

UNIT TRUST

Tax Free Savings Transfer In Application Form

Important information

1. This form is to be completed for the full or partial transfers from another tax-free product provider ("Transferring Product Provider") to the 27four Tax-Free Savings Account ("TFSA") in accordance Regulations published in terms of Section 12T(8) of the Income Tax Act 58 of 1962, (the "Regulations").
2. This form will be an annexure to the 27four Tax Free Savings Account Application Form and the applicable particulars stated therein will apply to this Transfer Form. All new investors will be required to complete a 27four Tax Free Savings Account Application Form, existing investors will only be required to complete a 27four Tax Free Savings Account Application Form if they require a change to their existing TFSA investment option.
3. Transfers in accordance with the Regulations will not have an impact on the annual and lifetime limit contributions.
4. Only transfers from other product providers will be accepted. Investors may not accept transfer amounts into their own accounts outside of the tax-free savings account as this will be considered a withdrawal and reinvestment which will impact the annual lifetime limits.

Transfer Process

1. The Investor submits a completed Transfer request form together with the required documents to 27four Collective Investments (RF)(Pty)Ltd ("the Manager") 27fouradmin@prescient.co.za.
2. For new clients, a Tax-Free Savings (New Business) application form and the required FICA documentation is to accompany the submitted Transfer request form
3. The Manager will instruct the Transferor Product Provider to transfer the account to the 27four Tax-free Savings Account.
4. The Manager will allocate the units and price the transaction once the Transferor Product Provider has confirmed the transfer, provided a transferring product provider certificate and complied with other regulatory requirements.
5. The transfer process will take approximately seven to ten business days upon receipt of a fully completed instruction for a Tax-Free Saving Account transfer.

Complete the form and submit documents

- A clear copy of your South African ID or Passport (if Foreign National)
- A document containing your residential address (not older than 3 months)
- Client statement from current product provider statement
- Tax Free Savings Account Application Form

Provide your personal details

New Investor Existing Investor Client Number

Title Surname

First Name(s)

ID or Passport Number (if Foreign National)

Income Tax Number

E-mail Address

***The below is only to be completed by existing 27four investors only if their personal details have changed:**

Date of Birth Nationality

Marital Status Single Anti-Nuptial contract In Community of Property

Occupation

Country of residence for tax purposes

Do you have a USA income tax number/tax residency/nationality? Yes No

| | |
|------------------------------------|--|
| Street address | Postal address |
| C / O <input type="text"/> | Same as street address YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Unit <input type="text"/> | C / O <input type="text"/> |
| Complex <input type="text"/> | Line 1 <input type="text"/> |
| Street number <input type="text"/> | Line 2 <input type="text"/> |
| Street <input type="text"/> | Line 3 <input type="text"/> |
| Suburb <input type="text"/> | Line 4 <input type="text"/> |
| City <input type="text"/> | Postal code <input type="text"/> |
| Postal code <input type="text"/> | Fax <input type="text"/> |
| Telephone (H) <input type="text"/> | Cell <input type="text"/> |
| Telephone (W) <input type="text"/> | Email address <input type="text"/> |

Specify your preferred method of receiving correspondence* Email Copy to financial advisor By post

*Consider going paperless by selecting the email option. If no selection is made, correspondence will be sent to the email address provided.

If no email address is provided, correspondence will be sent to your postal address.

Acting on behalf of investor

* Only existing investors have to complete the section below only if their guardian / persons with Power of Attorney have changed:

| | | | | |
|---|----------------------|------------------------|------------------------------|-----------------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | |
| First name(s) | <input type="text"/> | | Gender | <input type="text"/> |
| Date of birth | <input type="text"/> | Nationality | <input type="text"/> | |
| ID or Passport number (if foreign national) | <input type="text"/> | | | |
| Income Tax number | <input type="text"/> | | | |
| Street address | Postal address | | | |
| C / O | <input type="text"/> | Same as street address | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Unit | <input type="text"/> | C / O | <input type="text"/> | |
| Complex | <input type="text"/> | Line 1 | <input type="text"/> | |
| Street number | <input type="text"/> | Line 2 | <input type="text"/> | |
| Street | <input type="text"/> | Line 3 | <input type="text"/> | |
| Suburb | <input type="text"/> | Line 4 | <input type="text"/> | |
| City | <input type="text"/> | Postal code | <input type="text"/> | |
| Postal code | <input type="text"/> | Fax | <input type="text"/> | |
| Telephone (H) | <input type="text"/> | Cell | <input type="text"/> | |
| Telephone (W) | <input type="text"/> | Email address | <input type="text"/> | |
| Capacity | <input type="text"/> | | | |

Complete if you have a financial advisor

| | | | | |
|---|-------------------------------------|---|--|------------|
| Name of financial services provider (FSP) | <input type="text"/> | | | |
| FSP license number | <input type="text"/> | Name of financial advisor | <input type="text"/> | |
| Contact number | <input type="text"/> | Email address | <input type="text"/> | |
| License category: | <input type="checkbox"/> Category I | <input type="checkbox"/> Category II | <input type="checkbox"/> Category IIIA | |
| VAT vendor status: | <input type="checkbox"/> Registered | <input type="checkbox"/> Not registered | <input type="text"/> | VAT number |

Indicate the negotiable fee that you would like us to pay to your advisor for this investment:

By signing this form you agree that the following negotiated fee will be paid on this and all future transactions unless otherwise specified.

