

# NOVARE UNIT TRUST SWITCHING FORM

Novare CIS (RF) (Pty) Ltd | Registration Number: 2013/191159/07 | SARS Registration Number: 9649/248/16/9

# NOVARE<sup>®</sup>

CIS

- All sections must be completed in full
- Indicate all options by means of a cross [X]
- Initial any amendments made to the application form
- Ensure that all information provided is accurate and true
- No instruction will be processed unless all requirements have been met

- **The daily cut-off for receipt of instructions is 14h00.**
- Completed forms are to be faxed to us on **0860 668 273 (0860 novare)** or e-mailed to **transact@novare.com**
- Should you have any queries regarding this application, please contact Novare CIS (RF) (Pty) Ltd ("Novare") on **0800 668 273 (0800 novare)** or e-mail **clientservice@novare.com**

## (A) INVESTOR DETAILS

Existing investor number (if applicable):

Title:  Surname:

First name(s):

ID/Passport/Trust/Registration number:                          Gender:  M  F

Home Telephone: ( code )   Work Telephone: ( code )

Cell Number: ( code )   Fax: ( code )

E-mail address:

## (B) SWITCHING INSTRUCTION

If you specify to switch a number of units from a fund, please use the percentage column for the fund to which you are switching.

	FROM			TO			INCOME DISTRIBUTION	
	Fee class	Rands	Units	Fee class	Rands	Units	Reinvest	Paid out
<b>SA MULTI ASSET INCOME</b>								
<i>Novare Capital Preserver Fund of Funds</i>		R	%		R	%		
<b>SA MULTI ASSET MEDIUM EQUITY</b>								
<i>Novare Balanced Fund</i>		R	%		R	%		
<b>WORLD WIDE ASSET ALLOCATION FLEXIBLE</b>								
<i>Novare Worldwide Flexible Fund of Funds</i>		R	%		R	%		

### (C) CHANGE DEBIT ORDER INSTRUCTIONS (if applicable)

My debit order on this account is to: (Please tick and complete)

remain unchanged for the fund from which I am switching **(for partial switches)**

be cancelled from 

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

be changed to the fund into which I am switching at 

R
---

per month commencing on 

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

be switched into a new fund. 

Fund Name
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I/ We warrant that the information contained herein is true and correct, and that I/we have power and authority to enter into and conclude this transaction.

Debit order authorisation signature(s)

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

Date

### (D) CHANGE REGULAR WITHDRAWAL INSTRUCTIONS (if applicable)

(Please tick and complete)

remain unchanged for the fund from which I am switching **(for partial switches)**

be cancelled from 

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

be changed to the fund into which I am switching at 

R
---

per month commencing on 

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

### (E) FINANCIAL ADVISOR DETAIL AND DECLARATION

Contact name:

Financial advisor account number:

FSP license number:

FSP name:

Registration number:

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Collective Investment Schemes Control Act, 2002, and the Financial Advisory and Intermediary Services Act, No. 37 of 2002, and subordinate legislation thereto, to the investor.
- acknowledge and confirm that, in my/our capacity as the primary accountable institution with Novare being the secondary accountable institution, I/we have established and verified the identity of the client in accordance with Section 21 of the Financial Intelligence Centre Act, 2001 ("the Act"), and will keep records of such identification and verification according to the provisions of Section 22 of the Act.
- warrant that I/we have explained all fees that relate to this investment to the investor and I/we understand and accept that the investor may withdraw his/her authority for payment to me/us in writing to the fund.

Signed at:

on 

D	D	M	M	C	C	Y	Y
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Signature of financial advisor

## (F) FINANCIAL ADVICE FEES

(Please select an option)

I acknowledge that I did not receive financial advice from either Novare or a financial advisor; OR

I hereby confirm that the Financial Advisor whose details are completed in the "Financial Advisor Details and Declaration"

Section above, is my appointed Financial Advisor and agree to payment of fees as follows:

**Initial advice fee:**  .  % (Negotiable to maximum 3% exclusive of VAT. Applied to each contribution and deducted before investment is made).

**Ongoing advice fee:**  .  % per annum of the market value of the investment portfolio, charged by way of unit reduction and paid to the Financial Advisor monthly in arrears (Negotiable to maximum 1% exclusive of VAT. If initial advice fee of greater than 1.5% is selected, then the maximum annual advice fee is 0.5%). This annual advice fee is not part of the normal annual management fee charged by the relevant Fund/s.

This authority may be withdrawn by written notice to Novare.

Authorised signature

Date

## (G) INVESTOR SIGNATURE

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

Authorised signature

Date

Novare CIS (RF) (Pty) Ltd

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Novare CIS (RF) (Pty) Limited is a registered Manager in terms of the Collective Investment Schemes Control Act (Act 45 of 2002)

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