ITRANSACT RETIREMENT PLAN ADDITIONAL CONTRIBUTION FORM

SECTION 1: Member Details

Member Name

Investment No.

SECTION 2: Source of Funds

Source of Funds   Savings ☐   Bonus ☐   Inheritance ☐   Salary ☐   Other ☐

If other, please provide further details

Section 3: Investment Details

- Please refer to the Portfolio list before confirming your investment selection below.
- Please refer to each MDD, for all information pertaining to your selected portfolio(s), including fees, minimums, benchmarks and mandate details.

Bank Account Details for Deposit

Total Once Off Investment Amount   R _____   Total Debit Order Amount   R _____

Estimated Unit Transfer Amount   R _____

Is this a Unit Transfer?   Yes ☐   No ☐

If transfer was selected, which means was the transfer initiated?

A transfer from a Retirement Annuity Fund or Preservation Fund ☐   A transfer due to pension interest in a divorce order ☐

A transfer from an Employer Fund ☐

Transfer Details

- In the event of multiple transfers, amounts will be invested as and when they are received by the Administrator, provided all requirements have been met.

	Registered Name of Administrator	Investment Number
Transfer 1		
Transfer 2		
Transfer 3		

Investment Portfolio Name/Model Portfolio Name	Once-off investment %	Recurring Debit Order % *(Please complete Debit Order Authority in 4 below)*
	%	%
	%	%
	%	%
	%	%
	100 %	100 %

Please note that all contributions will automatically invest one third into a savings component and two thirds into a retirement component as per your fund(s) selected.

SECTION 4: Debit Order Authority

Commencement Date | D | D | M | M | Y | Y | Y | Y |

Preferred Collection Date   3rd of the month ☐   15th of the month ☐   25th of the month ☐

Annual Debit Order Escalation %   0% ☐   5% ☐   10% ☐   15% ☐   20% ☐

Debit Order Collection Frequency   Once off ☐   Monthly ☐   Quarterly ☐

Account holder Information

Account Name _____

Account No. _____   Bank _____

Branch _____   Branch Code _____

Type of Account   Current ☐   Savings ☐   Transmission ☐   Other ☐

Is the above account the account of the Member   Yes ☐   No ☐

If *"No"* please include:

- Copy of the ID/Passport of an individual account holder
- Copy of ID's/Passports of authorised parties on the account for legal entities.

1. You hereby instruct and authorise the Administrator to collect the amount on the frequency noted above from your bank account specified above. Furthermore you understand that should your preferred collection date fall on a Saturday, Sunday or Public Holiday, the amount will be debited the first working day thereafter.
2. You understand that you may cancel this authority by providing 10 working days written notice prior to your preferred collection date.

3. You agree to pay any bank charges and costs relating to this debit order authority. You declare that all funds invested are not the proceeds of unlawful activities.

4. You acknowledge that the party hereby authorised to effect the drawing(s) against your account may not cede or assign any of its rights to any third party without your prior written consent and that you may not delegate any of your obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

5. Should you wish to transfer your investment it's important to note that debit orders have a 45 calendar day clearance period.

Signature of Account Holder

| D | D | M | M | Y | Y | Y | Y |

SECTION 5: Financial Advisor Details and Charges

Financial Advisor Name

Financial Advisor Code

Financial Advisor Fee (Excl. VAT)

Initial Advisor Fee for Once-off Investment [ ] %   Initial Advisor Fee for Debit Order [ ] %

Ongoing Annual Advisor Fee [ ] %

SECTION 6: Member Declaration and Signature

1. I/We confirm that all the information provided on this form is correct.

2. I/We confirm that I/we have read and understood all relevant documentation, such as but not limited to the Product information guide, portfolio supplement and minimum disclosure document, associated with this investment.

3. I/We acknowledge that I / we are still bound by the terms, conditions and declarations agreed and signed to in the original application documentation.

Signed at (Place):

| D | D | M | M | Y | Y | Y | Y |

Member's or Authorised Representative's Signature
(If an Authorised Representative please provide proof thereof)