Hollard Discretionary Savings Products

Transfer of Ownership Form



1. Important Information



- 1.1 This instruction form is applicable to the following products:
 - a) Hollard Investment Plan
 - b) Hollard Savings Plan
- 1.2 Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers.
- **1.3** Hollard cares about your privacy. In order to provide you with our service, we and our service provider have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.
- 1.4 Premier Product Solutions (Pty) Ltd (GFA) ('The Administrator') is the administrator of the Hollard Savings Plan.
- **1.5** Protected Nominees (Pty) Ltd is an independent company approved by the Financial Services Conduct Authority that holds assets for the investor's exclusive benefit.
- 1.6 It is imperative that you familiarise yourself with the Information Document applicable to the respective product. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre on 0860 202 202 or on our web site at www.hollard.co.za.
- 1.7 If you are transferring to another person/entity who is not an existing Investor or if you would like to open a new investment account, this instruction must be accompanied by a product Application Form completed in the name of the new investor, along with all required supporting documentation, and the minimum investment amount will apply.
- **1.8** Should the Transferee wish to switch to other investment portfolios after the transfer has been completed, a Hollard Discretionary Savings Product Plan Switch Instruction Form must accompany this request.
- **1.9** This investment may not be transferred if it is already subject to a cession in favour of any other party. A written instruction from the cessionary cancelling the cession will be required in order for the transfer of ownership instruction to proceed.
- **1.10** The transfer may be subject to Capital Gains Tax (CGT), unless the transfer is to your spouse, in which case it is exempt. Please provide a copy of your marriage certificate in this instance.
- 1.11 This instruction will only be processed when all requirements are met and all required documents are received.
- 1.12 All documents can be sent via email to customercare@hollardinvestments.co.za or faxed to +27(0)11 351 3816.
- **1.13** Please note: Hollard Investments will only accept an instruction that has been signed by the investor/authorised person using either a physical "wet" signature or an electronic signature (that has an associated signing audit trail).

2. Document Checklist

Completed transfer of ownership instruction form.	
Completed product application form and supporting documents (for new Investors/new investment accounts).	

Premier Product Solutions (Pty) Ltd (Reg. No.2021/848795/07) is an authorised Financial Services Provider, FSP No. 52376. Suite 206, Strauss Daly Building, 41 Richfond Circle, Ridgeside Office Park, Umhlanga, Kwazulu Natal Tel: +27 (0)12 945 9002 Email: info@premierfin.co.za.

Hollard Life Assurance Company Limited (Reg. No.1993/001405/06) a licensed life insurer FSP No.17697, and Hollard Investment Managers (Pty) Ltd (Reg. No.1997/001696/07), FSP No.32521 are authorised Financial Services Providers. 22 Oxford Road, Parktown, Johannesburg, 2193, Tel: 0860 202 202, Fax: +27 (0)11 351 3816, Email: customercare@hollardinvestments.co.za

3. Transferor Details

3.1	Investment Number:	
	Investor Name:	

3.2 Contact Details

Telephone:			Mobile:	
Email:				
Please indicate	e if these are new contact details?	🗆 Yes	🗆 No	

4. Transferee Details

4.1	Are you the spouse of the current investor? (If yes, please provide proof in the form of a copy of your marriage
	certificate)
4.2	Are you an existing Investor? (If yes, please provide your investment number)
4.3	Would you like to transfer into your existing Investment Account listed above?
	If no, please complete the details below and provide a completed product Application form and supporting
	documentation along with this instruction.

4.4	Individual Investor							
	Title: First		Name & Surname:					
	ID/Passport Number:		nber:				Date of Birth	
	Contact Details:							
	Telephone:					Mobile:		
	Email:							

OR

4.5	Legal Entity Cessionary:						
	Registered Entit	ty Name:					
	Registration Nu	imber:					
	Contact Details	5.					
	Telephone:	Mobile:					
	Email:						

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5. Transfer Details

5.1	Transfer all available units in the Investment Account: 🛛 Yes 🗋 No						
	If no, please complete the table below to indicate the amount or percent	age you wish to transfer.					
Inve	stment Portfolio Name	Transfer Amount	Percentage				
		R	%				
		R R					

R

R

6. **Recurring Instructions**

Please indicate whether you wish to cancel or continue any recurring instructions on the account from which the transfer is taking place (this instruction must be received at least 10 working days prior to the scheduled debit order or regular withdrawal date):

6.1	Recurring debit order:	Cancel	Continue
6.2	Regular withdrawal payment:	Cancel	Continue

7. Investor Declaration

7.1	I, the undersigned Transferor, confirm that I am the owner and/or authorised to act in respect of the assets being					
	transferred. I instruct Hollard Investments and the administrator to transfer my rights, title and interest to the relevant					
	investment portfolios to the Transferee.					
7.2	I, the undersigned Transferee, accept such transfer.					
7.3	We, the undersigned Transferor and Transferee, confirm that:					
	a. All information provided in this form is correct.					
	b. Hollard Investments and/or the administrator have not provided advice with regards to this instruction.					
7.4	We have read and understood the respective product Information Document. This is available from your Financial					
	Services Provider, the Hollard Investments Client Service Centre or on our web site at www.hollard.co.za.					

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Signed at		on this	day o	of	
	(Place)		(Day)		(Month & Year)
On Behalf of Transfe	ror:				
Signature:			Signature:		
Official Capacity:			Official Capacity:		
Signature:					
Official Capacity:					
On Behalf of Transfe	ree:				
Signature:			Signature:		
Official Capacity:			Official Capacity:		
Signature:					
Official Capacity:					

* If the applicant is under the age of 18, this signature must be that of the Person Acting on Behalf of the Investor.

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