

LIVING ANNUITY Payment Revision Form

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

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross [X].
- The applicant must initial all amendments made to this application form.
- Please ensure that all information provided is accurate.
- Forward your instruction to (021) 680 2250 or eflows@coronation.co.za.
- No instruction will be processed unless all requirements have been met.
- All instructions to be received by 14th of anniversary month.

A INVESTOR DETAILS

Title: _____ Surname: _____

First name(s): _____

Unitholder number: 104104 _____ Policy number: Pol _____

Contact telephone number: (_____) _____ Fax number: (_____) _____

Cellphone number: (_____) _____

E-mail address: _____

B REVISED PENSION PAYMENT DETAILS

Pension payments may only be adjusted on the anniversary date of the purchase of the original living annuity.

Payment frequency: monthly in arrears quarterly in advance half yearly in advance yearly in advance

Selected percentage: 2.5% 5% 10% 17.5% other _____ the minimum pension payment is 2.5% per year; the maximum is 17.5%

OR selected rand value: RANDS _____, CENTS _____

C DECLARATION

I understand and accept that such changes may only take place on contract anniversary.

I hereby instruct **Coronation Life Assurance Company Limited** and/or the administrator to amend my living annuity payments, as indicated herein, with effect from the next anniversary date of my living annuity.

Investor signature: _____ Date: ____ / ____ / ____