

ITRANSACT PRESERVATION PENSION FUND

NEW BUSINESS APPLICATION FORM

VERSION NUMBER 2.0

IMPORTANT INFORMATION YOU NEED TO KNOW BEFORE YOU INVEST

Financial Advice

Research has proven that receiving good independent financial advice can make a substantial difference to an investment outcome. If you are not comfortable making your own investment decisions, consider using the services of an independent financial adviser (IFA). To locate an IFA in your area, refer to the 'Find an adviser' section of our website. Itransact is a licensed financial services provider for the purposes of distributing and administering this investment product. Itransact does not provide financial advice.

Product Information

Please ensure that you choose the right product before you invest. Refer to our product fact sheets, brochures, fee disclosures and research made available on our website.

INVESTMENT PROCESS

STEP 1 Complete the form and agree to the terms and conditions	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 <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 residential address less than three months old <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.
FSB & SARS Numbers	FSB 38169/V SARS 38169/V (Note to FSP's: The SARS number is regarded as the same as the FSB number in terms of section 1 of the ITA and registration in terms of section 4 of the PF).

SECTION 1: MEMBER DETAILS

(Existing Itransact Members are only required to provide their existing Member number, title, surname and first names)

Existing Member Number (where applicable)

Title Surname

First Names

South African Identity Number* Male Female

Date of Birth (ddmmyyyy) Income Tax Number

Residential Address

 Postal Code

Postal Address

 Postal 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 Surname

First Names

South African Identity Number*

Date of Birth (ddmmyyyy) Income Tax Number

Residential Address

 Postal Code

Postal Address

 Postal Code

Cell Phone Number

Other contact Number

Email Address

*This person must be a South African resident

SECTION 3: METHOD OF COMMUNICATION & PRIVACY OF PERSONAL INFORMATION

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

Protection of Personal Information

- We will not collect, collate, process or disclose your personal information without your express written consent, unless legally required to do so or it is for the maintenance of your investment.
- We will only electronically request, collect, collate process or store your personal information if it is lawful for us to do so.
- Should your personal information be required, we will disclose to you in writing the specific purpose for which it is needed. Furthermore, we will not disclose your personal information for any purpose other than the one disclosed to you, nor will it disclose any of your personal information to a third party without your express written consent, unless it is required of us by law or it is for the maintenance of the investment.
- We will keep a record of your personal information and the purpose for which it was used.
- We will take all reasonable steps to ensure that your personal information remains confidential and secure by storing it on our secure database.
- We keep all financial and investment information that it records strictly confidential and will not disclose it to any third party that has no right or title to the information.
- We will endeavour to take all reasonable and necessary precautions to secure access to your transactions.

Do you agree to receive occasional marketing information relating to your investment from the Administrator? Yes No

SECTION 4: INVESTMENT DETAILS

Minimum Lump Sum Investment R5 000.00 per Investment Portfolio

Lump Sum payments should be made to the Itransact Pension Preservation Fund Inflow Account as stipulated in Section 5

Note to Financial Services Provider/Advisor: Please take note of the applicable FAIS license(s) required to render financial services in respect of pension preservation funds.

Category 1 (1.5) Retail Pension Benefits

A Category 1 licence which covers the giving of advice and the rendering of intermediary services in respect of retail pension benefits is required.

Choose your investment portfolio (choose one only) Conservative Cautious Moderate Growth

How much do you want to invest? R .

SECTION 5: PAYMENT DETAILS

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

Transferring Fund Details

Registered Name

Registration number

Policy number (if applicable)

Contact telephone number

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 Bank Account Holder

Name of Bank

Branch Name

Bank Account Number Branch Code

Account Type

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 **Surname**

First Names

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No Date of Birth (ddmmyyy) % Benefit

Title **Surname**

First Names

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No Date of Birth (ddmmyyy) % Benefit

Title **Surname**

First Names

Relationship to Member

ID/Passport Number (If a foreign national)

South African Resident Yes No Date of Birth (ddmmyyy) % Benefit

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 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.

