

ITRANSACT RETIREMENT PLAN

Investment Application

STEP 1: Understand your Investment

Before you invest:

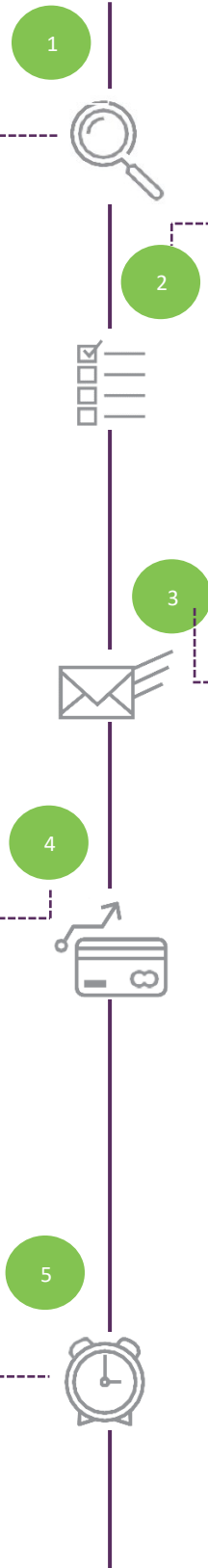
- Read the applicable Product Information Document, Minimum Disclosure Document(s) (MDDs) and Portfolio Supplement(s) thus ensuring that you understand the benefits and terms of your investment. These documents are available on the Itransact website (www.itransact.co.za) or from your financial advisor.
- Effective Annual Cost (EAC) is a measure which has been introduced to allow you to compare the costs that you incur when you invest in different financial products and the impact it has on investment returns. It places you in a position to make informed decisions around retail savings and investment product choices. The EAC calculator and further information is available on the website or from your financial advisor.
- It is important to note that, because the Administrator does not provide financial advice, you are able to appoint an approved and licensed Financial Advisor (provided they have a contract with us), should you require guidance with your Portfolio selection.

STEP 4: Process Payment

- Banking details will be provided upon completion of the Customer Due Diligence process.
- Upon payment, please provide us with proof of payment of your investment contribution.

STEP 5: Look forward to your Investment Confirmation

- Please take note of the processing timelines pertaining to your investment instruction(s) as set out in the Product Information Document and the Portfolio Supplement(s) related to your chosen Portfolio.
- Please also be aware that we will only be able to process your investment once all related investment documents have been received and your investment reflects in the above bank account.
- You will receive a confirmation from us once we have received a complete set of investment documentation, as well as an investment confirmation once your contribution has been invested.



STEP 2: Complete your application

Please complete all fields to avoid delays in processing your investment.

STEP 3: Send us your documents

Email: newbus@itransact.co.za
or contact us at +27 (0) 86 143 2383

Please include:

- A completed Retirement Plan Application
- A copy of a South African bar coded ID, valid passport (if foreign national), or birth certificate (if minor), for the Member and authorised representative (where applicable)
- Proof of address (not older than 3 months), for the Investor and authorised representative (where applicable). Please refer to our Acceptable Forms of Verification Document for further information
- Proof of your bank details (bank statement, letter from the bank etc.), not older than 3 months
- Proof of tax registration

Prime Retirement Annuity Fund ("the Fund") is a Fund registered by the Financial Sector Conduct Authority (FSCA Approval Number: 12/8/37925) in terms of the Pension Funds Act, No. 24 of 1956, and approved by the South African Revenue Service (SARS Approval Number: 18/20/4/42171).

Prime Product Services (Pty) Ltd is the trustee appointed Administrator of your Retirement Plan and is an authorised Financial Services Provider (FSP No: 43521).

1. Member Details

Please provide us with your personal details / the details of the Member (if applying on behalf of someone else).

Title: First Names:

Surname: Date of Birth:

D	D	M	M	Y	Y	Y	Y
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ID or Passport Number (if foreign national):

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Physical Address:

Code:

Postal Address:

Code:

Tel (Home): Tel (Mobile):

Tel (Work):

Email:

Are you a South African Resident? Yes ☐ No ☐

If "No" what is your country of residency?

South African Income Tax No.

Are you a foreign prominent public official or a domestic prominent influential or an associate of either? Yes ☐ No ☐

If "Yes", please specify

2. Employer Information

In the case of employer facilitated contributions, employers need to complete the section below:

Company Name

Reg No.

HR Contact Person Tel No.

