

## INFUND TRANSFER FROM SAVINGS COMPONENT TO RETIREMENT COMPONENT

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

REQUIRED DOCUMENTATION
The following outlines the supporting documentation required in terms of the Financial Intelligence Centre Act, No 38 of 2001 (FICA) as well as other documents required by Acravest. This documentation is necessary in order for the Fund to verify the details in this application
Copy of ID or Passport
Proof of SA income tax number
Proof of residential address
(Copies of the supporting documentation are sufficient as long as all text and photographs are clear and legible).
IRETIRE FUND DETAILS
Fund name Registration number
Participating Employer (If Applicable)
Tarticipating Employer (II7 ppincable)
INVESTOR /MEMBER DETAILS
New investor Existing investor
Full names
Surname
ID or Passport number (if foreign national)  Gross Annual Salary
Are you a registered tax payer  Yes  No
If yes, specify income tax number
Date of birth D D M M Y Y Y Y
Telephone number Cellphone number
E-mail address
DETAILS OF TRANSFER
Amount to be transferred R
DECLARATION BY INVESTOR
I understand that the onus is on me to ensure that the transfer instruction is received by Acravest and if Acravest does not acknowledge receipt of the instruction within five working days, then it is my responsibility to follow up with Acravest.
I understand that if the instruction is not completed in full, or inaccurate, the instruction may not be processed until the instruction is completed in full and accurate.
I understand that a transfer from the savings component to the Retirement component cannot be reversed. The Retirement component is only available at actual retirement and may only be converted into a life-long annuity.
MEMBER SIGNATURE
Date D D M M Y Y Y Y

