



A. IMPORTANT INFORMATION

PSG Collective Investments (RF) Limited administers the unit trusts. It is authorised to do so as a manager in terms of the Collective Investment Schemes Control Act. In this form it is referred to as PSG Asset Management. **If you require assistance in completing this application, please contact Client Services on 0800 600 168.**

- Please complete all sections of this form.
- The completed form and confirmation of banking details should be faxed to PSG Asset Management, on +27 (11) 263 6099 or **emailed to local.instructions@psgadmin.co.za.**
- Please refer to the rules regarding faxed and e-mailed forms as set out in the terms and conditions on the application form.
- **Please inform us in writing should any of your personal details change.**

Client name

Investor number

B. NEW WITHDRAWAL PAYMENT INSTRUCTION (monthly income)

Please select the frequency:

Monthly

Quarterly

Half yearly

Yearly

Please specify the month you wish the withdrawal to commence

(month)

(year)

Fund name	Class	Amount R

I/We, the undersigned, request and instruct PSG Asset Management to redeem units as specified above. The redemption of units will take place on the 22nd of the month or should this day fall on a non-business day redemption will take place on the first business day thereafter. Payment for the PSG Money Market Fund will be made on the same day, and on the following business day for all other funds. Funds will reflect in the clients' bank account on the next business day for all non-Standard Bank accounts. If the payment instruction is received after the 15th of the month the withdrawal payment will take effect on the 22nd of the following month.

Payments will only be made to the above banking details, unless otherwise instructed in writing. PSG Asset Management does not make any third party payments.

Bank Account Details

Full names of bank account holder

Name of bank

Branch code

Account number

Account type

Cheque

Savings

Other

C. AMENDED WITHDRAWAL PAYMENT INSTRUCTION (monthly income)

Fund name	Class	Old Amount R	New Amount R

If your bank details have changed, please attach a certified copy of your bank statement

Bank Account Details

Full names of bank account holder

Name of bank

Branch code

Account number

Account type

Cheque

Savings

Other

D. CANCELLATION OF WITHDRAWAL PAYMENT INSTRUCTION (monthly income)

Please specify the date you wish the monthly income to be cancelled

Date

Funds to be cancelled

Fund name	Class

Signature of the investor/Authorised signatory

Signature of financial adviser

Date

Date