


- Initial any amendments made to this instruction.
- 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.
- Forward your instruction to 086 206 4098 or eflows@coronation.co.za
- Should you have any queries regarding this instruction, please contact the Coronation Client Service Centre on 0800 22 11 77.

 *As a security measure, a consultant from Coronation will call you to get your personal authorisation to process this instruction. Take note that this transaction may attract Capital Gains Tax and we therefore suggest that the implications thereof be discussed with a tax adviser*

A: DETAILS OF CEDENT

Full name: _____


Client number: 104104 _____ Investment number: _____

ID/Passport/ Registration/Trust number: _____

Contact telephone number: (_____) _____ Email address: _____

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

NAME OF FUND/S	Number of units	Rands	NAME OF FUND/S	Number of units	Rands

 *Debit orders on the full ceded investment will immediately be cancelled.*

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 transfer ownership of this policy to the cessionary.

Signed at: _____ on this _____ day of _____ year _____

Signature of investor or authorised representative*:

* Please forward proof of authorisation.

SIGN WITHIN THE BOX

Capacity: _____



B: DETAILS OF CESSIONARY

The cessionary must complete a new Endowment 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:

SIGN WITHIN THE BOX

Capacity: _____