

Request to transfer out

Tax-Free Investment

Individuals



This form will only be accepted when submitted with a completed and signed 'Client Details – Existing Individual Investor' form available from our Client Services Centre.

1. Investor details

Investor name

SA ID number / Passport number

2. Transferee details - product you are transferring to

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

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
	R
Total (R)	R

3. Investor 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

Authorised
signatory

Date

D	D	M	M	Y	Y	Y	Y
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Name

Capacity

4. 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

Code

Account type

Current

Savings

Country

Payment reference number (optional)

5. 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
- The account to be transferred into is a Tax-Free Savings Account as defined in Section 12T of the Income Tax Act

Authorised signatory

Date

D

D

M

M

Y

Y

Y

Y

Name of representative

Capacity

OR

Company stamp / electronic signature