

FORM

Notice to Surrender



To enable Cadiz to process this form, please ensure that the relevant sections are completed in full and all the required documentation is faxed to 021 657 8306 or e-mailed to investorservices@cadiz.co.za

INSTRUCTIONS

1. Complete the Notice to Surrender form in full and sign in the appropriate space/s.
2. Please fax or email the following documents to Cadiz at 021 657 8306 or repurchases@cadiz.co.za:
 - Original form
 - Proof of identity (copy of ID or registration)
 - Proof of bank account (copy of a bank statement or cancelled cheque)
3. Please use one form per investment number. No responsibility will be accepted by Cadiz for a delay in payment if the form was not filled in as required.
4. If your financial adviser has not signed the FICA declaration (Exemption 4) in the original application form, we will require updated or additional FICA documentation before acting on your instruction. (Refer to Annexure 1).

A. INVESTOR DETAILS

Date: _____ Investor number

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Surname/Corporate/Entity name: _____ Title: _____ Initials: _____

First name(s)(if applicable): _____

Physical address/Principal place of business: _____

Suburb/District: _____

City/Town: _____ Postal Code: _____

Postal address: _____

Suburb/District: _____

City/Town: _____ Postal Code: _____

Tel. number: Business: _____ Home: _____ Cell: _____

Fax number: _____ E-mail: _____

ID no./Passport no. (non residents only)/Registration no.: _____

Date of birth:

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B. REPURCHASE DETAILS

Please note that the terms and conditions apply as stated in your policy document. This is a generic form and certain options may not be applicable to your investment. Please tick the appropriate box or boxes and provide details as required.

- Cancel my entire investment as permitted within the 30 day notice period.
- Surrender my entire investment at the prevailing market value. I acknowledge that this value may fluctuate on a daily basis.
- Surrender part of my investment to the value of

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 (not applicable to Income Series Investments).
- Surrender 50% of my investment.

Special Instructions:

Investor Initials

C. WITHDRAWING YOUR MONEY

Should you wish to surrender your investment during the first five years, we will provide you with a surrender value based on the current market value of the underlying investments, which may be lower than the initial amount you invested.

A surrender can only be processed once the required trade of the underlying assets have been completed. This could result in a delayed payment of your surrender amount. In the event of such delay we shall notify you of this.

Should your surrender request result in additional fees or charges, such fees and charges will be deducted from your surrender amount.

D. REPLACEMENT POLICY

Is this surrender for the purpose of taking out a new investment with Cadiz or any other insurer (whether replacement is to occur immediately or within the next four months?) Please indicate your submission in the box below:

Yes No

If 'yes' your financial adviser must discuss and complete the Replacement Advice Record and attach it to this Notice to Surrender form. Please note: Replacement of any insurance policy may be to your disadvantage.

E. PAYMENT INSTRUCTION

Please transfer into my bank account (note that deposits can only be transferred into the bank account of the registered investor).

Name of bank/building society: _____

Branch name: _____

Name of account holder(s): _____

Account number: Branch code:

Type of account: Current (Cheque) Savings Savings/Transmission

I declare that I am the legal owner of the stated investment and/or have contractual power to proceed with this request. I understand that any repurchase valuations provided to me by Cadiz are indicative prices and that I cannot hold Cadiz to any such price given to me. I understand that Cadiz undertakes to facilitate (but does not guarantee) the repurchase of my investment and that Cadiz will do so by seeking a replacement buyer for my investment.

Signature of Investor: _____ Signature of joint Investor: _____
(If applicable)

Authorised signatory: _____
(If different to investor)

Name of authorised signatory: _____

Capacity of authorised signatory: _____

Date:

Investor
Initials