

## Unit Trust Switch Form

### How to Invest

1. Please complete all relevant sections of this form and send the required documents to [Acimancoadmin@africaci.com](mailto:Acimancoadmin@africaci.com) or at fax number **+27 21 700 7333**.
2. Cut off times for receiving instructions are **13:00** (SA).

### Details

Client Number

### Investor

Name / Entity Name / Co. Registered Name \_\_\_\_\_

ID/ Registered Number \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### Acting on behalf of Investor \*

\* **This is for Guardians / persons with Powers of Attorney**

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Identity Number or Passport (if no RSA ID) \_\_\_\_\_

Postal Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Capacity \_\_\_\_\_

### Special Instructions

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### Unit Trust Switch

Please select the appropriate fund and the number of units, or percentage or rand value to be switched.

From Unit Trust Fund Name	Units Or Amount Or Percentage	To Unit Trust Name	Annual Financial Advisor Fee	Units or Amount or Percentage	Distributions* (please tick)	
					Re-invest	Pay out

### Change of Debit Order Instructions (if applicable)

My debit order on this account is to:

1.  Remain unchanged for the fund from which I am switching (for partial

**OR**

2.  Be cancelled from  /  /

3.  Be changed to the fund into which I am switching to at R

### Financial Advisor Details (if applicable)

Name of Financial Advisor \_\_\_\_\_

Name of Financial Services Provider (FSP) \_\_\_\_\_ FSP License Number \_\_\_\_\_

Contact Tel No \_\_\_\_\_ Email \_\_\_\_\_

ACI's Financial Services Provider code (to be obtained from ACI) \_\_\_\_\_

Licence Category: Category I  Category II  Category IIA

VAT vendor status: Registered  Not Registered  VAT Number

**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 ACI.
6. My personal information may be used by ACI in the normal course of business to provide the products and services and ACI may retain any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information will not be given or sold to any third parties. ACI will disclose or report personal information if and when required to do so by law or any regulatory authority, and to our employees, or agents who require such information to carry out their duties.

Signature of Financial Advisor \_\_\_\_\_

Date \_\_\_\_\_

### Authorisation and Declaration

I hereby acknowledge that the same terms and conditions that are applicable to my original investment apply to this investment.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

1. Full Name of Signatory \_\_\_\_\_ Capacity \_\_\_\_\_

Signature of Investor/Legal Guardian \_\_\_\_\_

2. Full Name of Signatory \_\_\_\_\_ Capacity \_\_\_\_\_

Signature of Investor \_\_\_\_\_

\* If signing on behalf of the investor please provide proof of authority and supporting verifying documentation.

### Contact

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Johannesburg  
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