17471

APPROVED FUND TRANSFER DETAILS

DPF
DEBSWANA • PENSION • FUND
Your Fund, Your Security, Your Future

Omang No.

TO BE VERIFIED BY BROKER

Percentage to be transferred to Financial Institution. %

Please attach proposal or annuity quote

Registered Insurer Name

Annuity Type

☐ Pension Fund ☐ Pension Preservation Fund

☐ Provident Fund ☐ Provident Preservation Fund

☐ Retirement Annuity

Transferee Fund's Income Tax Reference Number

Policy Number / Proposal Number

Banking Details of the Registered Insurer

Bank Name

Branch Code

Account Number

Account Type ☐ Cheque ☐ Savings ☐ Transmission

DECLARATION BY MEMBER

I hereby declare that the details of transfer as completed by the broker / financial advisor are as per my instructions.

Surname

First name

Omang No.

Member's Signature

Date (dd/mm/yyyy)

DECLARATION BY FINANCIAL PLANNER/ADVISOR/BROKER

I hereby declare that the policy information indicated above is correct and that the policy indicated is an APPROVED FUND.

Broker's Signature

Date (dd/mm/yyyy)

Surname

First Name

Contact No.

License No.

This Number is MANDATORY to enable payment

Email Address for recognition of transfer

Completed documents to be forwarded to:

Print Reset