

1. IMPORTANT INFORMATION

- PSG Invest (Pty) Ltd, an authorised administrative financial services provider, is the Administrator of this investment.
- This form is to be used in order for the Investor to transfer to another Company.
- It may be in your best interest to obtain advice before concluding this transaction. Should you complete and submit this document yourself, this transaction may not be appropriate to your personal circumstances.
- By concluding this transaction on your own, you acknowledge that you have done so on your own account and not based on the advice of the Administrator.
- Please ensure that you read the Terms and Conditions applicable to your investment as this may have changed since your original investment. This is available from the Client Services Department at 0860 774 774 or at www.psg.co.za.

2. INVESTOR DETAILS

| | | | | | |
|--|-------------------------------------|------------------------------------|--|--------------------------------|---|
| Title | <input type="text"/> | Initials | <input type="text"/> | Surname | <input type="text"/> |
| First name(s) or | <input type="text"/> | | | | |
| Full registered name of Company or Trust | <input type="text"/> | | | | |
| Identity number/ Registration number | <input type="text"/> | | | | |
| Investment Number | <input type="text"/> | | | | |
| Date of Birth | <input type="text"/> | | | | |
| Income Tax Reference Number | <input type="text"/> | | | | |
| Tax status | <input type="checkbox"/> Individual | <input type="checkbox"/> Corporate | <input type="checkbox"/> Retirement Fund | <input type="checkbox"/> Trust | <input type="checkbox"/> Non-taxable organisation |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | | |
| Marital status | <input type="text"/> | | | | |
| Physical address | <input type="text"/> | | | | Postal code <input type="text"/> |
| Postal address | <input type="text"/> | | | | Postal code <input type="text"/> |
| Home Tel | <input type="text"/> | Work Tel | <input type="text"/> | | |
| Cell phone | <input type="text"/> | Fax | <input type="text"/> | | |
| E-mail address | <input type="text"/> | | | | |

Where the Trust is the owner, please advise if all beneficiaries in terms of the trust deed are natural persons. Yes No

3. TRANSFER OPTION

Please tick the appropriate box:

- Cash Transfer
- Unit Transfer

Please note that the Administrator will always process Money Market Funds as cash transfers.
Should you wish to redeem only a portion of your investment, please complete the following section:

| FUND NAME(S) | FUND CLASS | AMOUNT | PERCENTAGE |
|--------------|------------|--------|------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |

4. RECEIVING FUND BANK ACCOUNT DETAILS

I hereby authorise the fund to credit the account at the following Institution.

| | | | | | |
|---------------------|----------------------|----------------|----------------------------------|---------------------------------------|----------------------------------|
| Account holder name | <input type="text"/> | Account | <input type="checkbox"/> Current | <input type="checkbox"/> Transmission | <input type="checkbox"/> Savings |
| Bank name | <input type="text"/> | Branch Code | <input type="text"/> | | |
| Branch name | <input type="text"/> | Account number | <input type="text"/> | | |

5. DISINVESTMENT OPTION (APPLICABLE TO CASH TRANSFERS ONLY)

Please tick the appropriate box:

- Disinvest my funds upon receipt of this instruction, and transfer to a money market account.
- My funds are to remain invested in the existing portfolios until date of actual disinvestment.

6. DECLARATION

- I acknowledge and understand the option given to me at disinvestment. I understand that the Administrator cannot be held liable for any loss I might incur due to this instruction and due to the specific disinvestment option selected by myself. I hereby indemnify the Administrator against any loss I incur due to the disinvestment option selected by me, provided my option was implemented with the necessary due care and diligence.
- I declare that the information provided herein is to the best of my knowledge correct and applicable.
- I have not received any advice from the Administrator in respect of this application/instruction
- I am aware that no financial adviser may request me to sign any written or printed form or document unless all details required to be inserted thereon by me or on my behalf have already been inserted.
- I hereby state that the FICA documentation in possession of the Administrator is current and up to date: I accept that it is my responsibility to provide the Administrator and my financial adviser with updated FICA documentation as required. I accept that should the Administrator not be in possession of updated FICA documentation the instruction will not be processed.

Fax and Email Indemnity

The Investor hereby indemnifies and holds the Administrator harmless against all demands, actions and proceedings which may be made or instituted against the Administrator, arising out of his/her election to use the facsimile or e-mail system in dealing with the Administrator. Furthermore, any facsimile transmission or e-mail report will not suffice as proof of receipt of this form unless confirmed in writing by the Administrator. The responsibility to make sure the instruction was received will rest with the Investor.

