

Unit Trust Switch Form

Africa Collective Investments (RF) (Pty) Ltd administers the ACI unit trusts. It is authorised to do so as a Manager, in terms of the Collective Investment Schemes Control Act. In this document it will be referred to as "ACI".

IMPORTANT INFORMATION

1. This form is to be used by existing investors only.
2. Please send the completed Application Form, together with the required supporting FICA documentation and proof of payment to Africa Collective Investments (RF) (Pty) Ltd at fax number **+27 21 700 7333** or e-mail to Acimancoadmin@africaci.com.
3. Cut-off time for receiving transactions is **13:00** (SA) except for the ACI Money Market Fund where the cut-off time is **11:00** (SA).
4. If any of the following details have changed, please inform ACI of this: residential address

DETAILS

Client Number

INVESTOR

Name / Entity Name / Co. Registered Name _____

ID/ Registered Number _____

Telephone (H) _____ Telephone (W) _____

Cell _____ Fax _____

E-mail Address _____

ACTING ON BEHALF OF INVESTOR *

* **This is for Guardians / persons with Powers of Attorney**

Title _____ Surname _____

First Name(s) _____ Male _____ Female _____

Identity Number or Passport (if no RSA ID) _____

Postal Address _____ Post Code _____

Telephone (H) _____ Telephone (W) _____

Cell _____ Fax _____

E-mail Address _____

Capacity _____

SPECIAL INSTRUCTIONS

UNIT TRUST SWITCH

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

From Unit Trust Fund Name	Units Or Amount Or Percentage	To Unit Trust Name	Annual Financial Advisor Fee	Units or Amount or Percentage	Distributions* (please tick)	
					Re-invest	Pay out

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 switches)

OR

2 Be cancelled from / /

3 Be changed to the fund into which I am switching to at R

FINANCIAL ADVISOR DETAILS (if applicable)

Name of Financial Advisor _____

Name of Financial Services Provider (FSP) _____ FSP License Number _____

Contact Tel No _____ E-mail _____

ACI's Financial Services Provider code (to be obtained from ACI) _____

Licence Category: Category I Category II Category IIA

VAT vendor status: Registered Not Registered VAT Number

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 ACI.
6. My personal information may be used by ACI in the normal course of business to provide the products and services and ACI may retain any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information will not be given or sold to any third parties. ACI will disclose or report personal information if and when required to do so by law or any regulatory authority, and to our employees, or agents who require such information to carry out their duties.

Signature of Financial Advisor _____ **Date** _____

AUTHORISATION AND DECLARATION

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

Signed at _____ Date _____

1. Full Name of Signatory _____ Capacity _____

2. Full Name of Signatory _____ Capacity _____

Signature _____

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

CONTACT DETAILS

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