

Transfer Form

A. Important information

PSG Collective Investments (RF) Limited administers the unit trusts. It is authorised to do so as a manager in terms of the Collective Investment Schemes Control Act. In this form it is referred to as PSG Asset Management. **If you require assistance in completing this form, please contact Client Services on 0800 600 168.**

- Please complete all sections of this form.
- Note that the PSG Wealth funds are only available for investment through a PSG adviser where appropriate solutions have been determined via the PSG advice process.
- The completed form should be emailed to local.instructions@psgadmin.co.za or faxed to PSG Asset Management, on +27 (11) 263 6099.
- Please refer to the terms and conditions on the application form regarding faxed and e-mailed instructions.
- **Please inform us in writing should any of your personal details change.**

B. Investor details

Investor account number	<input type="text"/>
First name(s) / contact person	<input type="text"/>
Surname (for individuals)	<input type="text"/>
Registered name (for institutions)	<input type="text"/>
ID number / registration number	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>
What industry do you work in?	<input type="text"/>
What is your occupation?	<input type="text"/>
What is the purpose of your transfer?	<input type="text"/>
What is your source of wealth?	<input type="text"/>
Tax number	<input type="text"/>

Are you a foreign public official or a domestic prominent influential person? Yes ☐ No ☐

If yes, please specify

C. Transfer instruction (Transfers can only be made by existing investors, except estate lates)

Source Fund Transfer from Fund Account No.	Investor name	No. of units/rand amount	*Target Fund Transfer to Fund Account No. (Existing Account)	*Investor name (Existing Account)	Fund Name and Class

In the case of 100% transfer, where the income distribution set up method is "reinvestment" and a debit order is being cancelled, any pending income distribution and/or uncleared units will be reinvested into the Target Fund Account.



D. Details of individual/institution you are transferring to

Investor account number	
First name(s) / contact person	
Surname (for individuals)	
Registered name (for institutions)	
ID number / registration number	
Contact number	
Email address	
What industry do you work in?	
What is your occupation?	
What is the purpose of your transfer?	
What is your source of wealth?	
Tax number	
Are you a foreign public official or a domestic prominent influential person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify	

E. Standing instruction (only for investors with existing Standing Instruction)

Your monthly standing instruction may be affected by your switch instruction. Please indicate in the table below:

		*Debit order to		*Regular withdrawals to		Phase-In	
Fund name	Class	Remain unchanged	Be cancelled	Remain unchanged	Be cancelled	Remain unchanged	Be cancelled

*All such withdrawals from my/our account shall be treated as though they have been signed by me/us personally, and I/we request the bank to debit my/our account with these drawings. I/We agree to pay any bank charges and costs relating to this debit order authority. Should you wish to cancel the debit order and the instruction is received after the 22nd of the month, this cancellation will only take effect from the 1st day of the second month after notice is received. Please note there is a **40 (forty) day** holding period on debit order payments.

*For any changes please complete the Regular Withdrawal Payment Instruction Form on the website, <https://www.psg.co.za/forms-and-Facts-sheets#asset-management>.

F. Declaration

I/We, the undersigned, hereby give notice, in accordance with the provisions of the Trust Deed of the Fund(s), to transfer the units at the ruling price on the date of receipt of the written instruction by me/us (subject to the instruction having been received before 14h30 on the business day and, in the case of the PSG Money Market Fund, before 11h00 on the business day).

I/We acknowledge and understand that this investment is subject to the terms and conditions as set out in the application form.

Signature of the investor / Authorised signatory

Signature of the investor (if more than one signatory)

Date

*Should the Financial Adviser sign on behalf of the investor, please attach proof of authority in order to proceed with this instruction, if this authority has not already been given on the original application form.



G. Financial adviser fees

Annual management fee

PSG Asset Management charges a fee for administrative and related services rendered to investors. This fee is included in the price of the fund. Please refer to the Unit Trust Summary form on our website for a list of the annual management fees applicable to each of the portfolios.

Financial Adviser fees

Initial adviser fee: The financial adviser may receive an initial fee, per agreement with the client.

Ongoing adviser fee: The financial adviser may receive an additional ongoing fee, per agreement with the client, and is paid monthly via a sale of units.

Administrative adviser fee: This is paid monthly to the financial adviser by PSG Asset Management out of the annual management fee i.e. it is included in the price of the fund.

The administrative and ongoing fee in total may not exceed 1.20% p.a. per portfolio, with the exception of the PSG Money Market Fund which may not exceed 0.50%.

I/We, the investor, hereby confirm to PSG Asset Management that the FSP indicated in Section G is my appointed financial adviser and authorise the payment of the fees as stipulated in the table under Section C to him/her.

I/We understand that the ongoing adviser fee will be facilitated by the monthly sale of units from my investment before being paid to my appointed Financial Adviser.

I/We understand that the initial and ongoing adviser fees are negotiated between the investor and the Financial Adviser and I cannot hold PSG Asset Management liable for acting on the negotiated instructions.