I, the investor and undersigned, do hereby declare that I have read and understood the standard terms and conditions as indicated herein. I also confirm that I have received a copy, read and understood the Terms and Conditions Booklet and accept that this investment is subject to such terms and conditions, and agree to be bound to these terms and conditions.

7. STANDARD TERMS AND CONDITIONS

- This instruction form may only be signed by the investor or by a registered investment manager/discretionary financial services provider acting on behalf of the investor. Where this instruction form is signed on behalf of the investor, the signatory warrants that he/she has authority to do so, that the information contained herein is correct in all respects and he/she indemnifies the Administrator.
- In the event that the investor is not a natural person, a resolution from the legal entity giving the signatory (ies) authority to sign on behalf of the legal entity, may be required. The Administrator shall not be liable or responsible, for any reason, in the event that the signatory (ies) is/are not duly authorised and the signatory (ies) indemnifies the Administrator against any and all damages and/or loss arising from such event.
- The Administrator charges a R1000 administration fee for Section 14 Transfers out.
- The Administrator will discontinue any recurring transactions after processing commences.
- The Administrator will not be liable for any loss incurred by the Investor due to incorrect information being supplied by the Investor.
- The Administrator reserves the right to withhold processing on any unclear, incomplete or ambiguous instructions received by the Investor.
- The Administrator will not be liable for any damages or losses, arising out of the Administrator's processing an instruction received from the Investor or its mandated financial adviser or failure to action this instruction due to circumstance beyond its control.
- Please note that any capital gain realised on the disposal of a participatory interest in a collective investment scheme is subject to Capital Gains Tax, please ensure that you discuss this with your appointed financial adviser or a tax expert.
- The Administrator will at all times endeavour to deliver in the timeframes provided for in terms of the terms and conditions, however this may be extended due to unforeseen circumstances which the Administrator has no control over.
- Balances that remain in a fund following a 100% switch out/rebalance out/withdrawal from this fund will not automatically follow the original transaction to the required destination fund or bank account. Such residual balances may be caused by reinvested distributions or the release of units that were reserved for another transaction at time of instruction. You/your financial adviser may send a written request to the administrator to reprocess this instruction in order for future residual balances to be cleared.
- The necessary FICA documentation, as requested on the form, must be supplied before any instructions will be processed, unless we have your current, up-to-date documents on record. The investor indemnifies and holds the Administrator harmless against any loss or damage, which the investor may suffer as a result of any commission or omission by the Administrator which is a result of an obligation imposed on the Administrator by the Financial Intelligence Centre Act, 38 of 2001.

8. SIGNATURES

I/We, the undersigned and legal owner/s, confirm that all information provided on this instruction form is correct, and that I/we acknowledge and accept the terms and conditions relevant to this investment and accept the implications thereof. The Investor understands that in terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), his Financial Adviser must be mandated by a licensed Financial Services Provider ("FSP") as a representative with the necessary FAIS sub - categories to act on the Investor's behalf and that it is also the Investor's responsibility to determine whether his Financial Adviser has the necessary authorisation. (FSB toll free number: 0800 110443). The Investor understands and confirms that the Administrator is entitled to act on his Financial Adviser's instructions, whether in written or electronic format, as if they were the Investor's own instructions. The Investor hereby indemnifies the Underwriter and/or Administrator against all losses or damage, which he may sustain, as a result of transactions entered into on the basis of this delegation of authority by the Investor to the Financial Adviser. If a Financial Adviser is not mandated as required by the Financial Services Board, the Administrator is obliged by law to decline any instructions from such Financial Adviser. The Administrator may and will accept instructions on the strength of the Investor's signature. The Investor hereby authorises the Administrator to obtain information from the appointed FSP, Financial Adviser or administrative assistant where the Investor has failed to include such information in the application or transaction form. This authorisation is subject to the Administrator obtaining documentary proof where necessary.

Signed at (place) this day of 20

Signature of Investor/ Authorised Signatory

9. CONTACT DETAILS

1st Floor, Roland Garros, The Campus, 57 Sloane Street, Bryanston, 2191
PO Box 61295, Marshalltown, 2107
Sharecall: 0860 774 774
Fax: +27 (0) 11 996 5499
E-mail: clientservice@psg.co.za
Website: www.psg.co.za