds

### First beneficiary for proceeds

Percentage allocation (no decimals)    % Relationship

### If beneficiary is an individual

|                                          |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                 |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title and surname                        | <input type="text"/>                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                            |
| First names                              | <input type="text"/>                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
| Date of birth                            | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |                                                                                                                                                                                                                                                                 |
| SA ID number                             | <input type="text"/>                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
| Passport number<br>(if foreign national) | <input type="text"/>                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
| Passport expiry date                     | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y | Passport country <input type="text"/>                                                                                                                                                                                                                           |
| Nationality                              | <input type="text"/>                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
| Cell phone number (mandatory)            | +                                                                                                                                                                                       | <input type="text"/> <input type="text"/> (0) <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"/> |
| Alternative contact number               | +                                                                                                                                                                                       | <input type="text"/> <input type="text"/> (0) <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"/> |

Email address (mandatory)

**If beneficiary is a legal entity**

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory) +  (0)

Email address

**Second beneficiary for proceeds**

Percentage allocation (no decimals)  % Relationship

**If beneficiary is an individual**

Title and surname

First names

Date of birth

SA ID number

Passport number (if foreign national)

Passport expiry date  Passport country

Nationality

Cell phone number (mandatory) +  (0)

Alternative contact number +  (0)

Email address (mandatory)

**If beneficiary is a legal entity**

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory) +  (0)

Email address

**Third beneficiary for proceeds**

Percentage allocation (no decimals)  % Relationship

**If beneficiary is an individual**

Title and surname

First names

|                                          |                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of birth                            | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>                                                                                               |
| SA ID number                             | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                            |
| Passport number<br>(if foreign national) | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                            |
| Passport expiry date                     | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Passport country <input type="text"/>                                                         |
| Nationality                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |
| Cell phone number (mandatory)            | + <input type="text"/> <input type="text"/> (0) <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Alternative contact number               | + <input type="text"/> <input type="text"/> (0) <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Email address (mandatory)                | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |

### If beneficiary is a legal entity

|                               |                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Registered name               | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |
| Registration number           | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                            |
| Country of incorporation      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |
| Cell phone number (mandatory) | + <input type="text"/> <input type="text"/> (0) <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Email address                 | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |

### Please nominate a beneficiary for ownership

#### You may only nominate one beneficiary for ownership

Is your beneficiary for ownership the same as one of your beneficiaries for proceeds? ☐ Yes ☐ No

If 'Yes', which beneficiary?

If 'Yes', then the following information is not required.

If 'No', please complete the following section.

### If beneficiary is an individual

|                                          |                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relationship                             | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |
| Title and surname                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                                                    |
| First names                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |
| Date of birth                            | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>                                                                                               |
| SA ID number                             | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                            |
| Passport number<br>(if foreign national) | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                            |
| Passport expiry date                     | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Passport country <input type="text"/>                                                         |
| Nationality                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |
| Cell phone number (mandatory)            | + <input type="text"/> <input type="text"/> (0) <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Alternative contact number               | + <input type="text"/> <input type="text"/> (0) <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Email address (mandatory)                | <input type="text"/>                                                                                                                                                                                                                                                                                                                                  |

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory) +  (0)

Email address

2.7 Cessionary declaration

I/We, the undersigned cessionary, confirm and certify that:

- I/ We have read and understand the contents including the terms and conditions of this form
- We did not receive advice from Nedgroup Investments about this instruction

Cessionary / Authorised signatory 1

Date

D

D

M

M

Y

Y

Y

Y

Name

Capacity

Cessionary / Authorised signatory 2

Date

D

D

M

M

Y

Y

Y

Y

Name

Capacity

Cessionary / Authorised signatory 3

Date

D

D

M

M

Y

Y

Y

Y

Name

Capacity

Cessionary / Authorised signatory 4

Date

D

D

M

M

Y

Y

Y

Y

Name

Capacity

**Nedgroup Investments**  
Nedbank Clocktower Clocktower Precinct V&A Waterfront Cape Town 8001 PO Box 1510 Cape Town 8000 South Africa

Nedgroup Investments Proprietary Limited (Company registration number 1996/017075/07)  
Incorporating Nedgroup Collective Investments (RF) Proprietary Limited (Company registration number 1997/001569/07)  
Nedgroup Investment Advisors Proprietary Limited (Company registration number 1998/017581/07) an authorised Financial Services Provider (FSP licence number 1652)

Directors: NA Andrew, RC Williams

[www.nedgroupinvestments.com](http://www.nedgroupinvestments.com)