



# INTER-FUND TRANSFER INSTRUCTION FORM

### FOR OFFICE USE

Agent Code

Origin. State Code

Please take this as authority to effect transfer of my Retirement Savings Account (RSA) balance from (please select only one of the options below):

Fund II to Fund I

Fund I to Fund II

Fund III to Fund II

Fund II to Fund III

Fund V to Fund I

Fund V to Fund II

Fund V to Fund III

Note that an RSA holder that is up to 50 years of age cannot be in **Fund I**. Retiree Members are limited to **Fund IV** and submission of retirement documents is sufficient to move a member to Fund **IV**. Micro Pension Contributors are limited to Fund **V** and will be required to change Fund upon engagement in Formal Sector.

RSA Personal Identification Number (PIN)

Surname

First Name

Middle Name

Kindly give reasons below for this transfer request (if any)

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I declare that I understand the Multi-Fund Structure and accept full responsibility for the outcome of the investments made by my PFA on my behalf.

I also accept that the Administration Fee (where applicable) on this transfer will be charged to my RSA.

Last Transfer Date:

RSA Holder (Signature\* & Date)

Customer Service Officer (Signature & Date )