



ITRANSACT RETIREMENT ANNUITY FUND

NEW BUSINESS FORM

VERSION NUMBER 13

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 38088 SARS Number 18/20/4/042312	

SECTION 1: MEMBER DETAILS

Title Mr Ms Mrs Dr Prof The Hon

First Name

Surname

South African Identity Number

Date of Birth

Gender Male Female

Income Tax Number

Residential Address

 Code

Tick if postal address is same as residential

Postal Address

 Code

Cell Phone Number

Other Contact Number

Email Address

Are you a foreign prominent public official or a domestic prominent influential person? If yes, please specify: Yes No

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

SECTION 2: 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.

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 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 3: GENERAL INVESTMENT DETAILS

(If you are transferring from another retirement fund, please complete the 'Transferring fund details' in Section 6 below)

Provide expected retirement age. This must be age 55 or older. (Please note that you will need to complete and submit the Administrator's applicable form in order to receive your retirement benefit. Please refer to the most recent conditions of Membership for further information.)

Minimum Recurring Premium R300.00 per fund

Minimum Lump Sum Investment R5 000.00 per fund

SECTION 4: INVESTMENT DETAILS

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

Portfolio Name	Lump-sum Amount	Debit Order Amount
Index Solution Defensive	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Index Solutions Balanced	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Allan Gray Balanced (C)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Allan Gray Money Market (A)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Allan Gray Stable (C)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Satrix Balanced (B1)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Palmyra BCI Balanced (B)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Prescient Balanced (A2)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Sygnia Skeleton Balanced 40 (A)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Sygnia Skeleton Balanced 60 (A)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>
Sygnia Skeleton Balanced 70 (A)	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>

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 5: PAYMENT DETAILS

Will this be a transfer from another retirement fund? Yes No

Transfer type Pension or Provident Fund Retirement annuity fund
 Due to pension interest in a divorce order

Estimated Vested Component	Estimated Savings Component	Estimated Retirement Component
R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>	R <input type="text"/> . <input type="text"/> <input type="text"/>

Transferring Fund Details

Registered Name

Registration number

Policy number (if applicable)

Contact telephone number

Source of Contribution (where not a transfer from another retirement fund)

Salary Policy Donation Saving Investment Inheritance Other (Please specify below)

Method of Payment (Note that Itransact does not accept cheques)

Debit Order

Complete the debit order details below. Note that Securities purchased by debit orders are subject to a 40 day holding period.

Debit Order Instructions

Debit Order Deduction Date 3rd of the Month 15th of the Month 25th of the Month

Debit Order Deduction Intervals Monthly Quarterly

Debit Order Deduction Annual Increase 0% 5% 10% 15% 20%

Once Off Collection by the Administrator (Lump Sums Only)

Please choose the date that the Administrator should collect your once off lump sum amount.

3rd of the Month 15th of the Month 25th of the Month

Once off lump sum collection instructions must be received by the Administrator at least 5 Business Days prior to the chosen collection date. Instructions received after that period will be processed on the next sequential collection date. Note that each lump sum collection is limited to increments of R500 000 per collection.

Warning: Securities shall only be acquired on behalf of the Investor after the investor’s bank has cleared such funds. This could take up to 40 days of the debit order having been submitted to the investor’s bank.

Lump-sum Investment (Please take note of the restrictions regarding the Itransact bank account details below)

ITRANSACT BANK ACCOUNT DETAILS

For security reasons and to comply with the Financial Intelligence Crime Act (FICA) the Administrator must perform certain security checks with you as the investor before it may provide you with the bank details and investor reference to be used by you when making a lump sum investment.

Once you have received the bank account details and reference number from the Administrator, and have made a payment, you are required to provide the Administrator with the proof of payment (copy of deposit slip or online payment confirmation) by submitting it via email to the email address stated on the first page of this application form. No transaction will be finalised without receiving the proof of deposit.

SECTION 6: 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 (other than debit orders if a different account is specified below for debit orders) 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 8: 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 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

SECTION 9: 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 Conditions of Membership for more information.

