

# Approved fund transfer detail

Employee

Policy Reference

Fund Name:

Particulars of the receiving fund

Transferee Fund Name:

FSB Registration No.: 1 2 / 8 /  /

SARS Approval No.:

Policy No. / Proposal No.:

Percentage to be transferred  %

Fund Type :  Pension Fund     Pension Preservation Fund     Provident Fund  
 Retirement Annuity     Provident Preservation Fund     Complusary / Living Annuity

**Important**    **If the member elects to transfer to a Retirement Annuity Fund, please attach proposal or annuity quote.**

Banking details of the receiving fund

Account Holder:

Bank Name:

Branch Code :     Account No. :

Account Type :  Cheque/Current     Savings     Transmission

Contact details Financial Planner / person at receiving

Complete the information below for the purpose of forwarding Recognition of Transfer to the receiving fund.

Surname :

First Name :

Contact No.:

Email Address for recognition of transfer :

**Applicable to Financial Planner only, Financial Planner must complete the following:**

Identity No.:

License No.:

Declaration by member

Surname :

First Name :

Identity No.:

Cellphone No.:

I, hereby declare that the details of the transfer as completed by the broker / financial advisor are as per my instructions.

*Member's Signature*

Date:   /   /