Email:

Declarations

- The Employer will manage the contributions to the Prime Retirement Annuity Fund on the Member's behalf.
- The Employer acknowledges that there is no obligation on the Fund or the Administrator to ensure that the contributions are correct

Signature of Authorised
Employer Representative

D	D	M	M	Y	Y	Y	Y
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Full Name of Employer Representative

3. Beneficiary/Dependent Details

- It is the responsibility of the Trustees to take into account the dependants and/or nominees selected, as per the Pension Fund Act, prior to deciding the share of benefits on the death of the Member. The Member's nomination will guide the Trustees' decision.
- Children of any age qualify as dependants, while nominees are those persons who the Member wishes to receive a portion of the benefit but are not financially dependant on the Member.
- Nominations will not be accepted where the ID/Passport number of the beneficiary/dependant has not been provided.
- Please ensure that the allocation of all the benefits add up to 100%.

Beneficiary Nominations

Title, Full Name and Surname	ID No. / Passport No.	Relationship to Member	Percentage (%)

Dependent Nominations

Title, Full Name and Surname	ID No. / Passport No.	Relationship to Member	Percentage (%)

4. Details of Person Acting on Behalf of the Member

Please provide full details of the person who is authorised to act on behalf of the Member together with proof of authority/appointment.

Capacity in which the person is authorised:

Discretionary Financial Advisor

☐

Guardian

☐

Power of Attorney

☐

Title:

First Names:

Surname:

ID or Passport Number (if foreign national):

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Physical Address:

Code:

Tel (Home):

Tel (Mobile):

Tel (Work):

Email:

5. Transferor Fund Details

Please provide details of the Fund from where the Member is transferring.

Registered Name of Transferring Fund

FSCA Fund Reg. No.

SARS Fund Reg. No

Name of Fund Administrator

Institution where Fund is currently held

Member No.

Product Details

1. Transfer from another Retirement Annuity

☐

2. Transfer from a Preservation Fund (Section 14)

☐

Preservation Provident Fund

☐

Preservation Pension Fund

3. Transfer from a Pension/Provident Fund

☐

Provident Fund

☐

Pension Fund

4. Divorce Settlement

☐

6. 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

Minimum Investment Amounts:

Lump Sum Amounts:

R 5 000 per Portfolio

Debit Order Amounts and Employer Facilitated Contributions:

R 300 per month per Portfolio

Please confirm how you will be making payment

Electronic Funds Transfer (Internet)

☐

Employer Facilitated Contribution

☐

Once off Collection

☐

Source of Funds

Savings

☐

Bonus

☐

Inheritance

☐

Salary

☐

Other

☐

If other, please provide further details

Total Debit Order Amount

R

OR

Total Investment Amount

R

Total Employer Facilitated Contributions

R

Investment Portfolio Name/Model Portfolio Name

If you are investing via a Model Portfolio, please provide the Model Portfolio name in the table below (and not the names of the Investment Portfolios in which the Model Portfolio invests).

You may invest into one or a combination of Investment Portfolio(s) and/or Model Portfolios.

Portfolio Name	Class	Lump Sum (%)	Employer Facilitated Contributions (%)	Debit Order (%) (Complete Debit Order Authority in 6 below)
Total		100%	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.

Phase In's

Do you require a Phase-in? Yes ☐ No ☐ If **“Yes”** please complete the section below:

Please confirm from which Portfolio you will be Phasing out (this will be referred to as the source portfolio) Furthermore, please ensure that the Portfolio you have selected reflects in your investment portfolio choice.

Portfolio Name Portfolio Class

Amount to be Phased-in from the source Portfolio

OR Phase-in total value within the source Portfolio

Phase-in period: 3 months 6 months 9 months 12 months

Portfolio Name	Class	Phase-in Percentage (%)

7. Debit Order Authority

Commencement Date

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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Preferred Collection Date 3rd of the month 15th of the month 25th of the month

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

Debit Order Collection Frequency Once-Off Monthly Quarterly

Please attach proof of banking details when submitting a debit order request.

Account holder Information

Account Name	<input type="text"/>		
Account No.	<input type="text"/>	Bank	<input type="text"/>
Branch	<input type="text"/>	Branch Code	<input type="text"/>
Type of Account	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Is the above account the account of the Member	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

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

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8. Member's Banking Details

Account Name	<input type="text"/>		
Account No.	<input type="text"/>	Bank	<input type="text"/>
Branch	<input type="text"/>	Branch Code	<input type="text"/>
Type of Account	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>

BEC Disclosure

IMPORTANT WARNING: If you have received banking details via email, please call our office at the number provided on our website to confirm the banking details BEFORE making payment. This is a safety measure to prevent Business Email Compromise (BEC). Typically, this is when fraudsters hack email accounts, intercept, and redirect bank details and/or statements, and then change the account details to reflect the fraudsters' account details. No liability or responsibility is accepted for any corruption, interception, loss, destruction, or tampering with any of the information contained in the emails containing bank details, or for any losses incurred for payments based on a fraudulent email.

