intervest.co.za

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PRESERVATION PENSION FUND OR EQUINOX PRESERVATION PROVIDENT FUND

Application for Withdrawal before Retirement

The applicant must initial each page as well as any amendments made to the application form. Please fax all the pages of this form to CLIENT SERVICES at +27 (0) 11 388 3223 or email to direct@intervest.co.za. The Intermediary must retain the original document.

Please tick the appropriate box depending on the fund that you are withdrawing from:

Equinox Preservation Pension Fund	☐
Financial Services Board Registration number	12/8/37711
SARS Registration number	18/20/4/41949

Equinox Preservation Provident Fund	☐
Financial Services Board Registration number	12/8/37712
SARS Registration number	18/20/4/41950

1. Member Details

Title _____ Surname _____

First Names _____

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

Physical address _____

_____

_____ Code _____

Telephone (Home) _____ Telephone (Work) _____

Telephone (Fax) _____ Telephone (Cell) _____

E-mail _____

Tax number _____

Estimated annual income R ☐☐☐☐☐☐☐☐,☐☐

2. Member Bank Account Details

Name of Account Holder _____

Name of Bank _____

Branch Name _____ Branch Code _____

Account Number _____

Type of Account Current ☐ Savings ☐ Transmission ☐

No payments will be made to third party bank accounts.

Equinox is a division of EFS Investment Solutions (Pty) Ltd. Registration No. 1999/014522/07. Financial Services Provider No. 563.
Directors: H van Wyngaarden, WP Morton, CM van der Merwe
Version 05/2009

Applicant's initials

3. Withdrawal Option details

Please tick the appropriate box:

3.1 Full withdrawal ☐ OR

3.2 Partial withdrawal ☐

For a partial withdrawal, please complete details below:

Gross lump sum withdrawal (Prior to applying for tax): R ☐☐☐☐☐☐☐☐,☐☐ OR ☐☐ %

FUND/CIS SELECTION TO WITHDRAW FROM

Please select from the list of unit trust funds in your Preservation fund portfolio that you are currently invested in.

Fund/CIS name	Class*	Withdrawal Amount (before tax)
_____	☐☐	R ☐☐☐☐☐☐☐☐,☐☐
_____	☐☐	R ☐☐☐☐☐☐☐☐,☐☐
_____	☐☐	R ☐☐☐☐☐☐☐☐,☐☐
_____	☐☐	R ☐☐☐☐☐☐☐☐,☐☐

*If the unit trust fund (CIS) class is not available or not indicated, the next available class of the same fund will be used.

4. Conditions of transfer

1. The investment will be switched (at the cost of the member) to an interest bearing fund/CIS pending completion of the transfer, to protect the member from devaluation of his/her transferrable amount.
2. The fund will apply for a tax directive and will only continue with the transfer once such tax directive has been received.
3. The transfer will be done in the form of a Rand amount and paid only into the bank account of the receiving retirement fund.
4. Fees payable by the client on the portfolio pending payment, will be deducted before the funds are paid to the client.

5. Member Declaration

1. I hereby declare that the information given above is true and correct and I instruct and authorize the Fund to pay all the monies due in accordance with the instructions above, subject to the rules of the Fund.
2. I understand and accept the conditions of the transfer as set out in this form.
3. I understand and accept that the Fund will have to apply for a tax directive if a cash benefit is requested and that the cash benefit requested herein is the pre-tax amount. I understand that the payment of the cash benefit will be delayed until a tax directive has been received. The Fund will deduct such tax before paying the cash benefit to me.
4. I understand that the amount payable at completion of this transfer may differ from the amount illustrated at the start of the transfer.
5. I hereby confirm that the Intermediary mentioned in 6 below is my appointed Intermediary.

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

6. Intermediary details

Name of Intermediary (Financial Advisor) _____

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

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