Signature of the investor / Authorised signatory

Signature of financial adviser

H. Financial adviser declaration

- I, an accountable institution so defined, warrant that I have established and verified the true identity of the Investor in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA) and confirm that identity checks have been undertaken to confirm that the Investor's name, address and identity as shown in this application form are true and correct.
- I warrant that I have risk rated the client in terms of FICA as follows. A copy of the FICA risk rating result must be attached with this application.

Investor FICA Risk Rating High ☐ Medium ☐ Low ☐

Name of FSP

Name of financial adviser

FSP number

PSGAM adviser code

Signature of financial adviser

Date

I. Authorisation, declaration and acknowledgement

- I/We, the undersigned, hereby authorise PSG Asset Management to act upon instructions by facsimile / e-mail with regard to my/our investment in PSG Asset Management without liability in respect of any transfer, payment or other act done in accordance with such instructions and notwithstanding the absence of proof that the same was signed or sent by me/us and indemnify PSG Asset Management against any claim that may arise from my/our transacting by facsimile/email.
- I/We warrant that the information contained herein is true and correct, and that, where this application is signed in a representative capacity, I/we have the necessary authority to do so and that this transaction is within my/our powers.
- I/We warrant that all funds invested with PSG Asset Management are not the proceeds of unlawful activities and warrant that I/we have not contravened any anti-money laundering legislation and regulation applicable to me/us.
- I/We understand that the whole application, read with the Trust Deed, constitutes the entire agreement between PSG Asset Management and myself/ourselves and agree to be bound by the terms and conditions contained therein.
- I/We confirm that I/we have read and understand the terms and conditions as per the application form and agree to be bound by it, prior to completing this form.



- I/We hereby consent to PSG Asset Management making enquiries of whatsoever nature for the purpose of verifying the information disclosed and consent to PSG Asset Management obtaining any other information about me/us from any source whatsoever to enable PSG Asset Management to process this transaction form.
- I/We are aware of and consent to all costs relating to the investment.
- I/We confirm that I/we understand the risk profile of this investment and that it is my/our obligation to familiarise myself/ourselves with and accept the risks associated with this investment.
- I/We confirm that I/we have read and understood the minimum disclosure documents of the chosen fund/s selected for investment, the general terms, conditions and declarations and acknowledge that further information is available on PSG's website at www.psg.co.za/asset-management.
- I/We confirm that I/we have performed the Effective Annual Cost calculation using the [EAC Calculator](#) and obtained all costs applicable to my/our investment.

J. Protection of Personal Information Act

PSG Asset Management collects personal information about you to process and maintain your investment. PSG Asset Management will not share this information outside of the PSG Group, its associated groups or authorised agents. To provide you with an effective service, PSG Asset Management may be required to share this information with its administrators and authorised agents who perform certain services for us, your financial adviser or broker, as well as with any regulatory bodies as the law requires. PSG Asset Management may share your information with foreign regulatory bodies if required. Your information is used for administrative, operational, audit, marketing, research, legal and record keeping purposes. PSG Asset Management will take all reasonable steps necessary to secure the integrity of any personal information which we hold about you and to safeguard it against unauthorised access. You have access to your information at any time and can ask us to correct or delete any information we have in our possession.

I/we consent to the processing of my/our personal information/data and the disclosure of my/our personal information/data to any tax authority and/or as may be required to comply with FATCA and the Common Reporting Standard (CRS). I consent to PSG Asset Management making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to PSG Asset Management obtaining any other information concerning me from any source whatsoever to enable PSG Asset Management to process this application.

Should this be a 100% transfer and you wish to terminate the business relationship, please tick the block to invoke your right to be forgotten in terms of the Protection of Personal Information Act.

☐

I/we

confirm that I/we have read and understood the minimum disclosure documents of the chosen fund/s selected for investment, the general terms, conditions and declarations and acknowledge that further information is available on PSG's website at www.psg.co.za/asset-management.

Signature of the investor / Authorised signatory

Signature of the investor (if more than one signatory)

Print name

Print name

Date

Complaints

Please do not hesitate to contact us if you are not satisfied with this investment or the services from the Management Company. A complaint must be submitted to the Compliance Officer. The contact address of the Compliance Officer is:
1st Floor, PSG House, Alphen Park, Constantia Main Road, Constantia, 7806 or email psgamcompliance@psg.co.za.

The Compliance Officer will acknowledge the complaint in writing and will inform the investor of the contact details of the persons involved in the resolution thereof.

If an investor is not satisfied with the response from PSG Asset Management or if an investor has a complaint about the advice given by the Financial Adviser, he/she has the right to address his/her complaint in writing to the Ombud for Financial Services Providers

P O Box: 74571, Lynnwood Ridge, 0040
Telephone: +27 (12) 470 9080
Fax: +27 (12) 348 3447
Email: info@faisombud.co.za