

RETIREMENT ANNUITY FUND

Application Form



IMPORTANT INFORMATION

Before investing, read the Terms and Conditions of the Fund carefully to decide if the product meets your financial needs. Consider getting financial advice if you are not familiar with financial markets and products. View the Investment Option Brochure for information about the objectives, risks and fees relevant to your investment choice.

We will send you confirmation once the investment is finalised.



COMPLETE THE FORM AND SUBMIT DOCUMENTS

Complete all relevant sections of this form and submit it, together with the documents listed below, to retirement@prescient.co.za or fax to 021 700 3700.

- ☒ A clear copy of your South African ID or Passport (if Foreign National)
- ☒ A document less than three months old containing your residential address
- ☒ A cancelled cheque or a copy of your bank statement
- ☒ Proof of your deposit or your electronic fund transfer
- ☐ If applicable, a completed "Acting on Behalf of the Investor form" plus the supporting documents referred to therein



PRODUCT BANK ACCOUNT DETAILS

Payment to be made into the following account:

Account Name	Prescient Retirement Annuity Fund
Account Number	6213 1830 235
Bank	FNB
Branch	Corporate Account Services
Type of Account	Current
Reference Number	Your South African ID Number or Passport Number (if Foreign National) and Country of Issue



PRODUCT FEES

An Administration Fee will be recovered through a sale of units in your Investment Account. The fees that apply are set out below. Please see the Terms and Conditions for a description of the Internal and External Investment Options and the applicability of Value Added Tax (VAT).

Administration Fee (% of Investment Account)	R0-5m	R5-10m	>R10m
Internal Investment Options	0.22%	0.17%	0.15%
One or more External Investment Options	0.34%	0.28%	0.25%



CUT OFF TIMES

We will only process your instruction once we receive all the required documents and the investment amount reflects in our product bank account. Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next business day. Instructions in respect of a money market portfolio must be received by 11:00.



CONTACT US

If you need help with this form, contact us on 021 700 3600 or email retirement@prescient.co.za between 08:00 - 17:00.



DETAILS OF THE FUND

Fund	FSB Registration Number	SARS Approval Number
Prescient Retirement Annuity Fund	12/8/37744	18/20/4/41992



PROVIDE YOUR PERSONAL DETAILS

New Investor ☐ Existing Investor ☐ Client Number

Existing investors have to complete the section below only if their personal details have changed:

Title Surname

First Name(s) Male ☐ Female ☐

Date of Birth Nationality

ID or Passport Number (if Foreign National)

Income Tax Number Marital Status Single ☐ Married ☐ Divorced ☐

Street Address

c/o

Unit

Complex

Street Number

Street

Suburb

City

Postal Code

Country

Telephone (H)

Telephone (W)

Email Address

Postal Address

Same as Street Address Yes ☐ No ☐

c/o

Line 1

Line 2

Line 3

Line 4

Postal Code

Country

Fax

Cell

Specify your preferred method of receiving correspondence* Email ☐ Postal Address ☐ Copy to Financial Advisor ☐

* If no selection is made, correspondence will be sent to the email address provided. If no email address is provided, correspondence will be sent to your postal address.



SELECT YOUR METHOD OF PAYMENT

1. You may invest a minimum lump sum of R10 000 or any higher amount:

Amount

R

Please note that any bank charges associated with cash deposits will be recovered from your Investment Account.

Cheque Deposit

☐

All cheques need to be endorsed as "Non Transferable" and deposited directly into the product account. A 14 day clearing period will be in place for cheque deposits. Withdrawals will only be processed after 14 business days.

Electronic / Internet
Transfer

☐

Electronic internet transfers may take up to two business days to appear in the bank account. An investment may only be made upon receipt of documentation and funds into the account.

Electronic Collection

☐

A once-off debit from your bank account is restricted to R1 million per day. A 32 day clearing period will be in place for electronic collections. Withdrawals will only be processed after 32 business days.

Collection Date (if Electronic Collection)

D	D	M	M	Y	Y	Y	Y
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Specify the source of funds (e.g. salary, investment proceeds, sale of assets, inheritance, etc). We reserve the right to request documentary proof (e.g. income statement, bank statement, etc).

2. You may set a regular monthly debit order:

Monthly debit order amount

R

to be collected on the 1st of the month

☐

or

on the 15th of the month

☐

If the debit order amount is below R1 000, the relevant bank charges will be deducted from the contribution prior to the investment being made. If the 1st or the 15th falls on a weekend or public holiday, the funds will be deducted on the first business day thereafter. Any debit order instruction / amendment must be received in writing at least five business days prior to the selected debit order date in order for it to be acted upon.

