1. Administrator/Asset Manager Details

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| Administrator/Asset Manager Name: |  |
| Date of Instruction of Transfer to new Administrator/Asset Manager: |  |
| Transfer Type: | [ ]  Unit Transfer | [ ]  Rand Amount Transfer |
| Existing Account Name/Number with Administrator/Asset Manager: |  |
| Name of Transferor: |  |
| If you are and existing investor with Hollard Investments, please provide us with your investment number below: |
|  |

1. Transferring Administrator/Asset Manager Contact Details

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| Administrator/Asset Manager Name: |  |
| **Contact Details:** |
| Work: |  | Fax: |  |
| **\*Email:** |  |

1. Applicant/Investor Instruction

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| **3.1** | Please accept this form as confirmation that I wish to transfer the investment held with the Administrator/Asset manager detailed in Section 1, which I currently own, to Hollard Life Assurance Company Limited. This form must be accompanied by the Hollard Linked Endowment Application form. |
| **3.2** | I understand that the investment amount can only be recognised on written confirmation of transfer and re-registration of the investment into the name of Hollard Life Assurance Company Limited. |
| **3.3** | Please note that this unit transfer is in lieu of my premium for my investment with Hollard Life. |
| **3.4** | I have read the relevant and most current Investment portfolio list and can confirm that the same portfolio/portfolios and its classes are available on the Hollard Linked Endowment. |
| **3.5** | The nominated Financial Services Provider undertakes to ensure that the transferring Administrator/Asset Manager will process the unit transfer onto the Hollard Linked Endowment. |
| **3.6** | The transferring Administrator/Asset manager must inform Hollard Life in writing of the unit transfer via the Hollard Administrator. |
| **3.7** | This unit transfer Instruction is accompanied by a fully completed Hollard Linked Endowment Investment Application, closing statement in the name of the transferor (Source of Funds) as well as stipulated FICA documentation. |
| **3.8** | Should the unit transfer occur prior to all documentation being received by Hollard Life, Hollard Life will allow one working week before all funds are returned to the original Administrator/Asset Manager. |
| Date of Unit Transfer: |  |

1. Declaration

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| **4.1** | I declare that, to the best of my knowledge and belief, the information given in this form is true and complete. |
| **4.2** | I confirm that I have noted that Hollard Life Assurance Company Limited will not be held liable for any losses incurred as a result of non-transfer of assets as a result of the “Existing Account Name” completed herein not drawing reference to ALL accounts/investments held in said name, if indeed said client holds more than one account/investment in the same name. |
| **4.3** | I acknowledge and agree that all facsimile/electronic representations of all documents, including this unit transfer request form, and any other instructions hereafter, including mandates, consents, commitments and the like, which purport to emanate from me, shall be deemed to have been given by me in the form actually received by Hollard Life. I hereby waive any rights I may have or may obtain against Hollard Life arising directly or indirectly from any losses or damages that I may suffer because Hollard Life acted on any purported facsimile/electronic representations, and I indemnify Hollard Life against any claims, demands or actions suffered by Investor because they acted on a facsimile/electronic representation. |
| **4.4** | I understand that any Financial Advisor Initial Fee applicable on unit transfer values may be delayed due to realisation of funds from the Administrator/Asset Manager in question. Please refer to notice and dealing periods on the relevant investment portfolio lists. |
| **4.5** | The onus is on the nominated Financial Services Provider to instruct the transfer of units and the applicable NAV date to the transferring Administrator/Asset Manager with due notification to Hollard Life. |
| **4.6** | The nominated Financial Services Provider confirms he/she holds the necessary intermediary contract with Hollard Investments. |
| **4.7** | I furthermore confirm that I have signed this declaration of my own free will and I regard it as binding. |

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| Signed at |  | on this |  | day of |  |
| **(Place)** | **(Day)** | **(Month & Year)** |
|  |  |  |  |
| Applicant Signature: |  | Financial Advisor Signature: |  |
| Date: |  |  | Date: |  |  |  |

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