

REPURCHASE FORM

Please ensure that you complete all sections of the form using **BLOCK LETTERS**.
Completed forms may be faxed to 021 799 8181 **AND** posted to Private Bag X3, Constantia, 7848. If faxed, please post original. **If you require assistance in completing in this application, please contact Client Services on 0800 600 168.**

SECTION A: INVESTOR DETAILS

Investor number			
Surname (for individuals)			
Registered name (for institutions)			
First Names/Contact person			
ID Number / Registration Number			
Postal address			Postal Code
Cellphone number		Work telephone number	

SECTION B: REPURCHASE INSTRUCTION

FUND NAME	Number of Participatory Interests to be redeemed	Rand Amount to be redeemed
PSG Alphen Flexible Fund		
PSG Alphen Growth Fund		
PSG Alphen Equity Fund of Funds		
PSG Alphen Income Fund of Funds		
PSG Alphen Optimal Income Fund		
PSG Alphen Prudential Fund of Funds		
PSG Alphen Foreign Flexible Fund of Funds		
Alphen Equity Builder Fund		
PSG Macro Active Fund of Funds		
PSG Money Market Fund		
PSG Tanzanite Flexible Fund		
PSG Preferred Dividend Fund		
PSG Advance Wealth International Fund of Fund		
PSG Advance Wealth Moderate Fund of Funds		
PSG Advance Wealth Creator Fund of Funds		
PSG Advance Wealth Income Fund of Funds		
PSG Advance Wealth Preserver Fund of Funds		
Atlantic Enhanced Income Fund		
Atlantic Real Income Fund		
Atlantic Cash Plus Fund		
Catalyst SA Property Equity Fund		



FUND NAME	Number of Participatory Interests to be redeemed	Rand Amount to be redeemed
Plexus RAFI® Enhanced SA Strategy Fund Class A		
Plexus RAFI® Enhanced SA Strategy Fund Class B		
Plexus Allrounder Fund		
Plexus Sprinter Fund of Funds		
Plexus Pacer Fund of Funds		
Plexus Endurance Fund of Funds		
Plexus Flexible Income Fund		
Plexus International Allrounder Fund of Funds		

***Please note that if all participatory interests are redeemed, the investment account will be closed.**

Bank		Branch	
Account Number		Branch Code	
Name of Account Holder			
Type of Account			

SECTION C: DEBIT ORDER INSTRUCTION

My debit order is to remain unchanged	Yes	No	Not applicable
My debit order is to be cancelled from	(Date that debit order must be cancelled)		
The instruction must be received before the 22 nd of the month to cancel the debit order from the 1 st of the following month.			
My debit order should be changed to	(Name of New Fund)		

Please note that debit orders have a 30 day clearance period from collection before payment can be effected.

SECTION D: DECLARATION

I/We, the undersigned, hereby give notice, in accordance with the provisions of the Trust Deed of the Fund(s), to sell the participatory interests (units) and, in consideration of the ruling price on the date of receipt of the written instruction by me/us (subject to the instruction having been received before 14h30 on the business day and, in the case of the PSG Money Market Fund, before 11h00 on the business day) to be paid to me/us for the said participatory interests, hereby cede, assign and transfer all my/our rights, title and interest in and to the said participatory interests to PSG Collective Investments Ltd, and acknowledge that I/we have no further interest therein. I/we warrant that I/we have power and authority to enter into and conclude this transaction.

Signature of Investor / Authorised Signatory		Date	
Signature of Investor (if more than one signatory)			

*Should the Financial Advisor sign on behalf of the investor, please attach proof of authority/power of attorney in order to proceed with the instruction.

