

SYGNIA RETIREMENT ANNUITY PLAN APPLICATION FORM

- No instruction will be processed unless all requirements have been met, all relevant documentation received and the funds reflected in Sygnia's bank account.
- **The daily cut-off for receipt of instructions is 14:00.**
- **For full information on turnaround times please refer to the Sygnia Terms and Information document.**
- Please read the Terms and Information document applicable to this investment. This is available from your financial advisor, the Sygnia Client Service Centre or www.sygnia.co.za.
- **Completed forms and required documentation must be faxed to 0866 808 045 or emailed to instructions@sfs.sygnia.co.za.**
- Should you have any queries regarding this application, please contact your financial advisor, or alternatively the Sygnia Client Service Centre on 0860 794 642 (0860 SYGNIA).

NOTE: If you are completing this form online, please save the form to your computer prior to completing any details to ensure a copy is kept for your records.

DOCUMENT CHECKLIST

- South African bar-coded ID, valid passport (if foreign national) or birth certificate (if minor)
- Proof of banking details (e.g. bank statement or cancelled cheque)
- Proof of deposit/transfer in to the relevant Sygnia bank account
- If a unit transfer is required, please provide a recent statement of your current investment

FOR THE AUTHORISED REPRESENTATIVE

- South African bar-coded ID or valid passport (if foreign national)
- Proof of authority to act (e.g. power of attorney)

INVESTOR DETAILS

Title: _____ First name(s): _____ Surname: _____

ID or Passport number (if foreign national): _____ Passport country: _____

Date of birth: _____ South African resident: Yes No

Are you a registered South African taxpayer? Yes No If yes, specify your South African income tax number: _____

Occupation: _____

Is your postal address the same as your residential address: Yes No

Residential address: _____

Code: _____

Postal address: _____

Code: _____

Home telephone number: (_____) _____ Work telephone number: (_____) _____

Cellphone number: _____ Fax number: (_____) _____

Email: _____

SYGNIA FINANCIAL SERVICES (PTY) LTD REGISTRATION NO. 2010/015491/07

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info@sygnia.co.za | www.sygnia.co.za
Sygnia Financial Services (Pty) Ltd is a licensed Financial Services Provider [FSP 44426]

COMMUNICATION PREFERENCE

Please select only one of the following communication methods. If no selection is made, or if both are selected, communication will be made via email.

Communication method: Post Email

If you have a financial advisor, you may choose to have your communication sent to you, your financial advisor or to both.

Send communications to: Me My financial advisor both

If no selection is made we will send communication to you only.

Please keep me informed of the latest news, exclusive Sygnia Investor events and any additional products or services on offer via my chosen communication method above: Yes No

MANAGE AND VIEW YOUR INVESTMENT ON THE SYGNIA ONLINE PLATFORM:

Once your funds have been invested and unitised, you will be able to register on the Sygnia Alchemy Online Platform:

<https://online.sygnia.com/Account/Login> to view your personal and investment details.

Within 5 business days of your investment being finalised, you will receive your log on details and Sygnia Welcome Pack.

In order to grant you access to the platform and before registration can take place, an authentic email address will be required.

DETAILS OF PERSON ACTING ON BEHALF OF INVESTOR

*Capacity: _____

(* e.g. Guardians/Persons with Power of Attorney or mandate acting on behalf of investor.)

Title: _____ First name(s): _____ Surname: _____

Occupation: _____

ID or Passport number (if foreign national): _____ Passport country: _____

Residential address: _____

_____ Code: _____

Postal address: _____

_____ Code: _____

Home telephone number: (_____) _____ Work telephone number: (_____) _____

Cellphone number: _____ Fax number: (_____) _____

Email: _____

ANNUAL ADMINISTRATION FEE

SYGNIA UNIT TRUST AND UNITISED LIFE FUNDS

NO ADMINISTRATION FEES apply on Sygnia unit trusts and unitised life funds.

ALL EXTERNAL-MANAGER UNIT TRUST FUNDS

Administration fees are charged as follows when you are invested in external-manager unit trusts:

SYGNIA INVESTMENTS	ANNUAL ADMINISTRATION FEE (EXCL VAT)	
	SYGNIA FUNDS	EXTERNAL-MANAGER FUNDS
VALUE OF ALL ACCOUNTS		
First R2 000 000	0.00%	0.40%*
Over R2 000 000	0.00%	0.20%**

* 0.40% (excl VAT) is levied on the proportionate value of the external-manager funds below R2 million.

** 0.20% (excl VAT) is levied on the proportionate value of the external-manager funds above R2 million.

Please note: While Sygnia does not charge any administration fees in respect of its own funds, Sygnia takes into account all your investments with us when assessing the R2 million threshold, including your investments in Sygnia funds. For the fees relating to the underlying investment managers please refer to the Sygnia Alchemy Funds document available on request or online at www.sygnia.co.za.

