**TAX FREE SAVINGS ACCOUNT TRANSFER REQUEST FORM**

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| --- |
| **SECTION A - INVESTOR DETAILS** (To be completed by the Investor) |

Title: ­\_\_\_\_\_\_\_ First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

South African ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Foreign Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax reference number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Tax Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRODUCT TO BE TRANSFERRED FROM**

Product Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Free Savings Account Product name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Free Savings 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) (optional)*

***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: 100% / Full Transfer or Partial Transfer

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit Trust Portfolio/ Exchange Traded Fund** | **Rand Amount\*** | **Or % Allocation \*** | ***Or Participatory Interest (Units) (optional)*** |
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\* Confirm any minimum or maximum amount or percentage with 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 commence.

**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: ­\_\_\_\_\_\_\_ First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| --- |
| **SECTION B – TRANSFER TO** (To be completed by the Receiving Product Provider) |

Product Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Free Savings Account Product name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Free Savings Account number to be transferred into (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Reference number (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***UNIT / ASSET TRANSFER ACCOUNT DETAILS\*\* (if applicable)***

|  |  |  |
| --- | --- | --- |
| ***Unit Trust Portfolio / Exchange Traded Fund*** | ***Management Company / Stockbroker Name*** | ***Bulk Account / Account Number into which Participatory Interest (units) are to be transferred***  |
|  |  |  |
|  |  |  |

***\*\*****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 Savings 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:\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Or

Company stamp / electronic signature

**TRANSFER OF TAX FREE SAVINGS ACCOUNT CERTIFICATE**

(IN TERMS OF SECTION 12T (8) OF THE INCOME TAX ACT)

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| **SECTION A - INVESTOR DETAILS** |

Title: ­\_\_\_\_\_\_\_ First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

South African ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR Foreign Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax reference number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Tax Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION B – RECEIVING PRODUCT PROVIDER DETAILS** |

Receiving Product Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Tax Free Savings Account Product name (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Tax Free Savings Account number transferred to (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **SECTION C – TRANSFERRING PRODUCT PROVIDER DETAILS** |

Transferring Product Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SARS Tax Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Tax Free Savings Account Product name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Tax Free Savings Account number transferred from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**TAX FREE SAVINGS ACCOUNT TRANSFER DETAILS**

Transfer Type: Rand Value  *Participatory Interest (Units)\**

Transfer Amount: Full Transfer Partial Transfer

Value transferred: R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date transferred: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Payment reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* Participatory Interest (Units) transferred are detailed below (if applicable)*

| ***Unit Trust Portfolio/ Exchange Traded Fund*** | ***Participatory Interest (Units) transferred\**** | ***Weighted average cost of transfer*** |
| --- | --- | --- |
|  |  |  |
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**CONTRIBUTION DETAILS ON RECORD WITH THE CURRENT PRODUCT PROVIDER**

Contributions received in the current tax year ending February \_\_\_\_\_\_\_: R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributions received in previous tax years \*\*: R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ON BEHALF OF TRANSFERRING PRODUCT PROVIDER**

* The account transferred out was a Tax Free Savings Account as defined in Section 12T of the Income Tax Act.
* The above transfer request was processed in terms of the Regulations published in terms of Section 12T(8) of the Income Tax Act

Name of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

*[Can be an electronic signature]*

**NOTE:** Transfer of Tax Free Savings Account Certificate must be retained for a period of 5 years commencing at the end of the year of assessment in which the certificate is issued.

*[Optional sections marked in Italics]*