

**1. IMPORTANT INFORMATION**

- PSG Invest (Pty) Ltd, an authorised administrative financial services provider, is the Administrator of this investment.
- This form should be completed by the beneficiary/ies where the investor is deceased.
- Please complete all relevant sections of this application form.
- By admitting this claim, we hereby apply for payment of the proceeds of the investment/s listed below, and confirm that payment of such proceeds by the Administrator will be in full and final discharge of the Administrator's liability under the investment/s.
- The Administrator may request further information or documentation if required.

**2. EXISTING INVESTMENT DETAILS**

Investment Number	<input type="text"/>		
Deceased Surname	<input type="text"/>		
Deceased First name	<input type="text"/>		
Deceased Identity number	<input type="text"/>		
Previous address	<input type="text"/>	Postal code	<input type="text"/>
Date of death	<input type="text"/>		
Place of death	<input type="text"/>		
Cause of death	<input type="text"/>		
Please give circumstances of death if not by natural causes.	<input type="text"/>		

**3. EXECUTOR DETAILS**

Surname	<input type="text"/>		
First name	<input type="text"/>		
Identity 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"/>		

**4. ESTATE LATE 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 cheque or certified copy of a cheque not older than three months or certified copy of a recent bank statement not older than three months for verification purposes.

**5. DEPENDANTS/BENEFICIARIES (IF APPLICABLE)**

1. Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) or	<input type="text"/>				
Identity number	<input type="text"/>				
Home Tel	<input type="text"/>	Cell phone	<input type="text"/>		
E-mail address	<input type="text"/>				
Allocated Percentage of total benefit	<input type="text"/>				
Transfer portion of benefit allocated	<input type="checkbox"/>	(Indicate the amount to be transferred to an approved fund – please include the completed application form)			
Cash portion of benefit allocated	<input type="checkbox"/>	(Indicate the percentage to be paid out to the dependant/beneficiary in cash)			

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 cheque or certified copy of a cheque not older than three months or certified copy of a recent bank statement not older than three months for verification purposes.

2. Title  Initials  Surname

First name(s) or

Identity number

Home Tel  Cell phone

E-mail address

Allocated Percentage of total benefit

Transfer portion of benefit allocated  (Indicate the amount to be transferred to an approved fund – please include the completed application form)

Cash portion of benefit allocated  (Indicate the percentage to be paid out to the dependant/beneficiary in cash)

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"/>		

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3. Title  Initials  Surname

First name(s) or

Identity number

Home Tel  Cell phone

E-mail address

Allocated Percentage of total benefit

Transfer portion of benefit allocated  (Indicate the amount to be transferred to an approved fund – please include the completed application form)

Cash portion of benefit allocated  (Indicate the percentage to be paid out to the dependant/beneficiary in cash)

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 cheque or certified copy of a cheque not older than three months or certified copy of a recent bank statement not older than three months for verification purposes.

## 6. DECLARATION AND AUTHORISATION

Please read through the following terms, conditions and declarations and assure compliance where applicable:

- This form may only be signed by nominated beneficiaries or the executor acting on behalf of the Investor. The signatory warrants that he/she has the necessary authority to sign this document, confirms that the information contained in this document is correct and true, and he/she indemnifies the Administrator against all damages or losses that may arise as a result of his/her signature to this document.
- The Administrator reserves the right to withhold the processing of any request if the information in its opinion is ambiguous, unclear or incomplete. The Administrator also reserves the right to request additional information or verification documentation from the Investor if so required. The Administrator will not be obliged to process this form until such documentation has been received.
- A faxed or e-mailed instruction will only be processed if the nominated beneficiary or executor has authorised the Administrator to accept instructions via these mediums on the original change of Static Details form. Where no authorisation has been given, a faxed or e-mailed instruction will be rejected by the Administrator. The nominated beneficiary or executor is reminded that the responsibility to assure receipt of any instruction by the Administrator via fax or e-mail remains the responsibility of the nominated beneficiary or executor. A faxed transmission confirmation or e-mailed delivery advice in the hands of the sender will not suffice as proof that the Administrator has received the instruction. The Administrator cannot be held responsible for any damages or losses arising out of the election of the nominated beneficiary or executor to instruct the Administrator via fax or e-mail of a scanned document.
- The Administrator will not be liable for any damages or losses, resulting from unprocessed instructions due to circumstances beyond its control.

- 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 advisor may send a written request to the administrator to reprocess this instruction in order for future residual balances to be cleared.

I/We, the undersigned hereby confirm, by accepting these terms and conditions and disclaimer, that I/we understand the nature, effect or any provisions of the disclaimer.

I/We, the undersigned, do hereby declare that I/we have read and understood the standard terms and conditions contained in the original investment document and any endorsements thereto, and agree to be bound to these terms and conditions. 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 Executor

Signature of Dependant/Beneficiary 1

Signature of Dependant/Beneficiary 2

Signature of Dependant/Beneficiary 3

## 7. CONTACT DETAILS

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Website: [www.psg.co.za](http://www.psg.co.za)