TRANSFERRING FUND DETAILS

Registered name of transferring fund: _____
 FSCA fund registration number: _____ SARS fund approval number: _____
 Name of administrator: _____ Contact telephone number: _____
 Account number of transferring fund: _____

REASON FOR TRANSFER TO THE RETIREMENT ANNUITY FUND:

- Transfer from another Retirement Annuity Transfer from a Preservation Fund
 Transfer from a Pension/Provident Fund Divorce order payment

Estimated transfer value: Rands _____ Cents _____

MEMBER'S CONTRIBUTIONS TO THE FUND WHICH WERE NOT PREVIOUSLY TAX DEDUCTABLE.

R _____

INVESTMENT DETAILS

SOURCE OF FUNDS (COMPULSORY)

This information is required by legislation and by Sygnia in order to invest your funds.

- Existing Sygnia account Salary Savings Bonus Inheritance Other

If other, please specify: _____

NOTE: Sygnia Financial Services (Pty) Ltd reserves the right to request proof of source of funds.

LUMP SUM CONTRIBUTION - MINIMUM R20 000 (MINIMUM OF R1 000 IF INVESTING INTO THE SYGNIA MONEY MARKET CLASS S1 OR S2)

Will this be a unit transfer: Yes No

Rands: _____ Cents: _____ Date of deposit/transfer: _____ / _____ / _____

Electronic/Internet transfer (EFT): Electronic/Internet transfers may take up to 2 days to reflect in the Sygnia Bank account. Sygnia Financial Services (Pty) Ltd requires proof of transfer or deposit before this application can be processed.

Electronic collection by Sygnia: This is a once-off direct debit from your bank account and is restricted to R1 000 000 per day. Units bought with a direct debit can only be withdrawn after 32 business days.

Electronic collection to be collected from: Investor's bank account Third party bank account

FUND SELECTION:

FUNDS	UNITISED LIFE FUND	OR	UNIT TRUST	CLASS	RAND AMOUNT	OR	PERCENTAGE
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	R <input type="text" value=""/>	OR	<input type="text" value=""/> %
TOTAL					R <input type="text" value=""/>	TOTAL	<input type="text" value="1 0 0"/> %

PHASING-IN

You may phase in your lump sum contribution. The amount to be phased in must be R100 000 or more.

Do you require a phase-in: Yes No
 If yes: over 3 months over 6 months over 12 months

Default Phase-In Money Market Fund: The investment will be phased-in from the Sygnia Money Market Fund Class A.

NOTE: The Retirement Annuity Fund requires that your investment adheres to the following investment limits in terms of Regulation 28 of the Pension Funds Act: A maximum exposure of 75% to equity investments; 30% to international investments; 25% to property and 10% to hedge funds. In order to assist you in determining whether your investment complies with these limits, you can use the Regulation 28 compliance calculator on the Sygnia website www.sygnia.co.za or call the Sygnia Client Service Centre on 0860 794 642.

DEBIT ORDER CONTRIBUTION – MINIMUM R500 PER MONTH

Rands: _____ Cents: _____ per month
 Escalation rate per annum: 0% 5% 10% 15%
 Commencement month: _____ Collection date: 1st 15th
 Debit order to be collected from: Investor’s bank account Third party bank account

FUND SELECTION:

FUNDS	UNITISED LIFE FUND	OR	UNIT TRUST	CLASS	RAND AMOUNT	OR	PERCENTAGE
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
_____	<input type="checkbox"/>	OR	<input type="checkbox"/>	_____ R	<input type="text"/>	OR	<input type="text"/> %
TOTAL				R	<input type="text"/>	TOTAL	1 0 0 %

INVESTOR BANKING DETAILS

The details specified below must be in the investor’s name and will be used for all future banking transactions. Should any changes occur, the investor must notify Sygnia in writing.

Bank: _____ Account number: _____
 Branch: _____ Branch code: _____
 Type of account: Current Transmission Savings
 Name of account holder: _____

A recent bank statement must accompany this application form as confirmation of proof of bank details. **No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor).** Payments to credit cards or market-linked accounts are not permitted. The Administrator executes all payment instructions electronically to a South African bank account in the name of the investor. No payment will be made by cheque.

THIRD PARTY BANKING DETAILS

This section must be completed where a third party makes payment on behalf of the investor. In the event that the payment is a debit order/ electronic collection the third party must provide Sygnia with authorisation by signing below.

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: Current Transmission Savings

Name of account holder: _____

A recent bank statement must accompany this application form as confirmation of proof of bank details. **No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor).** Payments to credit cards or market-linked accounts are not permitted. The Administrator executes all payment instructions electronically to a South African bank account in the name of the investor. No payment will be made by cheque.

Signed at: _____ on this _____ day of _____ year _____

Signature of third party: _____

BENEFICIARY NOMINATIONS

NOTE: Section 37C of the Pension Funds Act, 24 of 1956 governs the distribution of benefits on a member's death. In terms of this section, the board of trustees have a duty to apportion the benefits equitably between dependants and/or nominees. Your nomination will assist the board of trustees in making their decision, however, payment to your nominated beneficiary(ies) is not guaranteed.

