The Home of Retirement Funds

For Retirement and Living Annuity solutions

etfSA RETIREMENT ANNUITY FUND DEBIT ORDER FORM
(for Starting New Debit Orders or Amendments to Existing Debit Orders)

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 FUND INVESTMENT OPTIONS

	New Debit Order Amount (Rand) (Minimum debit order amount: R300 per fund per month	Amend Existing Debit Order (replace existing debit order) Minimum debit order amount: R300 per fund per month
1. Wealth Conservator Fund (CPI + 3%)		
2. Wealth Builder Fund (CPI + 5%)		
3. Wealth Enhancer Fund (CPI + 7%)		

Amend my debit order date: 3rd of the Month ☐ 25th of the Month ☐

Start my debit order on ____________________

Amend Annual Debit Order Increase: ________ %

3. AMEND CURRENT DEBIT ORDER BANK DETAILS

If your bank details have changed since opening your RA account, please supply proof of the new bank details (not older than 3 months).

Name of account holder:

Bank:

Account No.: Account Type: Cheque Savings Transmission

Branch Name: Branch Code:

Please return for with proof of bank details – not older than 3 months)

Debit Order Authority

- I/We hereby request, instruct and authorize the Administrator to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my account).
- I/We understand that all such withdrawals from my/our bank account shall be treated as though they had been signed by me/us personally.
- I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 calendar days' written notice.
- I/We agree that receipt of this instruction by the Administrator (as defined in the Terms and Conditions) shall be regarded as receipt thereof by my/our bank.
- In order to activate the debit order, the Administrator must receive the application form at least 10 calendar days prior to the first debit order date.
- The debit order will only be actioned on the signing of this Authority.
- Bank reference number on your bank statement will be etfSA RA DO/(followed by unique identification number).

Signature of bank account holder **Date (ccyy-mm-dd)**