



TRANSFER FORM Retirement Annuity fund

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

TRANSFER TO: **Equinox Retirement Annuity Fund (administered by Intervest)**

1. Member details:

Title _____ Surname _____
 First Names _____
 ID Number _____
 Email _____

2. Transferring fund details:

Product to transfer FROM:

Retirement Annuity Fund Pension Fund Provident Fund

Institution where above product is currently held: _____

Name of transferring Fund: _____

Policy Number: _____

Declaration by member:

1. I hereby authorise Intervest to receive the above-mentioned fund and furthermore do whatever is required to give effect to this instruction.
2. I understand that the proceeds will only be reflected on my online account with the Administrator (Intervest) when the transfer has been completed.
3. I understand that I will not have access to any benefits in the Fund before age 55, unless due to proven medical grounds of disability.
4. I acknowledge to have read, understand and agree to be bound by the Intervest's standard terms and conditions and retirement fund rules as reflected on the Intervest website.
5. I agree to the Intervest Fees set out in the Intervest Fee Schedule in return for the services rendered by the Administrator. I understand the fees may be amended as agreed by the Trustees from time to time.
6. I understand that any statutory fees payable to SARS or the FSB will be deducted and that the net amount will be available for investment in the Equinox Retirement Fund.
7. Please cancel any existing debit orders that I may currently have associated with the above policy.

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