UNIT TRUST

Tax Free Savings Withdrawal Form

Important information

This form is to be used by existing investors only.

Please send the completed Application Form, together with the required supporting FICA documentation and proof of payment to 27four Collective Investments (RF) (Pty) Ltd ("27four") by e-mail to 27fouradmin@prescient.co.za.

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	

Investor

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			

Banking details of investor

Account holder		Bank	
Account number		Type of account	
Name of branch		Branch code	

Signature of account holder

Note:

- The account holder must have a South African bank account.
- Payments can only be processed to an account registered in the name of the investor
- No payments will be made to credit cards, market-linked securities and/or third party bank accounts.

Special instructions

Unit trust funds

Please select the appropriate fund/s that you would like to redeem units or a percentage of units or a rand value from.

From Unit Trust Fund	Unit Trust Class	Rand Value	% of Units	Cancel Debit Order	
				Yes	No

Authorisation and Declaration

1. I hereby give notice in terms of the trust deed of my application to sell the relevant units and in consideration of the purchase price to be paid to me for the said units, hereby cede, assign and transfer all my rights, title and interest in and to be said units to you and acknowledge that I have no further interest therein.
2. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
3. I know that there are no guarantees on my investment capital.
4. I acknowledge that the lifetime and annual limits are fixed and do not change when you withdraw from your investment. Future contributions therefore cannot replace a withdrawal amount.
5. I authorise 27four to accept and act upon instructions by e-mail and hereby waive any claim that I have against 27four and indemnify 27four against any loss incurred as a result of 27four receiving and acting on such communication or instruction.

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.