



## **UNIT TRUST**

Withdrawal Form

## Important information

This form is to be used by existing investors only.

Please send the completed Application Form, together with the required supporting FICA documentation and proof of payment to 27four Collective Investments (RF) (Pty) Ltd ("27four") by e-mail to 27fouradmin@prescient.co.za.

Cut off time for receiving transactions is 13:00 (SA) except for the Money Market Funds where the cut off time is 11:00 (SA).

Details							
Client number							
Investor							
Name / Entity Name / Co. Registered Name							
ID / Registered Number							
Telephone (H)		Telephone (W)					
Cell		Telephone (W)					
Email address							
Acting on behalf of	investor*						
*This is for Guardians / persons with Powers of Attorney							
Title	Surname						
First name(s)			Gender				
Date of birth	Nationality						
ID or Passport number (if foreign national)							
Telephone (H)		Telephone (W)					
Email address							
Capacity							

Banking details of investor	****					
Account holder		Bank				
Account number		Type of account				
Name of branch		Branch code				
Signature of account holder						
Note:  The account holder must have a South African be Payments can only be processed to an account No payments will be made to credit cards, mark-	registered in the name of the in	vestor party bank accounts.				
Special instructions						
Unit trust funds						
Please select the appropriate fund/s that you w	rould like to redeem units or	a percentage of units o	r a rand value from.			
From Unit Trust Fund	Unit Trust Class	Class Rand Value % of Units Cancel Debit Ord				
				Yes	No	

		Yes	No

## **Authorisation and Declaration**

1.	paid to me for t	otice in terms of the he said units, hereb urther interest there	/ cede, assign an					•	·
2.		he information contained herein is true and correct and that where this application is signed in a representative capacity, I ssary authority to do so and that this transaction is within my power.							
3.	I know that the	now that there are no guarantees on my investment capital.							
4.	1. I authorise 27four to accept and act upon instructions by e-mail and hereby waive any claim that I have against 27four and indemnify 27four against any loss incurred as a result of 27four receiving and acting on such communication or instruction.								
Full	name								
Sigr	ned at				C	apacity			
Date	e								

## Signature of investor / legal guardian

<sup>\*</sup>If signing on behalf of the investor please provide proof of authority and supporting verifying documentation.