



Client Services

PSG FutureWealth
PO Box 41259
Craighall, 2024

Annuity selection form - Policy Number: _____

Please indicate if you wish to keep the level of income the same, or supply the percentage to which you wish to change your annual annuity percentage with effect from the anniversary date.

Keep the annuity percentage the same	<input type="text"/>			
or				
Change the annuity percentage to	<input type="text"/>	% Incidence:	<input type="text"/>	<input type="text"/>
Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return the completed annuity selection form and certificate of existence need to the offices of PSG FutureWealth before policy anniversary in order to assure that the necessary changes are made to your annuity on the anniversary of the policy. Should you require any assistance, please contact your financial advisor. Alternatively you may contact our client services call centre toll free on 011 446 9964

Signed at _____ on _____ 2007

Signature of annuitant _____ Telephone number (_____) _____

Name _____ E-mail address _____

Certificate of existence

This certificate may be signed by an attorney, bank official, commissioner of oaths, government administrative officer, justice of the peace, magistrate, minister of religion, or registered medical practitioner who is known to the annuitant. The completed certificate should be returned to PSG FutureWealth to ensure continuous annuity payments.

I, _____ of _____ certify that
annuitant _____, identity number, _____,
who is known to me, was alive on this _____ day of _____ 20_____.

Signature _____ Official capacity _____

Telephone number (_____) _____ Official stamp: