

Equinox Retirement Annuity Fund <input type="checkbox"/>	
Financial Services Board Registration number	12/8/37710
SARS Registration number	18/20/4/41951

Equinox Preservation Pension Fund <input type="checkbox"/>	
Financial Services Board Registration number	12/8/37711
SARS Registration number	18/20/4/41949

Equinox Preservation Provident Fund <input type="checkbox"/>	
Financial Services Board Registration number	12/8/37712
SARS Registration number	18/20/4/41950

Member Retirement portfolio reference number

3. Transferee fund details

Name of Insurer/Administrator _____

Contact Person _____ Designation _____

Telephone number _____ E-mail address _____

Postal address _____

_____ Code _____

Transferee Fund Name _____

Transferee Fund FSB Registration Number _____

Transferee Fund SARS Registration Number _____

Transferee Fund Rule number _____

Is this fund Valuation Exempt? Yes No

If yes, please provide us with a certified copy of the Valuation Exemption certificate.

4. Conditions of transfer

1. This is an application to transfer funds to another approved Retirement Annuity/Preservation Fund and transfer will only take place if approved by the Board of Trustees of the transferor fund.
2. 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.
3. The fund will apply for a tax directive and will only continue with the transfer once such tax directive has been received.
4. The transfer will be done in the form of a Rand amount and paid only into the bank account of the receiving retirement fund.
5. 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 that the amount payable at completion of this transfer may differ from the amount illustrated at the start of the transfer.

Member Signature _____

Date ____ / ____ / ____
DD MM YYYY

Applicant's initials