

UNIT TRUST

Tax Free Investment Switch Form

Important information

This form is to be used by existing investors only.

Please complete all relevant sections of this form and send the required documents to IRMDGPL@UHVFLHWFRP

Cut off time for receiving transactions is 13:00 (SA) except for the Money Market Funds where the cut off time is 11:00 (SA).

Details

Client number

Personal details

Name / Entity Name /
Co. Registered Name

ID / Registered
Number

Telephone (H)

Telephone (W)

Cell

Telephone (W)

Email address

Acting on behalf of investor*

*This is for Guardians / persons with Powers of Attorney

Title

Surname

First name(s)

Gender

Date of birth

Nationality

ID or Passport
number (if
foreign national)

Telephone (H)

Telephone (W)

Email address

Capacity

Special instructions

Unit trust switch

Please select the appropriate fund/s and the number of units, or percentage or rand value to be switched.

Switch from Unit Trust

Unit Trust Fund Name	Unit Trust Class	Amounts/percentage

Switch to Unit Trust

Unit Trust Fund Name	Unit Trust Class	Amounts / percentage	Annual advisor fee	Distributions (Please tick)	
				Reinvest	Payout

Change of debit order instructions (if applicable)

My debit order on this account is to:

1. Remain unchanged for the fund from which I am switching (for partial)
- OR**
2. Be cancelled from (Insert date)
3. Be changed to the fund into which I am switching to at R

Complete if you have a financial advisor

Name of financial services provider (FSP)	<input type="text"/>		
FSP license number	<input type="text"/>	Name of financial advisor	<input type="text"/>
Contact number	<input type="text"/>	Email address	<input type="text"/>
Licence Category	<input type="checkbox"/> Category I	<input type="checkbox"/> Category II	<input type="checkbox"/> Category IIIA
VAT vendor status	<input type="checkbox"/> Registered	<input type="checkbox"/> Not registered	VAT number <input type="text"/>

Declaration by person acting on behalf of the investor

I, the appointed Financial Advisor for this investment application declare that:

1. I am licensed to render services in respect of this product.
2. I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) and subordinate legislation thereto, to the investor/s.
3. I have fully explained the meaning and implications of replacement (if applicable) to the investor/s and that I am fully aware of the possible detrimental consequences of replacement.
4. I have established and verified the identity of the investor/s (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA) and the regulations thereto, and I will keep records of such identification and verification according to the provisions of FICA.
5. I have explained all fees that relate to this investment to the investor/s and I understand and accept that the investor/s may withdraw his / her authority for payment to me in writing and inform 27four.
6. I consent to my personal information being processed in accordance with the [Terms and Conditions](#).

Date

Signature of investor / legal guardian

Authorisation and declaration

I hereby acknowledge that the same terms and conditions that are applicable to my original investment apply to this investment.

Full name

Signed at

Capacity

Date

Signature of investor / legal guardian

*If signing on behalf of the investor please provide proof of authority and supporting verifying documentation.