

Notice to Surrender

Instructions

To enable Cadiz Life to process this form, please ensure that the relevant sections are completed in full and all the required documentation is submitted.

1. Complete the Notice to Surrender form in full and sign in the appropriate space/s.
2. Please email the following documents to cadiz.liferetail@cadizpfs.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 Life 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 (“You”)

Date:	Investor number:	
Surname/Corporate/Entity name:	Title:	Initials:
First name(s)(if applicable):		
Physical address/Principal place of business:		
		Postal code:
Postal address:		Postal code:
Contact details:	Business: ())	Home: ())
	Cell: ())	Fax: ())
E-mail:		
Date of birth (dd/mm/yyyy):	Place of birth:	
ID no./Passport no. (non residents only)/Registration no.:		

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.

I acknowledge that Cadiz Life has 60 days to surrender or liquidate my investment and will pay me the market value on the day it was actually liquidated, less any penalty fee, within 60 days of this request.

- 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 50% of my investment.
- Surrender part of my investment to the value of R _____ (not applicable to Income Series Investments).

Special Instructions

C Withdrawing your money

Should you wish to surrender your investment during the first five years, we will surrender your investment within the 60 day notice period provided for in your application form based on the market value of the underlying investments, less any surrender or liquidation fee, at the date of liquidation on any day within the 60 day liquidation period, which may be lower than the initial amount you invested.

During the first three years of such investment into any portfolio, a surrender or switch penalty of 3% (excl. VAT) will be deducted from your capital.

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 Life 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

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:

Branch name:

Branch code:

Name of account holder(s):

Account number:

Type of account:

Current (Cheque)

Savings

Savings/Transmission

Account holder relationship:

Own

Joint

Other

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 Life are indicative prices and that I cannot hold Cadiz Life to any such price given to me.

Signature of investor:

Signature of legal guardian
(if applicable):

Authorised signatory (If different to investor and authorised to sign on their behalf):

Name of authorised signatory:

Capacity of authorised signatory:

Signed at

on this

day of

year