

The Home of Retirement Funds

For Retirement and Living Annuity solutions

etfSA RETIREMENT ANNUITY FUND SWITCH FORM

Please complete and return to etfSA.co.za at the following addresses: Email: rafunds@etfsa.co.za or Fax: 086 692 4543 or post to: P O Box 36 Cresta, 2118. If assistance is required in completing this form, please contact us on 010 446 0374.

1. INVESTOR DETAILS				
Policy Number:				
Title: First Names:				
Surname:				
Identity / Passport No.:		Date of birth:		
E-mail Address: 2. etfSA RETIREMENT ANNUITY FU I hereby request the administrator to sw				
From Portfolio:	%	To Portfolio:	%	Switch debit order

3. INVESTOR DECLARATION

- a) I confirm that all information provided in this form and all other documents signed by me in connection with this application, whether in my handwriting or not, is correct.
- b) I am responsible for the accuracy and completeness of all answers, statements or other information provided by me or on my behalf.
- c) I have not received advice from the Administrator in respect of this application.
- d) I confirm that the Administrator may accept signed instructions by facsimile or via other electronic means.
- e) I have read, understood and agree to the Terms and Conditions of Membership.
- f) By his/her signature hereto the client warrants that he/she has legal capacity to enter into this agreement. If the client is a legal person other than a natural person, the client must furnish etfSA RA Fund with a copy of a resolution confirming that the person signing this agreement on behalf of the client is duly authorised to do so.
- g) I agree to abide by any rules, procedures, standards, requirements or any other conditions that may be established by etfSA RA Fund in connection with the use of its electronic services or any other electronic communication services made available by etfSA RA Fund.

Signed at:	on this	day of	year
Signature of investor:			

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