

- Please send the completed form and documentation to 086 680 3187 (fax) or taxfree@coronation.co.za.
- Should you have any queries or if you would like an investment quote for comparison purposes, kindly call us on 0800 22 11 77 or email clientservice@coronation.co.za.

A: IMPORTANT INFORMATION

- This form is to be completed for full or partial transfers from the Coronation Tax-Free Investment to another tax-free product provider.
- Coronation reserves the right to do a 100% transfer if a request for a partial transfer would result in a remaining balance of less than R5000.

B: INVESTOR DETAILS

Full name: _____

ID number: _____ Coronation investment number: _____

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

I am acting on behalf of an investor.

For example, guardians and persons with Power of Attorney or mandate acting on behalf of disabled or insolvent persons.

Full name: _____ ID (or Passport Number): _____

Contact telephone: (_____) _____

Email address: _____



C: TRANSFER FROM: TRANSFEROR PRODUCT PROVIDER DETAILS

Product provider name: **Coronation Management Company (RF) (Pty) Ltd**

Tax-free savings product name: **Coronation Tax-Free Investment**

Coronation Tax-Free Investment number: _____

Estimated value of transfer: R _____

Contact details of transferring product provider: _____

Email address: transact@coronation.co.za Contact number: 0800 22 11 77

Transfer type: Rand value or Units (participatory interest)

Transfer amount: 100% / Full transfer or Partial transfer

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

UNIT TRUST FUND	Rand amount*	or	% of holding
	R	or	%
	R	or	%
	R	or	%
	R	or	%
	R	or	%
	R	or	%

* Confirm any minimum or maximum amount with receiving product provide



If selecting a unit transfer type, please ensure that the receiving product provider is able to accommodate the unit trust fund that you are invested in.

D: INVESTOR DECLARATION

- ▶ I hereby request that the above mentioned Tax Free Savings Account be transferred to the Product Provider and Product detailed in Section E below.
- ▶ I confirm that all the information provided below is true and correct.

Signature of investor or authorised signatory:

SIGN WITHIN THE BOX

Date: _____ [d] / _____ [m] / _____ [y]



E: TRANSFER TO: RECEIVING PRODUCT PROVIDER DETAILS

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: _____

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

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 TRANSFER ACCOUNT DETAILS (if applicable)**

UNIT TRUST FUND	Management company	Bulk account / Account Number into which units (participatory interests) 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 of investor or authorised signatory:

SIGN WITHIN THE BOX

Date: _____ [d] / _____ [m] / _____ [y]

or

Company stamp/electronic signature