Initial fee % Maximum 3.0% (excluding VAT) deducted prior to the investment being made. Where the annual fees are more than 0.5%, initial fees are capped at 1.5%. If it is agreed that no initial fee is payable, insert 0%.

Annual ongoing fee % Maximum 1.0% (excluding VAT) of the investment account. Where the initial fee is more than 1.5%, the maximum annual fee is 0.5%. If no annual fee is payable, insert 0%.

I, the appointed Financial Advisor for this investment application declare that:

1. I am licensed to render services in respect of this product.
2. I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) and subordinate legislation thereto, to the investor/s.
3. I have fully explained the meaning and implications of replacement (if applicable) to the investor/s and that I am fully aware of the possible detrimental consequences of replacement.
4. I have established and verified the identity of the investor/s (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA) and the regulations thereto, and I will keep records of such identification and verification according to the provisions of FICA.
5. I have explained all fees that relate to this investment to the investor/s and I understand and accept that the investor/s may withdraw his / her authority for payment to me in writing and inform 27four.
6. I consent to my personal information being processed in accordance with the [Terms and Conditions](#).

Signature of financial advisor

Date:

Transferring product provider particulars

***These fields are mandatory**

Name of Product Provider:

Registration Number

Street address

Postal address

C / O

Same as street address YES NO

Unit

C / O

Complex

Line 1

Street number

Line 2

Street

Line 3

Suburb

Line 4

City

Postal code

Postal code

Tax Free Product account number:

Estimated value of transfer: R

Transfer Type: Rand Value Units (Participating Interest)

Transfer Amount: Full Transfer Partial Transfer

Contact Details

Contact person of Transferor

Contact number Email address

If partial transfer, please specify the amount to be transferred below:

| Name of Transferring Product Provider | Investment Account Number | Rand Amount |
|---------------------------------------|---------------------------|-------------|
| | | |
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| | | |

Declaration by investor

I hereby request the full / partial transfer of my Tax-Free Savings Account with the Transferor Product Provider to 27four Tax Free Savings Account as set out above.

I have read, understood and agree to the terms and conditions of the 27four Tax Free Savings Account Application Form. The Manager is required to collect, process and share your Personal Information. Your Personal Information is collected and processed by our staff and we make every effort to protect and secure your Personal Information. You are entitled at any time to request access to the information collected, processed and shared by the Manager.

I agree to provide all documentation and information required in terms of the Manager's business rules and FICA and understand that the Manager is prohibited from processing any transaction on my/our behalf until all such documentation has been provided.

I confirm that all the information provided are true and correct.

Date

Signature of investor / authorised representative / legal guardian

Declaration by Transferring service provider

We accept the above Tax Free Savings Account transfer and confirm that:

1. The account to be transferred is a Tax Free Savings Account as defined in Section 12T(8) of the Income Tax Act 58 of 1962; and
2. We accept the above Tax Free Savings Account transfer and confirm that the above request will be processed in terms of the regulations of Section 12T(8) of the Income Tax Act.

Full Name

Date

Capacity

Signature of Authorised signatory

Risk Warning

Collective Investment Schemes in Securities (CIS) should be considered as medium to long-term investments. The value may go up as well as down and past performance is not necessarily a guide to future performance. CIS's are traded at the ruling price and can engage in scrip lending and borrowing. A schedule of fees, charges and maximum commissions is available on request from the Manager. There is no guarantee in respect of capital or returns in a portfolio. A CIS may be closed to new investors in order for it to be managed more efficiently in accordance with its mandate. CIS prices are calculated on a net asset basis, which is the total value of all the assets in the portfolio including any income accruals and less any permissible deductions (brokerage, STT, VAT, auditor's fees, bank charges, trustee and custodian fees and the annual management fee) from the portfolio divided by the number of participatory interests (units) in issue. Forward pricing is used. The Fund's Total Expense Ratio (TER) reflects the percentage of the average Net Asset Value (NAV) of the portfolio that was incurred as charges, levies and fees related to the management of the portfolio. A higher TER does not necessarily imply a poor return, nor does a low TER imply a good return. The current TER cannot be regarded as an indication of future TER's. During the phase in period TER's do not include information gathered over a full year.

A Money Market portfolio is not a bank deposit account and the price is targeted at a constant value. The total return is made up of interest received and any gain or loss made on any particular instrument; and in most cases the return will have the effect of increasing or decreasing the daily yield, but in the case of abnormal losses it can have the effect of reducing the capital value of the portfolio. The yield is calculated as a weighted average yield of each underlying instrument in the portfolio. Excessive withdrawals from the portfolio may place the portfolio under liquidity pressures and a process of ring-fencing of withdrawal instructions and managed pay-outs over time may be followed

A Fund of Funds is a portfolio that invests in portfolios of collective investment schemes, which levy their own charges, which could result in a higher fee structure for these portfolios.

A Feeder Fund is a portfolio that invests in a single portfolio of a collective investment scheme which levies its own charges, and which could result in a higher fee structure for the feeder fund.

The Manager retains full legal responsibility for any third party-named portfolio.

Where foreign securities are included in a portfolio there may be potential constraints on liquidity and the repatriation of funds, macroeconomic risks, political risks, foreign exchange risks, tax risks, settlement risks; and potential limitations on the availability of market information.

The investor acknowledges the inherent risk associated with the selected investments and that there are no guarantees. The Manager is a member of the Association for Savings and Investments South Africa.