

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, as cedent, to cede his/her investment to a third party.
- It may be in your best interest to obtain advice before concluding this transaction. It is suggested that you approach a Financial Adviser in this regard.
- 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 at 0860 774 774 or at www.psg.co.za.
- All instruction forms can be obtained from the Client Services Department at 0860 774 774 or at www.psg.co.za.
- Please take note that the Administrator will only process this registration when all required information and documentation are received.
- Please submit instructions for processing to instructions@psg.co.za or fax to +27 (11) 996 5499.
- For enquiries, please e-mail clientservice@psg.co.za or contact one of our consultants on 0860 774 774.

2. CEDENT DETAILS

Investment Number	<input type="text"/>		
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"/>		
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3. TYPES OF CESSION

Collateral Security Cession **Amount R**

Outright Cession

I/We the Cedent of investment no. with commencement date issued by the Administrator, do hereby assign, transfer and make over my rights, title and interest in the mentioned investment to and in favour of the cessionary.

Effective date of Cession

Important:

- The Administrator will cancel any beneficiaries that currently exist on this investment if this investment is ceded outright.
- The Administrator will cancel any annuities, phase-in instructions, recurring contributions or recurring withdrawals that currently exist on this investment if this investment is ceded outright.
- The Administrator does not accept responsibility for the validity of this Cession.
- With a collateral security cession the appointment of a beneficiary does not lapse, but the cessionary's rights are given preference above any rights of the beneficiary/s regarding the death benefits.

4. CESSIONARY 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"/>				
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.					<input type="checkbox"/> Yes <input type="checkbox"/> No

5. AUTHORISED SIGNATORY DETAILS ON BEHALF OF CESSIONARY

Name	<input type="text"/>				
Surname	<input type="text"/>				
Identity number/ Registration number	<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"/>				
Authority in terms of:	<input type="checkbox"/> Mandate	<input type="checkbox"/> Letter of Authority	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Resolution	
Please provide a copy of authority selected above.					

6. AUTHORISED SIGNATORY DETAILS ON BEHALF OF CEDENT

Name	<input type="text"/>				
Surname	<input type="text"/>				
Identity number/ Registration number	<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"/>				
Authority in terms of:	<input type="checkbox"/> Mandate	<input type="checkbox"/> Letter of Authority	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Resolution	
Please provide a copy of authority selected above.					

7. BENEFICIARY NOMINATIONS (COMPULSORY SECTION IN TERMS OF OUTRIGHT CESSION)
PRIMARY BENEFICIARY NOMINATIONS

TITLE	INITIALS	SURNAME	IDENTITY NUMBER OR DATE OF BIRTH	DEPENDANT (YES/NO)		% BENEFIT	
				Y	N		%
				Y	N		%
				Y	N		%
				Y	N		%
				Y	N		%
				Y	N		%
Total						100%	

Alternative beneficiary nominations will only apply when there are no surviving primary beneficiaries. In the event of the simultaneous death of the investor and all his/her primary beneficiaries, or in the event that all the primary beneficiaries predecease the investor and the investor fails to elect a new primary beneficiary/beneficiaries, the proceeds will be paid to the alternative beneficiary/beneficiaries.

ALTERNATIVE BENEFICIARY NOMINATIONS

TITLE	INITIALS	SURNAME	IDENTITY NUMBER OR DATE OF BIRTH	DEPENDANT (YES/NO)		% BENEFIT	
				Y	N		%
				Y	N		%
				Y	N		%
				Y	N		%
				Y	N		%
				Y	N		%
Total						100%	

- Total of benefit percentage must equal 100%.
- Beneficiaries are only entitled to the benefit upon death of the Investor. The beneficiary has the option to continue with the investment to date of maturity or for a period thereafter as agreed with the Administrator.
- If you have nominated someone other than your spouse as beneficiary and you are married in community of property, the consent of your spouse is required below.

I hereby agree to the nomination:

Signature of spouse (if applicable – when married in community of property)

Name and surname

Identity number

8. BANK ACCOUNT DETAILS

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"/>		

- Please attach a cancelled or certified copy of a cheque not older than 3 months or a certified copy of a recent bank statement not older than 3 months for verification purposes.
- Payments and debit order deductions can only be made into or from the above bank account types and not into a credit card, bond or money market account.
- Should the Investor and Premium Payer not be the same person, a certified copy of the Premium Payer's Identity Document as well as physical address (not older than 3 months) will be required.

Signed at (place) this day of 20

Signature of bank account holder

Signature of parent or guardian (if applicable)

9. CEDENT AND CESSIONARY DECLARATION

- We declare that the information provided herein is to the best of my knowledge correct and applicable.
- We have not received any advice from the Administrator in respect of this application/instruction.
- We are aware that fees are levied against the investment. We are aware that we can request disclosure of these fees from the Administrator.
- We are 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.
- We 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.
- We are aware that the PSG Life Limited is the underwriter of the PSG Endowment and that PSG Invest is the Administrator of the VIP.
- We are the legal owners and investor(s) of this investment.
- We hereby agree to provide the original investment document, in case of outright cession, or lost investment affidavit as required.
- I /We cede all rights, title and interest to the above-mentioned investment to the cessionary in terms of the nature of the cession selected. Please record this cession on my investment.
- The Cedent and Cessionary 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 Cedent and Cessionary.
- We, the Cedent and Cessionary and undersigned, do hereby declare that we have read and understood the Standard Terms and Conditions as indicated herein the investment document. We also confirm that this investment is subject to such Terms and Conditions, and agree to be bound to these terms and conditions.

By signing this document, I agree to the cession and agree to be bound by the terms & condition contained herein and in the investment document. 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 Cedent / Authorised Signatory of Cedent

Signature of Spouse if Married in Community

Signed at (place) this day of 20

Signature of Cessionary / Authorised Signatory of Cessionary

10. CONTACT DETAILS

1st Floor, Roland Garros, The Campus, 57 Sloane Street, Bryanston, 2191

PO Box 61295, Marshalltown, 2107

Sharecall: 0860 774 774

Fax: +27 (11) 996 5499

E-mail: clientservice@psg.co.za

Website: www.psg.co.za