



ITRANSACT PRESERVATION PENSION FUND

NEW BUSINESS APPLICATION FORM

VERSION NUMBER 5.0

INVESTMENT PROCESS

STEP 1 Complete the form and agree to the terms and conditions	<ul style="list-style-type: none"> To ensure there is no delay in processing your investment, please complete the form accurately and ensure you understand the terms and conditions you are entering into. Depending on the investment type and/or product you may be required to complete and provide additional forms.
STEP 2 Send documents to Itransact via Email Additional forms and FICA requirements for juristic investors (i.e. companies and trusts) are available on our website in the 'Forms & Downloads' section. www.itransact.co.za	Email your documents to: newbus@itransact.co.za If you experience difficulties transmitting your documents to us, please call us on 0861 468 383 during business hours and we will gladly assist you. Document Checklist <ul style="list-style-type: none"> <input type="checkbox"/> Completed application form <input type="checkbox"/> Copy of your bar coded South African ID, valid passport (if a foreign national) or birth certificate (if a minor) <input type="checkbox"/> Proof of your bank details (e.g. cancelled cheque or bank statement) <input type="checkbox"/> Additional forms that may be requested from you in this application form <input type="checkbox"/> Statement of transferring fund (STF)
STEP 3 Fulfilment	<ul style="list-style-type: none"> We will acknowledge receipt of your documents and contact you if there are any outstanding requirements. Transactions will only be acted upon after confirmed receipt by the Administrator of a completed and signed investor mandate, investor FICA verification, relevant supporting documentation, and investment funds which have been cleared and made available for investment in the Administrators bank account. You will receive confirmation once your instruction has been processed. You will receive an email welcoming you to Itransact. You will automatically be provided with a secure Itransact online servicing account. New investors are requested to activate their online account by registering on our website within 3 business days. Subsequent products will automatically appear in your online account.
CUT OFF TIMES	<ul style="list-style-type: none"> Instructions received before 11h00 on a business day will start processing on that day. Instructions received after 11h00 on a business day will start processing on the next business day. Instructions received on a weekend or public holiday will start processing on the next business day.
FSCA Registration Number	12/8/38169

SECTION 1: MEMBER DETAILS

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

South African Identity Number*

Gender Male Female

Date of Birth (ddmmyy)

Income Tax Number

Residential Address

Postal Address Code

Cell Phone Number

Other Contact Number

Email Address

*Only South African residents may be accepted as Members of the Fund

SECTION 2: PERSON ACTING ON BEHALF OF THE MEMBER

If applicable, please provide details of person with a power of attorney to act on behalf of the Member. Please provide a copy of the power of attorney with this application.

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

South African Identity Number*	<input type="text"/>
Date of Birth (ddmmyy)	<input type="text"/>
Income Tax Number	<input type="text"/>
Residential Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>
Postal Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>
Cell Phone Number	<input type="text"/>
Other Contact Number Email	<input type="text"/>
Address	<input type="text"/> <input type="text"/>

*This person must be a South African resident

SECTION 3: METHOD OF COMMUNICATION & PRIVACY OF PERSONAL INFORMATION

Communication

Please note that email will be used as the default method of communication by the administrator. All communication with the Administrator by the Investor must also be via electronic means, which includes email and telephonic communications using the contact details provided in the last section of this form.

Protection of personal information

You acknowledge that Itransact requires your personal information, as defined in the Protection of Personal Information Act of 2013 ('POPIA'), and consent to Itransact processing such information to open and administer your investment accounts. In addition, you expressly consent that Itransact may verify and process your personal information (including your voice and or biometric data) for security purposes and so as to comply with its obligations in terms of legislation. Itransact may transmit your personal information to third-party service providers for the purposes of storing and maintaining that information. Where information is transmitted to offshore providers, Itransact has confirmed that sufficient legislation and agreements are in place to ensure the protection of that information. Where directed by your financial adviser, Itransact will transmit your information to third-party service providers appointed by your adviser. We will only use personal information about you, your beneficiaries, and dependants in line with the Itransact Privacy Policy. Please refer to the Privacy Policy on the website for information about your rights and obligation in relation to your personal information.

Marketing

Do you consent to receive occasional marketing information relating to your investment from the administrator?