9. Fees

1. Initial Fees (Excl. VAT) – These fees are deducted before the investment into your selected portfolios.

Financial Advisor Fee: Lump Sum Investments % Per Debit Order %

2. Annual Fees (Excl. VAT) – These fees are deducted monthly, proportionately from your investment balance by selling units.

Financial Advisor Fee: %

Annual Administration Fee (Excl. VAT):

First R 500 000	On the next R 500 000	On the amount over R 1 000 000
0.39%	0.30 %	0.20%

The Fee scale above is calculated on a weighted average basis.

10. Financial Advisor Details

Please only complete the section below if you have appointed an approved Financial Services Provider ("FSP") as your Financial Advisor.

The FSP is appointed by the Member with:

No Discretion ☐

*Full Discretion ☐

**If the FSP holds a 'Category II' license with the Financial Sector Conduct Authority (FSCA), it is licensed to exercise discretion and submit instructions on your behalf. For a FSP to act on your behalf, you will be required to sign a FSCA approved mandate.*

Financial Advisor Name:

Financial Advisor Code:

Brokerage Code:

Tel (Mobile):

Tel (Work):

Email:

Declaration to be completed by the Financial Services Provider

- I declare that all the information contained in this application was obtained from the Member and was completed in his/her presence.
- I hereby confirm that I am appropriately and timeously registered in terms of the Financial Advisory and Intermediary Services Act No. 37 of 2002 ("FAIS") to act as the Policyholder's Financial Advisor provider on record.
- I warrant that I have either established and verified the identity of all Investors in accordance with sections 21, 21(A), 21(B), 21(C), 21(D), 21(E), 21(F), 21(G), and 21(H) of the Financial Intelligence Centre Amendment No. 1 of 2017 ("FICA"), or that in terms of my rules and procedures ordinarily applied in the course of establishing business relationships or concluding single transactions, I will have established and verified, in accordance with sections 21, 21(A), 21(B), 21(C), 21(D), 21(E), 21(F), 21(G), and 21(H) of FICA, the identity of every investor on whose behalf I will be establishing business relationships or conducting single transactions. I further warrant that I will keep records of such identification in accordance with sections 22 and 22(A) of FICA.
- I authorise the Administrator to accept instructions by email and hereby waive any claim that I may have against the Administrator and indemnify the Administrator against any loss incurred as a result of the Administrator receiving and/or acting upon such communication. The Administrator will not be held responsible for any failure, malfunction, or delay of any networks or electronic or mechanical device, or any other form of communication used in the submission, acceptance, and processing of this application and/or transactions. The Administrator will not be liable to make good or compensate any Investor or third party for any damage (whether direct or consequential), losses, claims, or expenses, resulting therefrom. The Investor or any third party indemnifies the Administrator accordingly.
- I understand that the Administrator and Product Provider cares about my privacy and that in order to provide me with its services, the Product Provider, Administrator, and its service providers have to process the personal information provided to them in this application. The Product Provider, Administrator, and its service providers will treat the personal information with caution and have put reasonable security measures in place to protect it.

Signature of Financial Advisor:

D	D	M	M	Y	Y	Y	Y
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11. Member/Authorised Party Declarations

- I/We have read, understood, and agree to be bound by the provisions of this application, Product Information Document, Portfolio Supplement(s), and Minimum Disclosure Document(s).
- I/We understand the purposes for which my/our personal information is required and for which it will be used, and I/we expressly and voluntarily consent to the use of my/our personal information and give my/our permission to process my/our personal information as detailed further in the Product Information Document.
- I/We understand that the Product Provider and Administrator cares about my/our privacy and that in order to provide me/us with its services, the Product Provider, Administrator, and its service providers have to process the personal information provided to them in its application. The Product Provider, Administrator, and its service providers will treat the personal information with caution and have put reasonable security measures in place to protect it.

4. Should I/we be married in community of property in terms of the Matrimonial Property Act, I/we declare that, prior to the signature date of this instruction, I/we have obtained the consent of my/our spouse to use monies to facilitate this investment.
5. I/We confirm that the residential address provided will be the *Domicilium Citandi et Executandi*; all letters and notices served on this address will be deemed to have been received by me/us and accept that I/we are responsible for updating this address to ensure I/we receive all notifications as and when they are issued by the Insurer and/or the Administrator. I/we may change my/our residential address by providing written notice to the Administrator.

Signed at (Place):

D	D	M	M	Y	Y	Y	Y
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Signature of Member:

Full Name of Authorised Representative:

Signature of Authorised Representative: