

TRANSFER AUTHORIZATION FORM

Dear Client,			
Please do fill this form	to enable us	s transfer your contributions to Fund	d I (if so desired):
PIN	:		
TITLE	:		
SURNAME	:		
OTHER NAMES	:		
CONTACT ADDRESS	:		
TELEPHONE NUMBER	: _		
EMAIL	: [
		und I, do read through and after doine fund by appending your signature	e below.
FUAIR		EXPOSURE TO VARIABLE INCOME	
FUND I		MAXIMUM EXPOSURE 75%	MINIMUM EXPOSURE 20%
(mutual funds), Real Esta	te Investmen	ruments in this category include Ordinar t Trusts (REITs), infrastructure funds and I have read and understood the feat	d private equity funds.
	_	Signature & Date	_
I am hereby authorizi	ing IEI Ancho	or Pension Manager Limited to trans	sfer my contributions to Fund 1.
		FOR OFFICIAL USE ONLY	
		Name	Signature
Reviewed by:			
Authorised by:			