Yes No

SECTION 4: INVESTMENT DETAILS

Minimum Investment Amounts

Lump Sum Investment of R 5 000 per fund.

Fund Selection

(Managed in line with Regulation 28 of the Pension Funds Act)

Fund Name	Lump Sum Amount
Index Solutions Defensive	R <input type="text"/> . <input type="text"/> <input type="text"/>
Index Solutions Balanced	R <input type="text"/> . <input type="text"/> <input type="text"/>
Allan Gray Balanced	R <input type="text"/> . <input type="text"/> <input type="text"/>
Satrix Balanced	R <input type="text"/> . <input type="text"/> <input type="text"/>
Palmyra BCI Balanced	R <input type="text"/> . <input type="text"/> <input type="text"/>
Prescient Balanced	R <input type="text"/> . <input type="text"/> <input type="text"/>
Sygnia Skeleton Balanced 40	R <input type="text"/> . <input type="text"/> <input type="text"/>
Sygnia Skeleton Balanced 60	R <input type="text"/> . <input type="text"/> <input type="text"/>
Sygnia Skeleton Balanced 70	R <input type="text"/> . <input type="text"/> <input type="text"/>

SECTION 5: PAYMENT DETAILS

Transfer from a pension fund	Estimated Amount	R <input type="text"/> . <input type="text"/> <input type="text"/>
Transfer due to pension interest in a divorce order	Estimated Amount	R <input type="text"/> . <input type="text"/> <input type="text"/>
Transfer from another pension preservation fund	Estimated Amount	R <input type="text"/> . <input type="text"/> <input type="text"/>

Transferring Fund Details

Registered Name	<input type="text"/>
Registration number	<input type="text"/>
Policy number (if applicable)	<input type="text"/>
Contact telephone number	<input type="text"/>

Member Bank Details

(This bank account must be a South African bank account in the name of the Member. It will be used for all future banking transactions until such time as the Administrator is notified in writing of any changes.)

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

SECTION 6: NOMINATION OF BENEFICIARIES

You, (the Member) may nominate beneficiaries to receive a benefit if you die while you are a Member of the Fund. Legislation requires the trustees of the Fund to use their discretion when allocating a death benefit. Please refer to the Terms and Conditions of Membership for more information. You need to change this as necessary when your circumstances change. If there is not enough space below, please attach a signed copy of this section to the application form. Please attach a letter of explanation to this application form if there are any special factors that you would like the trustees of the Fund to take into account.

Total number of beneficiaries

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No

Date of Birth (ddmmyy)

% Benefit

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No

Date of Birth (ddmmyy)

% Benefit

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No

Date of Birth (ddmmyy)

% Benefit

SECTION 7: DETAILS OF DEPENDANTS

Please provide details of any persons that are financially dependent on you (the Member) and/or have a legal claim for maintenance against you at the time of completing this form. If there is not enough space below, please attach a signed copy of this section to the application form. Please refer to the Terms and Conditions of Membership for more information.

Total Number of dependants

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No

Date of Birth (ddmmyy)

% Benefit

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No

Date of Birth (ddmmyy)

% Benefit

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No

Date of Birth (ddmmyy)

% Benefit

* This refers to the extent to which the dependant is financially dependent on you. If the dependant is totally dependent on you, please enter 100%. If the dependant is only partially dependent, please enter an estimate of the extent to which you support the dependant.

SECTION 8: MEMBER DECLARATION**General**

The Member, or where applicable, the Member's authorised signatory, by appending their signature hereto, further states, declares, warrants, acknowledges, understands, confirms and consents that;

(Select one option only)

- No Financial Services Provider has been appointed and that all references made to such shall not be applicable for as long as no such appointment is made.
- A Financial Services Provider has been appointed to assist with this investment on a non-discretionary basis.
- A Financial Services Provider has been appointed to assist with this investment on a discretionary basis (in which case proof of authority must be provided by the Member to the Administrator).

