

# TAX FREE INVESTMENT ACCOUNT TRANSFER REQUEST FORM



PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS")  
CLIENT SERVICE CENTRE CONTACT DETAILS

TEL: 0860 468 777 (0860 INV PPS)  
EMAIL: admin@ppsinvestments.co.za

FAX: 021 680 3680  
WEBSITE: www.pps.co.za/invest

- Please complete the form in BLOCK LETTERS
- Please indicate all choices selected with an [X]
- Please initial any amendments made to this transaction form
- Please note, "Investment Option(s)" refer to the relevant underlying unit trusts within your portfolio
- Financial Intelligence Centre Act ("FICA") requirements are available on the PPS Investments website
- The daily cut-off for receipt of instructions is **14:00**
- General Terms, Conditions and Declarations are available on the PPS Investments website

**Please note, this is a fillable form. Please print, sign where required and send to the details above for processing.**

**All fields in red are compulsory. This form should be completed when transferring your existing Tax Free Investment Account to PPS Investments.**

## SECTION A (TO BE COMPLETED BY INVESTOR)

### CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

Name and surname

Telephone number

Email

Capacity

### PERSONAL DETAILS OF INVESTOR

Title

Surname or  
name of entity

First name(s) or initial, surname and designation of contact person of entity

Identity or passport number / Registration number of entity

Country of issue

Tax number

Country of  
tax registration

### PRODUCT TO BE TRANSFERRED FROM

Product Provider name:

Tax Free Investment Account Product name:

Tax Free Investment Account number to be transferred from:

Estimated value of transfer: R

Contact person at Transferring Product Provider:

Email address:

Contact Number:

Transfer Type:      Rand Value      or      Participatory Interest (Units)

*Note: When selecting the transfer type, please ensure that both the receiving and transferring product providers are able to accommodate the transfer type selected.*

Transfer Amount:      Full Transfer      or      Partial Transfer

If partial transfer is selected, please specify the amount to be transferred below:

	<b>Investment Option</b>	<b>Rand Amount</b>	<b>or</b>	<b>% Allocation</b>
1				
2				
3				
4				
5				

\* Confirm any minimum or maximum amount or percentage with the transferring product provider

**Note:**  
Please ensure that all of the transferring provider's requirements are met when submitting the Tax Free Savings Account Transfer Request Form to them. If these requirements are not met the transfer process cannot be commenced.

### ACTING ON BEHALF OF THE INVESTOR

Guardian / person with Power of Attorney acting on behalf of the investor. Proof to be provided. (Additional information can be requested based on business requirements)

Title: Surname:

First Name(s):

South African  
ID Number:

or Foreign Passport  
number:

Relationship to investor:

### INVESTOR / GUARDIAN / PERSON WITH POWER OF ATTORNEY DECLARATION

- I hereby request that the above-mentioned Tax-Free Savings Account be transferred to the Product Provider and Product detailed in Section B below.
- I confirm that all the information provided above is true and correct.

Signature of Investor:

Date:

### SECTION B (TO BE COMPLETED BY THE RECEIVING PRODUCT PROVIDER)

#### TRANSFER TO

Product Provider name:

Company Registration number:

SARS Tax Reference Number:

Tax Free Investment Account product name:

Tax Free Investment Account number to be transferred into  
(if applicable):

Email address:

Phone Number:

Email address for receipt of Tax Free Savings Account Transfer certificate

Reference number for transfer:

### BANKING DETAILS OF RECEIVING PRODUCT PROVIDER (if applicable)

Bank: Account number:

Branch: Branch Code:

Name of Account Holder:

**INVESTMENT OPTION(S) TRANSFER ACCOUNT DETAILS\*\* (if applicable)**

	<b>Investment Option</b>	<b>Management Company</b>	<b>Bulk Account Number</b>
1			
2			
3			
4			
5			

\*\*Please attach the bulk account / account details in an additional annexure if required

**ON BEHALF OF RECEIVING PRODUCT PROVIDER**

We will accept the above Tax Free Investment Account transfer and confirm that:

- The above transfer request will be processed in terms of the Regulations published in terms of Section 12T(8) of the Income Tax Act; and
- The account to be transferred into is a Tax Free Savings Account as defined in Section 12T of the Income Tax Act.

Name of representative:

Capacity of representative:

Signature:

Date:

Company Stamp:



PPS Investments (Pty) Ltd, PPS Multi-Managers (Pty) Ltd, PPS Investment Administrators (Pty) Ltd are licensed financial services providers.  
PPS Management Company (Pty) Ltd (RF) is a licensed collective investment scheme manager.  
PPS Nominees (Pty) Ltd is an independent nominee company approved by the Financial Sector Conduct Authority.

PPS House, Boundary Terraces, 1 Mariendahl Lane, Newlands 7700  
Website: [www.pps.co.za/invest](http://www.pps.co.za/invest) Email: [clientservices@ppsinvestments.co.za](mailto:clientservices@ppsinvestments.co.za)