

Full Names



APPLICATION FOR TOP-UP INVESTMENT SWITCH

PLEASE WRITE THE DETAILS IN BLACK AND WHERE APPLICABLE IN CAPITAL LETTERS. **SECTION 1 - PERSONAL DETAILS** ID Number Full Names and Surname: **Investor Number: SECTION 2 - SWITCH AMOUNT** Top-Up Reference Number Please tick the appropriate option. Switch capital and accrued interest Switch a portion on the invested amount only Amount in Figures: R Amount in words: Rands **SECTION 3 - NEW INVESTMENT DETAILS** Please tick the appropriate option. Fixed Rate Retail Savings Bond 2 Inflation Linked Retail Savings Bond [3 Interest Usage on New Investment Two Year Three Year Five Year Three Year | Five Year | Ten Year Re-invest Pay Semi-Annually Pay Monthly **SECTION 4** Switches are processed daily, from the 1st to the 20th of each month. Any Switch application forms received after the 20th of the month are processed in the following month. The Terms and Conditions of the product you Switch to will apply. The interest rate of your new Fixed or Inflation-linked RSA Retail Savings Bond investment shall be the prevailing interest rate on the day of the activation date of the investment being Switched to. When you Switch the Capital and Accrued interest of your Top-Up RSA Retail Savings Bond, the Top-Up reference number will be de-activated, you will have to apply for a new Top-Up RSA Retail Savings Bond to receive a new reference number to use when making a deposit. When you switch a portion of your Top-Up RSA Retail Savings Bond, a minimum of R250 must remain to keep the Top-Up RSA Retail Savings Bond active, then the Top-Up reference number will remain active and you may continue to use it to make deposits until maturity. All investments that are Switched to the Fixed Rate RSA Retail Savings Bond where the interest usage is monthly, shall have their interest paid in arrears, that is, investments Switched this month, shall have their interest paid at the end of the following month. **SECTION 5 - ACCEPTANCE OF TERMS AND CONDITIONS** By completing and signing this Switch form I hereby bind myself to the Terms and Conditions of Issue the Terms and Conditions of Purchase of RSA Retail Savings Bonds. I confirm that I have read and understood the Terms and Conditions of Purchase and the Terms and Conditions.

Signature

Date





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SECTION 6 - GUARDIAN OR PARENT/ POWER OF ATTORNEYIf you are acting on behalf of another person (either a minor child or an incapacitated person) please complete the below fields in full, and if you are not a legal guardian of a minor child and not a parent, please attach the original Power of Attorney certified by a Commissioner of Oaths as well.

Full Names	Signature	Date
ID Number:	Date of Birth: Y Y Y M M D D	