

Multilect Administrators (Pty) Ltd

FSP Number: 45364

4th Floor, Rosebank Corner

191 Jan Smuts Avenue, Parktown North, 2196

PO Box 3029, Saxonwold, 2132

Tel: 27 (0)11 274 6160

Email: admin@multilect.co.za

EXIT NOTIFICATION

MULTILECT LIVING ANNUITY Underwritten by Guardrisk

Full name of Member _____ Sex _____

Living Annuity membership number _____

Date of birth _____ Identity Number _____

Income tax reference no. (If applicable) _____ Office (if applicable) _____

Postal address _____

_____ Code _____

Residential address _____

_____ Code _____

Telephone number at which former Member may be reached during office hours _____

EXIT OPTIONS

Directive 135 transfer to another Living Annuity

Death

Full commutation of cash where total capital is below R 125 000

Date of exit _____

Is a portion of the benefit to be taken as a cash lump sum? Yes No

If yes, please specify the gross cash lump (prior to applying for a directive)

R _____

To be credited to the following account: **(Proof of banking details (not older than 3 months) to be attached)**

Name of Bank _____

Branch name _____ Branch code _____

Account number _____ Account type _____

TRANSFER DETAILS (if applicable)

The entire benefit, or the balance after a cash lump sum payment, is to be invested as follows:

Name of the Transferee Living Annuity _____
(Attach a copy of the Transferee Living Annuity application form)

Name of institution _____

Contact person _____ Contact number _____

INSTITUTION BANK ACCOUNT DETAILS

Name of Account Holder _____

Name of Bank _____

Branch name _____ Branch code _____

Account number _____

MEMBER'S DECLARATION

1. I hereby warrant that the information given above is correct and I instruct and authorise the Multilect Living Annuity to pay all the monies due in accordance with the instructions above subject to the rules of the Multilect Living Annuity and applicable legislation.
2. I understand and accept that the Multilect Living Annuity will apply for a tax directive if a cash benefit is requested and that the cash benefit requested is a pre-tax amount.
3. I acknowledge that the Administrator does not give advice and shall not have any liability in respect of my annuity selection or any income payable under an annuity.
4. Provided the Multilect Living Annuity receives sufficient notification and all supporting documentation, the Multilect Living Annuity will disinvest the underlying investments of the investment account at the end of the month. A tax directive will then be applied for where applicable. Once all requirements have been met the Multilect Living Annuity will give effect to the Investor's instructions.

Signature _____ Date _____