	BENEFICIARY 1	BENEFICIARY 2
First name(s):	_____	_____
Surname:	_____	_____
Relationship:	_____	_____
ID/Passport number:	_____	_____
Percentage:	_____	_____
Postal address:	_____	_____
Contact number:	_____	_____
Occupation:	_____	_____
	BENEFICIARY 3	BENEFICIARY 4
First name(s):	_____	_____
Surname:	_____	_____
Relationship:	_____	_____
ID/Passport number:	_____	_____
Percentage:	_____	_____
Postal address:	_____	_____
Contact number:	_____	_____
Occupation:	_____	_____

SYGNIA BANK ACCOUNT DETAILS

Account holder: Sygnia Retirement Annuity Inflow Account

Bank: Nedbank

Branch name: Corporate Client Services Cape Town

Branch code: 198765

Account number: 1032 604 093

Reference number: Initial and surname together with Sygnia Client Code/South African ID number/Passport number (if foreign national)

The Administrator requires proof of deposit or transfer together with receipt of the applicable documentation as set out in this form, before this application can be processed.

FINANCIAL SERVICES PROVIDER DETAILS

Financial advisor full name and surname: _____

Financial Service Provider (FSP) name: _____

FSP registration number: _____ FSP code: _____

INVESTOR DECLARATION (ONLY APPLICABLE WHERE AN FSP HOLDS A CATEGORY II DISCRETIONARY LICENCE)

I/We confirm that:

- I/We have entered into a mandate with the FSP Yes No
- The mandate gives the FSP discretion to act on my/your behalf Full Limited

NOTE: A copy of the signed mandate must accompany this application form.

Signature of investor: _____

FSP DECLARATION

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002, and subordinate legislation thereto, to the investor.
- warrant what I/we have established and verified the identity of the investor(s) (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act, No. 38 of 2001 ("FICA") and subordinate legislation thereto, and I/we will keep records of such identification and verification according to the provisions of FICA.
- are not aware of any activities in which the investor is involved which may lead us to suspect or reasonably suspect that the investor is or may be involved in any unlawful activities or money laundering. Should we subsequently become aware of suspicions of this nature, we shall immediately inform Sygnia Financial Services (Pty) Ltd.

Signed at: _____ on this _____ day of _____ year _____

Signature of financial advisor: _____

FINANCIAL ADVICE FEES

I hereby confirm that the Financial Advisor whose details are completed in the "Financial Services Provider Details and Declaration" section above, is my appointed Financial Advisor and agree to payment of fees as follows:

Initial advice fee: _____ % excluding VAT (Negotiable to maximum 3% exclusive of VAT. Applied to each lump sum contribution and (Lump sum) deducted before investment is made).

Initial advice fee: _____ % excluding VAT (Negotiable to maximum 3% exclusive of VAT. Applied to each debit order contribution and (Debit order) deducted before investment is made).

Annual advice fee: _____ % excluding VAT (Negotiable to a maximum of 1%) per annum of the market value of the investment portfolio, charged by way of unit reduction and paid to the Financial Advisor monthly in arrears (If an initial fee in excess of 1.50% has been deducted the annual fee is limited to 0.50% per annum.) This authority may be withdrawn by written notice to the Fund.

DECLARATION BY INVESTOR

- I/We acknowledge, understand and accept the Sygnia Terms and Information document.
- I/We consent to Sygnia processing my/our personal information as described in the Sygnia Terms and Information document. I/We further confirm that the information provided by me/us is true and correct and undertake to notify Sygnia should any of the information change.
- I/We acknowledge, understand and accept that Sygnia may use the information I/we have provided in this form for either of the following purposes:
 - › to effectively process my/our transactions;
 - › to detect and prevent fraud;
 - › to comply with auditing and record-keeping requirements;
 - › to comply with legal and regulatory requirements;
 - › to verify my/our identity;
 - › to share information with service providers with whom Sygnia has a business agreement to process such information on Sygnia’s behalf or to those who render services to Sygnia.
- I/we acknowledge and understand that I/we may access the personal information Sygnia have on record and that I/we may request that Sygnia correct any errors or delete my/our information.
- I/we acknowledge and understand that I/we can view Sygnia’s full privacy policy on Sygnia’s website on www.sygnia.co.za.
- I/we confirm that I/we was/were provided with the Minimum Disclosure Document prior to transacting.
- I/We hereby instruct and authorise Sygnia or its assignees to draw against my account the lump sum electronic collection or debit order instruction, if applicable, from the bank account noted in this form (or any other bank or branch to which I may transfer my account).
- I/We hereby confirm that the Financial Advisor whose details are completed in the “Financial Advisor Details” section above, is my appointed Financial Advisor and agree to payment of fees per the “Financial Advisor Fees” section above.

Signed at: _____ on this _____ day of _____ year _____

Signature of investor: _____

FUND DETAILS

Fund Name: Sygnia Retirement Annuity Fund
FSB Registration number: 12/8/38101