Commencement Date

D	D	M	M	Y	Y	Y	Y
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Annual Escalation

			%
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3. If this is a transfer from another fund, please complete the details below:

Amount

R

Name of Transferring Fund			
FSB Registration Number		Contact Number	



PROVIDE YOUR BANK DETAILS

South African bank account in the name of the Investor:

Account Holder

Bank

Account Number

Type of Account

Name of Branch

Branch Code

South African bank account details for electronic collection / debit order deduction (if different from the above):

Account Holder	<input type="text"/>	Bank	<input type="text"/>
Account Number	<input type="text"/>	Type of Account	<input type="text"/>
Name of Branch	<input type="text"/>	Branch Code	<input type="text"/>
Signature of Account Holder	<input type="text"/>		



SOURCE OF FUNDS

Where does the money come from? This information is required by legislation and must be completed.

<input type="checkbox"/>	Existing Prescient account
<input type="checkbox"/>	Bonus
<input type="checkbox"/>	Savings
<input type="checkbox"/>	Salary
<input type="checkbox"/>	Inheritance

Other



SELECT YOUR INVESTMENT OPTIONS

Refer to the latest Investment Option Brochure and complete the table below:

Investment Portfolio	Investment Amount (%)	Debit Order (%)
	%	%
	%	%
	%	%
	%	%
	100%	100%



INDICATE YOUR BENEFICIARY NOMINATIONS

Should you die whilst a member of the Prescient Retirement Annuity Fund, Section 37C of the Pension Funds Act 24 of 1956 stipulates how your death benefit must be dealt with. In terms of Section 37C, the Trustees of the Fund are obliged to pay the death benefits firstly to your dependants, thereafter, the Trustees may consider paying benefits to persons who are not dependants but who have been nominated. Refer to the Terms and Conditions for more information on death benefits.

	Beneficiary 1	Beneficiary 2
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		

	Beneficiary 3	Beneficiary 4
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		



COMPLETE IF YOU HAVE A FINANCIAL ADVISOR

Name of Financial Services Provider (FSP)

FSP Licence Number

Name of Financial Advisor

Contact Number

Email Address

Indicate the negotiable fee that you would like us to pay to your advisor for this investment:

Initial Fee

%

Maximum 3.0% (excluding VAT) deducted prior to the investment being made. Where the annual fees are more than 0.5%, initial fees are capped at 1.5%. If it is agreed that no initial fee is payable, insert 0%. Initial fees are not allowed on transactions from one fund to another.

Annual Ongoing Fee

%

Maximum 1.0% (excluding VAT) of the investment account. Where the initial fee is more than 1.5%, the maximum annual fee is 0.5%. If no annual fee is payable, insert 0%.

I, the appointed Financial Advisor for this investment application, declare that:

1. I have established and verified the identity of the investor/s (and persons acting on behalf of the investor/s) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA). I will keep records of such identification and verification.
2. I am licensed in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) to provide financial services in respect of this investment.
3. I have read and understand the most recent terms and conditions of this investment and have explained them to the investor/s.
4. I have made the disclosures required under the FAIS Act to the investor/s, and have explained all the fees and charges that are payable.
5. I will periodically review the investor/s' investment/s in return for the annual advisor fee.
6. I am aware that the investor/s may instruct the Administrator at any time in writing to cancel the fee payment to me.

Signature of Financial Advisor

Date



AUTHORISATION AND DECLARATION

1. I have read and fully understood all the pages of this application and agree to the Terms and Conditions of membership of the Fund.
2. I understand that this application and any further documents read with the terms and conditions constitute the entire agreement between the Fund and me.
3. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
4. I have not received any advice, guidance or recommendation regarding this investment from the Fund or the Administrator.
5. I authorise the Administrator to deduct any electronic collections from the specified bank account, and to pay any applicable fees and charges, including negotiated fees to a Financial Advisor (if relevant).
6. I authorise the Administrator to accept instructions from persons duly appointed and authorised by me in writing, e.g. my Financial Advisor. I will not hold the Fund or the Administrator liable for any losses that may result from unauthorised instructions given to them.
7. I authorise the Administrator to accept and act upon instructions in the prescribed format by facsimile or e-mail and hereby waive any claim that I have against the Fund or the Administrator and indemnify the Fund and the Administrator against any loss incurred as a result of the Administrator receiving and acting on such communication or instruction.
8. I consent to the Administrator making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the Administrator obtaining any other information concerning me from any source whatsoever to enable the Administrator to process this application.

Investor	
Signature	
Full Name	
Signed at	
Date	