1. Important Information

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| **1.1** | This Withdrawal Form is applicable to the Hollard Linked Endowment and Hollard Wealth Accumulator (HWA) products. |
| **1.2** | 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. |
| **1.3** | Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers. |
| **1.4** | All documents can be sent via email to [customercare@hollardinvestments.co.za](mailto:customercare@hollardinvestments.co.za) or faxed to +27(0)11 351 3816. You will be required to complete a withdrawal instruction form for each policy should you require a withdrawal from more than one policy. |
| **1.5** | You will be required to complete a withdrawal instruction form for each policy should you require a withdrawal from more than one policy. |
| **1.6** | Any Annual Administration Fees, Financial Advisor Annual Fees and Portfolio Management Fees owed will be deducted from the policy before a full withdrawal is paid out. No withdrawal fee will be levied. |
| **1.7** | This Withdrawal instruction will only be processed when all requirements are met and all required documents are received. |
| **1.8** | Should there be a security cession on this investment, a written request to reduce/cancel the security cession must accompany this request. |
| **1.9** | All withdrawal transactions are executed subject to the liquidity of the underlying assets and the notice and dealing periods applicable to the underlying investment portfolios, as specified by the asset manager in question. Please refer to the latest Investment Portfolio List applicable to your investment for current notice and dealing periods. |
| **1.10** | No monies or portion thereof may be withdrawn if the monies in respect of investments and monthly debit orders have not been cleared. To allow for bank clearance, investments made via recurring debit order can only be withdrawn after 45 days and those made by deposit after 10 days. |
| **1.11** | The daily cut-off for receipt of instructions is **12H00.** |
| **1.12** | Any instructions received on a public holiday or over a weekend will be processed on the next available working day. |
| **1.13** | Third party payments will not be made. Bank account details for payment of the withdrawal proceeds must be in the name of the Policyholder. |

1. Document Checklist

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|  | Completed withdrawal form. |
|  | Proof of banking details (cancelled cheque or bank statement not older than 3 months) if not previously provided. |
|  | Updated Customer Due Diligence (CDD)/FICA documents as per the CDD/FICA requirements list available on the Hollard website [www.hollard.co.za](http://www.hollard.co.za/). |

1. Policyholder Details

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| **3.1** | Policy Number: |  |
| Policyholder Name: |  |

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| **3.2** | **Contact Details:** | | | |
| **Tel:** |  | **Fax:** |  |
| **\*Email:** |  | | |
| Please indicate if these are new contact details?  Yes  No | | | |

1. Withdrawal Details

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| **Please note:** The withdrawal will only be paid to your bank account upon the proceeds from each of the underlying investment portfolios having been received from the respective managers and processed accordingly. | |
| **4.1** | **Withdrawals during the 5-year restriction period:**  If you have taken a previous withdrawal from a restricted policy, you may not exercise the option of another withdrawal during the 5-year restricted period of the policy. In terms of current legislation, the withdrawal value in the first 5 years of a policy may not exceed the initial investment amount plus 5% per annum compounded from the policy inception date. Any amount over and above the 5% will be held until the end of the five years. Should the policy value be less than R10 000 the full amount will be paid out.   1. Please indicate if you would like to process the maximum permitted withdrawal:  Yes 2. In the case of a partial withdrawal please complete 4.4 below: |
|  | |
| **4.2** | **Withdrawals after the 5-year restriction period:**  **Please complete this section if you are requesting a withdrawal after your 5-year restriction period has ended. After the 5-year restriction period, there is no limit on the number of withdrawals that may be taken.**   1. Is this a full withdrawal?  **Yes** 2. In the case of a partial withdrawal, please complete 4.4 below  **Yes** |
|  | |
| **4.3** | **Recurring Debit Order:**  **Do you want to cancel your recurring debit order?  Yes** |
|  | |
| **4.4** | **Investment Portfolio Details:**   1. Please complete the below table by inserting either a rand amount or percentage. |

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| --- | --- | --- | --- | --- | --- |
|  | 1. Please note: Should you request to withdraw an amount in excess of 90% of the rand value of your investment portfolio, a percentage of unit’s withdrawal will be processed equivalent to the rand amount requested. For example, if the withdrawal rand amount equates to 92% of your investment portfolio, 92% of the unit balance will be withdrawn. In these instances, depending on the confirmed Unit Price for the Investment Portfolio/s the withdrawal amount may be a greater or smaller than was originally requested. 2. Please refer to the Linked/HWA Endowment Portfolio List for information on processing timelines for the respective Investment Portfolios. 3. Please note that should you withdraw in full from a Model Portfolio, this will constitute an automatic termination of your discretionary client mandate with Hollard Investment Managers, unless you are still invested in one or more other Hollard Investment Managers Model Portfolios. 4. If you are withdrawing from a Model Portfolio, please provide the Model Portfolio name in the table below (and not the names of the Investment Portfolios in which the Model Portfolio invests). Hollard Investment Managers will process the request via a withdrawal from all the Investment Portfolios within the Model Portfolio proportionately | | | | |
| **Total Withdrawal Amount:** | **R** | | | |
|  | | | | |
| **Investment Portfolio/Model Name** | | **Investment Portfolio Code** | **Percentage** | **Rand** |
|  | |  | **%** | **R** |
|  | |  | **%** | **R** |
|  | |  | **%** | **R** |
|  | |  | **%** | **R** |
|  | |  | **%** | **R** |
|  | |  | **%** | **R** |
| **Total** | | | | | **R** |
| **\* Mandatory Field. This code can be found on the investment portfolio list available on the Hollard website.** | | | | | |

1. Policyholder Banking Details

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| Please note that Hollard Investments will not process this withdrawal if the transactional bank account details completed below are not those of the Policyholder. **Please note:** Payments will not be made to offshore bank accounts. | | | | | | | | | |
|  | | | | | | | | | |
| **5.1** | **Banking Details:** | | | | | | | | |
| Account Holder: | |  | | | | | | |
| Bank Name: | |  | | | **Branch Name:** | |  | |
| Account Number: | |  | | | | Code: |  | |
| Account Type: | Savings | | Cheque/Current | Transmission | | | Other |  |

1. Policy Declaration

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| **6.1** | I confirm that all information provided in this form is correct. |
| **6.2** | I authorise the payment of the proceeds as per the instruction and applicable legislation. |
| **6.3** | Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction, I have obtained the consent of my spouse for this withdrawal instruction. |
| **6.4** | I declare that my estate is solvent as on the signature date of this form. |
| **6.5** | I declare that my estate has never been sequestrated. |
| **6.6** | I have not received advice from Hollard Investments in respect of this instruction. |
| **6.7** | I have read and understood the Information Document (Only available to the Hollard Linked Endowment) and Policy conditions applicable to your investment product. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre or on our website (where applicable) at [[www.hollard.co.za](http://www.hollard.co.za/).](http://www.hollard.co.za/) |

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| **6.8** | **Signature** | | | | | | |
| Signed at |  | | on this |  | day of |  |
| **(Place)** | | | **(Day)** | | **(Month & Year)** | |
| Policyholder 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 Policyholder.**