



Annual client agreement to pay ongoing financial advisor advice fees on a retirement fund investment transfer. (Section 14 transfer)

Please complete this form in full and submit together with the Retirement Annuity application form. The member must initial all amendments made to this form. Please fax to CLIENT SERVICES at +27 (0) 11 388 3223 or email to direct@intervest.co.za.

1. Member Details

Title _____ Surname _____

First Names _____

ID Number _____ Date of birth _____ / _____ / _____
DD MM YYYY

E-mail address _____

Name of institution where investment was held previously _____

Policy number at previous institution _____

Annual fee agreed upon, excluding VAT: , %
(Maximum of 1% per annum)

2. Intermediary details:

Name of financial service provider (FSP) _____

FSP license no _____

Name of Intermediary _____

ID number _____ Date of birth _____ / _____ / _____
DD MM YYYY

Telephone (Cell) _____ Telephone (Fax) _____

E-mail address _____

3. Declaration of understanding by member

1. I, as the client, am aware that the annual fees on the above mentioned policy have been paid in full upfront commission on commencement of this policy to the current or a previous advisor.
2. I agree that my currently appointed Financial Advisor will be paid an ongoing advice fee on these transferred retirement fund investments as stipulated above.
3. I am aware that I will be required to confirm this fee annually or any changes thereto, upon the anniversary of this letter.
4. I am also aware that any debit order or additional investment added to these transferred funds will be charged at the same ongoing financial advisor advice fee. Initial fees on such investments will be the standard fees charged by the administrator as agreed upon in the client mandate.
5. I understand that EFS Investment Solutions (Pty) Ltd trading as Intervest will act according to this instruction and cannot be held responsible for any consequential damages.

Signature of Appointed Financial Advisor _____ Date _____ / _____ / _____
DD MM YYYY

Signature of Member _____ Date _____ / _____ / _____
DD MM YYYY