

UNIT TRUST SWITCH FORM

HOW TO INVEST

1. Please send the completed Application Form to ClucasGray (Pty) Ltd at fax number +27 86 260 0483 or email to clientrelations@clucasgray.co.za
2. Cut off times for receiving transactions are 13:00 (SA)

DETAILS

Existing Investor Client Number

INVESTOR

Names / Entity Name / Co. Registered Name

ID / Registered Number

Telephone Telephone (W)

Cell Fax

Email Address

ACTING ON BEHALF OF INVESTOR *

* This is for Guardians / persons with Powers of Attorney.

Title Surname

First Name(s) Male Female

Date of Birth Nationality

ID or Passport Number (if Foreign National)

Income Tax Number

Street Address

c/o

Unit

Complex

Street Number

Street

Suburb

Postal Address

Same as Street Address Yes No

c/o

Line 1

Line 2

Line 3

Line 4

City	<input type="text"/>	Postal Code	<input type="text"/>
Postal Code	<input type="text"/>	Country	<input type="text"/>
Country	<input type="text"/>		
Telephone (H)	<input type="text"/>	Fax	<input type="text"/>
Telephone (W)	<input type="text"/>	Cell	<input type="text"/>
Email Address	<input type="text"/>		
Capacity	<input type="text"/>		

SWITCH OPTIONS

Please select the appropriate fund and the number of units, or percentage or rand value to be switched.

From Unit Trust Fund Name	Units or Amount or Percentage	To Unit Trust Name	Additional Annual Advisor Fee <i>(Paid by the Investor to the advisor by sale of units)</i>	Units or Amount or Percentage	Distributions* (please tick)	
					Re-invest	Pay Out
ClucasGray Future Titans Prescient Fund						
ClucasGray Equity Prescient Fund						
ClucasGray Equilibrium Prescient Fund						

CHANGE OF DEBIT ORDER INSTRUCTIONS (IF APPLICABLE)

My debit order on this account it to:

1. Remain unchanged for the fund from which I am switching (for partial switches)

OR

2. Be cancelled from

3. Be changed to the fund into which I am switching to at R

APPOINTMENT OF FINANCIAL ADVISOR AND FEES

I, the appointed Financial Advisor for this investment application declare as follows:

Name of Financial Advisor

Name of Financial Services Provider (FSP) FSP License Number

Financial Services Provider code

Licence Category Category I Category II Category IIA

VAT vendor status Registered Not Registered

VAT Number

I declare that:

- 1. I am licensed to render services in respect of this product.
- 2. I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) and subordinate legislation thereto, to the investor/s.
- 3. I have fully explained the meaning and implications of replacement (if applicable) to the investor/s and that I am fully aware of the possible detrimental consequences of replacement.
- 4. I have established and verified the identity of the investor/s (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA) and the regulations thereto, and I will keep records of such identification and verification according to the provisions of FICA.
- 5. I have explained all fees that relate to this investment to the investor/s and I understand and accept that the investor/s may withdraw his / her authority for payment in writing and inform Prescient and me.
- 6. My personal information may be used by the Prescient in the normal course of business to provide the products and services and Prescient may retain any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information will not be given or sold to any third parties. Prescient will disclose or report personal information if and when required to do so by law or any regulatory authority, and to our employees, or agents who require such information to carry out their duties.

Signature of Financial Advisor Date

SPECIAL INSTRUCTIONS

In the event that a special fee arrangement has been entered into with Prescient, please indicate such arrangement below.

AUTHORISATION AND DECLARATION

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

Signed at Date

Full name of Signatory Capacity

Signature of Investor / Legal Guardian

Signature of Investor's Authorised Representative* (if applicable)

*If signing on behalf of the investor please provide proof of authority and supporting verifying documentation.

CONTACT PRESCIENT MANAGEMENT COMPANY (RF) LTD

Physical Address	Prescient House, Westlake Business Park, Otto Close, Westlake, 7945
Postal Address	P.O. Box 31142 Tokai 7966
Telephone	+27 21 700 3600
Fax	+27 21 700 7333
Email	pmancoadmin@prescient.co.za
Website	www.prescient.co.za

CONTACT CLUCASGRAY (PTY) LTD

Physical Address	Dunkeld Place, 12 North Road, Dunkeld West, 2196
Postal Address	P.O. Box 413037, Craighall, 2024
Telephone	+27 11 771 1960
Fax	+27 86 260 0483
Email	clientrelations@clucasgray.co.za
Website	www.clucasgray.co.za