

Emergency annuity revision form

- · Use this form to specify the annuity income you want to be paid out of your PSG Wealth Equity Linked Living Annuity.
- Individuals who receive funds from a living annuity will temporarily be allowed to immediately either increase or decrease the proportion they receive as annuity income, instead of waiting up to one year until their next contract "anniversary date".
- As the Regulations have not been published yet we are unclear for how long individuals will be able to benefit from this window to change their withdrawal rates and whether it will only be a temporary change or last until the next anniversary date.
- For changes to May 2020 income, completed forms will need to be submitted by 8 May 2020.
- Send the completed form to instructions@psg.co.za.
- If you need assistance, please contact your financial adviser or one of our client service consultants on 0860 774 774 or at clientservice@psg.co.za.

Fund name		Fund class	Percentage
Withdraw from the funds selected in the table below:			
Withdraw proportionately from all funds, or		holiday, the paym on the preceding	
From which of the funds you have invested in would you like to withdraw your income?		25th falls on a we	ekend or a public
	•	Monthly payment	
and got to provide a second control control and a control control of a control		Quarterly, six-mo	
*Changes to payment frequency will only be actioned once confirmed by a change to the regulations.		please note that payment is made at the end of the month in arrears.	
Payment frequency:* Monthly Quarterly Twice a year Once a year		If you select the n	
or % of my investment value		be between 0.5% value of your inve	and 20% of the
R per year		investment. Your pre-tax annu	uity income must
How much pre-tax annuity income would you like to receive?	•		elect an amount of the value of your
Would you like to change your pre-tax annuity income? Yes No		V	-1
Would you like to change your annuity income?			
Investment number			
ID/Passport number			
10/0			
Name and surname			
Investor details			

Fund name	Fund class Percentage		
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
	Total	100	%



Website:

Annuity income will only be paid into the investor's South African bank account. Account holder Bank name Branch code Cheque/Current Savings Account number **Signatures** By signing this form, I confirm that: • I have given PSG accurate information. • I understand that PSG Invest, as the administrator of this investment, is not authorised to provide any financial advice. • My appointed financial adviser will have access to my investment details. • I have read and accept the terms and conditions of my investment. Investor Investor signature Date If you are signing on behalf of the investor, please provide your details below. Surname Name ID/Passport number Designation Signature Financial adviser Adviser signature Date **Contact details Physical address:** Building 1, The Ingress, Corner of Magwa and Lone Creek Crescents, Waterfall City, Waterfall, 2090, Gauteng, South Africa Postal address: PO Box 61295, Marshalltown, 2107 Sharecall: 0860774774 +27 (11) 996 5499 Fax: **Email:** clientservice@psg.co.za

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