

INDIVIDUAL SWITCH INSTRUCTION

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

MEMBER DETAILS

Employer																			
Full names																			
Surname																			
Company employee number											Telephone number								
Membership number											Cellphone number								
E-mail address																			

My current products are as follows:

NAME OF PORTFOLIO	% ALLOCATION (MUST TOTAL 100%)
TOTAL	100%

I elect to allocate my fund as follows:

NAME OF PORTFOLIO	FEE %	% ALLOCATION (MUST TOTAL 100%)
PERSONAL SHARE PORTFOLIO		
TOTAL		100%

* All investments must be Regulation 28 compliant.

☐ Switch (only)
 ☐ Redirect (only)
 ☐ Switch & Redirect

Switch: Current fund value needs to switch to a new portfolio

Redirect: All future contributions should be invested in the new portfolio

COMMENTS

NOTES:

1. Your switch will be processed within 7 business days. * Please note that under special circumstances this may take longer
2. You will receive a switch confirmation from the administrator confirming that your choice was implemented.
3. If you do not receive a confirmation or have any queries, please contact Acravest on 012 941 9927 or send an email to admin@iretire.co.za.
4. If you choose the Personal Share Portfolio option, please complete the Investment Mandate: Personal Share Portfolio option agreement.

Other fees (if applicable):

DECLARATION

I understand that the onus is on me to ensure that the switch instruction is received by Acravest and if Acravest does not acknowledge receipt of the switch within five working days, then the switch may not take place. I understand that, should the form be incomplete or completed inaccurately, the switch instruction may not be actioned by Acravest. I declare that I understand the risk profile and implication of the investment portfolio of my choice and that I have obtained professional advice where appropriate. I indemnify the Fund, the Trustees, the Principal Officer of the Fund and Acravest against any claim whatsoever arising from my investment portfolio choices.

Date

D	D	M	M	Y	Y	Y	Y
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Member Signature

Advisor Sign off

And/
OR

Employer Sign Off

[†]Please note the Employer must have authorised member choice for this switch to take effect.