

# UNIT TRUST

## Switch Form

### Important information

This form is to be used by existing investors only.

Please complete all relevant sections of this form and send the required documents to [27fouradmin@prescient.co.za](mailto: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

### Personal details

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

**Special instructions**

**Unit trust switch**

Please select the appropriate fund/s and the number of units, or percentage or rand value to be switched.

Switch from Unit Trust		
Unit Trust Fund Name	Unit Trust Class	Amounts/percentage

Switch to Unit Trust					
Unit Trust Fund Name	Unit Trust Class	Amounts / percentage	Annual advisor fee	Distributions (Please tick)	
				Reinvest	Payout
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

### Change of debit order instructions (if applicable)

My debit order on this account is to:

1.  Remain unchanged for the fund from which I am switching (for partial)
- OR
2.  Be cancelled from  (Insert date)
3.  Be changed to the fund into which I am switching to at R

### Complete if you have a financial advisor

Name of financial services provider (FSP)	<input type="text"/>		
FSP license number	<input type="text"/>	Name of financial advisor	<input type="text"/>
Contact number	<input type="text"/>	Email address	<input type="text"/>
Licence Category	<input type="checkbox"/> Category I	<input type="checkbox"/> Category II	<input type="checkbox"/> Category IIA
VAT vendor status	<input type="checkbox"/> Registered	<input type="checkbox"/> Not registered	VAT number <input type="text"/>

### Declaration by person acting on behalf of the investor

I, the appointed Financial Advisor for this investment application declare that:

1. I am licensed to render services in respect of this product.
2. I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) and subordinate legislation thereto, to the investor/s.
3. I have fully explained the meaning and implications of replacement (if applicable) to the investor/s and that I am fully aware of the possible detrimental consequences of replacement.
4. I have established and verified the identity of the investor/s (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA) and the regulations thereto, and I will keep records of such identification and verification according to the provisions of FICA.
5. I have explained all fees that relate to this investment to the investor/s and I understand and accept that the investor/s may withdraw his / her authority for payment to me in writing and inform 27four.
6. I consent to my personal information being processed in accordance with the [Terms and Conditions](#).

Date

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Signature of investor / legal guardian

## Authorisation and declaration

I hereby acknowledge that the same terms and conditions that are applicable to my original investment apply to this investment.

Full name	<input type="text"/>		
Signed at	<input type="text"/>	Capacity	<input type="text"/>
Date	<input type="text"/>		

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**Signature of investor / legal guardian**

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