And that;

1. The latest Rules of the Fund Terms and Conditions of Membership and the relevant investment media including, but not limited to, the Fund's underlying investments, fees, costs, disclosures and risks associated to investing in the Fund have been read and fully understood, and that the aforesaid information has been obtained by the Member itself, and that it is the Member's responsibility to act upon this information, whether a Financial Service Provider has been appointed or not.
2. All statements provided by the Member in this form are true and correct in every respect and that such statements, together with the Administrator's investment confirmation, shall form the basis of the contract, which is to be entered into with the Administrator in terms of the Financial Advisory and Intermediaries Services Act (FAIS).
3. Where a Financial Services Provider has been appointed, that neither the Financial Services Provider nor any representative of the Financial Services Provider is an employee or agent of the Administrator and that the appointed Financial Services Provider acts as the Member's agent and that neither the Administrator nor any other party appointed from time to time to administer the Fund can be held liable for any act or omission of the Financial Services Provider and/or any representative of the Financial Services Provider.
4. If the appointed Financial Services Provider and/or its representative's services are terminated, that it is the Member's responsibility to immediately inform the Administrator in writing of such termination where after the Administrator will cease payment of all fees, other than accrued fees, to the Financial Services Provider.
5. All instructions to the Administrator must be signed by the Member or the Member's duly authorised signatory (or guardian in the case of a minor) and may not be signed by the Financial Services Provider on behalf of the Member, except where the Financial Services Provider is appointed on a discretionary basis and proof of authority has been provided by the Member to the Administrator.
6. It is the Member's responsibility to ensure the receipt of any instruction and/or document by the Administrator.
7. There are certain requirements in terms of the Financial Intelligence Centre Act (FICA) which need to be complied with before this investment may be processed and that these requirements have been understood by the Member and where applicable explained to the Member by the Financial Services Provider.
8. The Member is not a United States Person or a resident/national in any of the UN Sanctioned countries jurisdictions or is an entity or a member of an entity, that is owned or controlled by any person or entity that is resident, located, incorporated or registered in the United States or any UN Sanctioned country nor a US person as defined in the Foreign Account Tax Compliance Act of the USA. In terms of the Financial Intelligence Centre Act, 2001, the Insurer or the FSP/Representative will require a certified copy of the Member's identity document/passport, appropriate proof of the Member's current residential address, together with certain personal and financial information. The information required will vary depending on the nature of the Member. The Member further acknowledges that, the Administrator will not be permitted to remit the proceeds of any sale or distribution until acceptable identification is provided. The Member also acknowledges that the money which he is investing is not derived from the "proceeds of unlawful activities", as defined in the Prevention of Organised Crime Act (POCA)
9. The Administrator will make investment reports available on a regular basis.
10. Online services are provided to Members on a continual basis where Members apply for such services from the Administrator.
11. Where the Member has appointed a Financial Services Provider, the Member agrees that the Financial Service Provider is able to access the Members information continuously via electronic means made available by the Administrator.

- 4. The FSP warrants that all statements given by the FSP in this application form are true and correct in every respect
- 5. The FSP/Financial Advisor shall not negotiate fees in respect of the Retirement Fund which are higher than the maximums stipulated in this application.
- 6. The FSP is the primary accountable institution in terms of the regulations to the Financial Intelligence Centre Act, 2001 (“FICA”), in respect of the Member.
- 7. The FSP has established and verified the identity of the Member, as required in terms of section 21 of FICA.
- 8. The FSP will keep records of information relating to the Member as is required in terms of section 22 of FICA.
- 9. The FSP will provide the Administrator with any information and documentation requested by it in relation to the Member, immediately on request.
- 10. The FSP shall be provided with access to the Members information continuously via electronic means made available by the Administrator and warrants that the information may only and exclusively be disclosed to the Member, or where applicable, the Member’s authorised signatory.
- 11. The FSP has fully explained the nature of the appointment of the Category II Asset Manager by the Fund and the implications thereof.

Date (ddmmyyyy)

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Signature of Authorised Financial Service Provider/Representative

Print Initials and Surname

SECTION 10: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

Name of Financial Services Provider (The Company)

Cell Phone Number

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Other Contact Number

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Email Address

Tick the box if the details below are the same as the FSP details above

Name of Financial Advisor/Representative

Cell Phone Number

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Other Contact Number

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Email Address

SECTION 11: CONTACT DETAILS

Financial Advisor Support Centre

Telephone 086 143 2383 | Email info@itransact.co.za

Member Support Centre

Telephone 086 146 8383 | Email investor@itransact.co.za

www itransact.co.za