CS7

INTER-FUND TRANSFER INSTRUCTION FORM

FOR OFFICE USE

Agent Code

Origin. State Code

Please take this as authority to effect transfer of my Retirement Savings Account (RSA) balance from (please select only one of the options below):

Fund II to Fund I ☐

Fund I to Fund II ☐

Fund III to Fund II ☐

Fund II to Fund III ☐

Note that an RSA holder that is up to 50 years of age cannot be in **Fund I** and Retiree Members are limited to **Fund IV**.

RSA Personal Identification Number (PIN) P E N

Surname

First Name

Middle Name

Kindly give reasons below for this transfer request

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I declare that I understand the Multi-Fund Structure and accept full responsibility for the outcome of the investments made by my PFA on my behalf.

I also accept that the Administration Fee (where applicable) on this transfer will be charged to my RSA.

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RSA Holder (Signature* & Date)

.....

Customer Service Officer (Signature & Date)

***Note-Signature must be the same as in our database**

info@legacypension.com