Fees and Charges

I acknowledge that the following fees and charges apply to Members of the Itransact Pension Preservation Fund:

Advice fees are negotiable with your financial advisor within the following parameters.

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|----|---|---|
| 1. | Initial advice fee (Levied against all investment contributions) | <input type="text"/> . <input type="text"/> <input type="text"/> %
(Maximum of 3%) |
| 2. | Ongoing annual financial advice fee (Calculated as a percentage of the daily market value of the investment). | <input type="text"/> . <input type="text"/> <input type="text"/> %
(Maximum of 1%) |

If an initial fee in excess of 1.50% is deducted, the annual fee is limited to 0.50% per annum.

3. An annual investment management fee of 0.15% (calculated as a percentage of the daily market value of the investment)
4. An annual administration fee of 0.25% (calculated as a percentage of the daily market value of the investment)

A trading fee of 0.08% shall be charged on the value of all purchase and sale transactions. A nominal Member Protection Levy and Central Securities Depository fee shall be charged for all securities purchase and sale transactions.

Further Conditions Applicable to Fees and Charges

- Fees and charges specified above are subject to the Itransact Pension Preservation Fund Conditions of Membership.
- Fees and charges are subject to change.
- VAT will be levied on fees and charges (if applicable).

PRODUCT TERMS AND CONDITIONS

Acceptance of product terms and conditions

By signing this application form, you acknowledge that you fully understand the latest terms and conditions associated to this product and the implications thereof. The terms and conditions are displayed separately from this application form and are available from (1) your financial advisor (2) from the Forms and Downloads section on the Administrator’s website (www.itransact.co.za) or (3) by contacting the Administrator directly on the details available at the end of this application form.

_____ Date (ddmmyyyy)

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Signature of person applying for Membership (or person acting on behalf of the Member as per Section 2)

Print Initials and Surname

SECTION 9: FINANCIAL SERVICES PROVIDER DECLARATION

The Financial Services Provider (“FSP”) that has been appointed by the Member and through whom the application for this investment is being made, by appending their signature hereto, states, declares, warrants, acknowledges, understands, confirms and consents that;

- 1. The FSP and the Financial Advisor named in this application form is licensed (in the case of the FSP) and authorised (in the case of the Financial Advisor and/or Representative) to provide the relevant financial services in respect of the financial products to which this application relates.
- 2. The FSP and the Financial Advisor are “fit and proper”, as required by the Financial Advisory and Intermediary Services Act (FAIS), to provide the relevant financial services in respect of the financial products to which the application relates.
- 3. The FSP/authorised representative of the FSP has read and understood the terms and conditions pertaining to this investment product and that the FSP shall be bound by these terms and conditions insofar as such terms and conditions affect the FSP.
- 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 has explained the latest terms and conditions and the relevant investment media including the features of the Retirement Fund including, but not limited to, its underlying investments, fees, costs, disclosures and risks associated to investing in the Retirement Fund, to the Member, in terms of FAIS.
- 7. 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.
- 8. The FSP has established and verified the identity of the Member, as required in terms of section 21 of FICA.
- 9. The FSP will keep records of information relating to the Member as is required in terms of section 22 of FICA.
- 10. The FSP will provide the Administrator with any information and documentation requested by it in relation to the Member, immediately on request.
- 11. 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.
- 12. 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 AND FINANCIAL ADVISOR DETAILS

Name of Financial Services Provider (The Company)

Telephone

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Facsimile

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Email

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

Name of Financial Advisor/Representative

Telephone

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Cell

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Facsimile

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Email

SECTION 11: CONTACT DETAILS

Financial Advisor Support Centre

Telephone 086 143 2383 | Fax 086 743 6959 | Email info@itransact.co.za

Member Support Centre

Telephone 086 146 8383 | Fax 086 743 6959 | Email investor@itransact.co.za

www.itransact.co.za