

# TRANSFER OF OWNERSHIP (OUTRIGHT CESSION) Endowment Plan

Coronation Life Assurance Company Limited | SARS Registration Number 1999/005510/06

- All sections must be completed in full using BLOCK LETTERS.
- Indicate all options selected by means of a cross [X].
- Initial any amendments made to this application form.
- Ensure that all information provided is accurate.
- No instruction will be processed unless all requirements have been met.
- The daily cut-off for receipt of instructions is 14h00.
- Completed forms are to be faxed to us on (021) 680 2250 or e-mailed to [eflows@coronation.co.za](mailto:eflows@coronation.co.za).
- Should you have any queries regarding this application, please contact the Coronation Client Service Centre on 0800 22 11 77.

This transaction may attract Capital Gains Tax; please discuss the implications of this with a tax advisor.

## A DETAILS OF CEDENT

Surname/Trust/Company name: \_\_\_\_\_

First name(s): \_\_\_\_\_

Unitholder number: 104104 \_\_\_\_\_ Policy number: Pol \_\_\_\_\_

ID/Passport/Registration/Trust number: \_\_\_\_\_

Contact telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellphone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I/We hereby cede and assign all my/our rights, obligations and ownership under this policy as follows to the cessionary detailed below:

Name of Fund/s	No. of Units	Rands	Name of Fund/s	No. of Units	Rands

Existing debit orders (if applicable) will be cancelled.

State capacity if an authorised signatory: \_\_\_\_\_

I understand that:

- By transferring ownership neither I nor my beneficiaries will be entitled to benefits from this policy.
- By signing this document I am instructing Coronation Life Assurance Company to note the transfer of ownership of this policy.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature of investor or authorised representative\*: \_\_\_\_\_

*\* Please forward proof of authorisation.*

Capacity: \_\_\_\_\_

**B** DETAILS OF CESSIONARY

*The cessionary must complete a new application form.*

Surname/Trust/Company name: \_\_\_\_\_

First name(s): \_\_\_\_\_

Unitholder number: 104104 \_\_\_\_\_

Company registration/Trust number: \_\_\_\_\_

ID/Passport/Registration/Trust number: \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature of new investor: \_\_\_\_\_ Capacity: \_\_\_\_\_