Total Number of dependants	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Surname
First Names	<input type="text"/>	
Relationship to Member	<input type="text"/>	
ID/Passport Number (If a foreign national)	<input type="text"/>	
South African Resident Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth (ddmmyyy)	<input type="text"/> <input type="text"/> % Benefit
Title	<input type="text"/>	Surname
First Names	<input type="text"/>	
Relationship to Member	<input type="text"/>	
ID/Passport Number (If a foreign national)	<input type="text"/>	
South African Resident Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth (ddmmyyy)	<input type="text"/> <input type="text"/> % Benefit
Title	<input type="text"/>	Surname
First Names	<input type="text"/>	
Relationship to Member	<input type="text"/>	
ID/Passport Number (If a foreign national)	<input type="text"/>	
South African Resident Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth (ddmmyyy)	<input type="text"/> <input type="text"/> % 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 10: MEMBER DECLARATION**General**

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

(Select one option only)

- A Financial Services Provider has been appointed to assist with this investment on a non-discretionary basis.
- 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 discretionary basis (in which case proof of authority must be provided by the investor to the Administrator)

And that;

1. The latest terms and conditions and the relevant investment media including the features of the Plan including, but not limited to, its underlying investments, fees, costs, disclosures and risks associated to investing in the Plan have been read and fully understood, and that the aforesaid information has been obtained by the Investor itself, and that it is the Investors responsibility to act upon this information, whether a Financial Service Provider has been appointed or not.
2. All statements provided by the Investor in this form are true and correct in every respect and that such statements, together with the Administrators 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 Investor's agent and that neither the Administrator nor any other party appointed from time to time to administer the Plan 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 Investors 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 Investor or the Investor'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 Investor, except where the Financial Services Provider is appointed on a discretionary basis and proof of authority has been provided by the Investor the Administrator.
6. It is the Investor'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 Investor and where applicable explained to the Investor by the Financial Services Provider.
8. The Investor 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 Investor's identity document/passport, appropriate proof of the Investor's current residential address, together with certain personal and financial information. The information required will vary depending on the nature of the investor. The investor further acknowledges that, the Administrator will not be permitted to remit the proceeds of any sale or distribution until acceptable identification is provided. The investor 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. To receiving reports from the Administrator on a regular basis.
10. Online services are provided to Investors on a continual basis where Investors apply for such services from the Administrator.
11. Where the value of the investments held under the Plan at any time is less than R1000, that the Administrator reserves the right to cancel the Plan without informing the Investor and/or where applicable, the appointed Financial Services Provider, and refund the amount to the Investors bank account recorded on this form.
12. 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.
13. Where a Member chooses an Itransact portfolio, Sunstrike Capital (Pty) Ltd, (trading as Index Solutions) shall manage the Securities held in the selected Portfolio as the Investment Manager. The Retirement Fund appointed Index Solutions with full discretion to buy and sell Securities within these portfolios.

Fees and Charges (excluding VAT)

The investor acknowledges and confirms the fees below and expressly instructs the administrator to deduct and pay the fees for the services rendered in connection with this investment.

1. Financial advice fees

(Only applicable if you have appointed a financial advisor)

a) Initial financial advice fee

Taken upfront each time you invest according to the percentage below.

Lump sum . % (with a maximum of 3%)

Debit order . % (with a maximum of 1%)

b) Annual financial advice fee

Calculated as a percentage of the daily market value of the investment and deducted monthly.

. % (with a maximum of 1%)

Note to financial advisor (where applicable). Where there has been a transfer from another retirement annuity fund, no initial fee may be taken and the annual financial advice fee will have to be confirmed annually in writing with the Administrator by the Member for it to be paid.

2. Annual investment management fee

Dependant on member fund selection, each fund manager shall charge an annual investment management fee as stipulated in their most recent fund fact sheet. Fees are calculated as a percentage of the daily market value of the investment and deducted monthly.

3. Annual administration fee

Calculated as a percentage of the daily market value of the investment and deducted monthly according to the table below.

Market Value of Investments	Rate per Annum
On the first R500 000	0.39%
On the next R500 000	0.30%
On the amount over R1 000 001	0.20%

If your product contains securities, a trading fee of 0.08% shall be charged on the value of all purchase and sale transactions.

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 11: FINANCIAL SERVICES PROVIDER DECLARATION (IF APPLICABLE)

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. Where applicable, The FSP has fully explained the nature of the appointment of the Investment Manager by the Member and the implications thereof.

Date (ddmmyyyy)

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Signature of Authorised Financial Service Provider/Representative

Print Initials and Surname

SECTION 12: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

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 13: CONTACT DETAILS

Financial Advisor Support Centre

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

Investor Support Centre

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

www.itransact.co.za

ANNEXURE A

ACTING ON BEHALF OF AN INVESTOR

This form must be completed where a natural person (who is not a registered FSP and is not providing advice or financial services to the investor) is acting on behalf of the investor (eg parent or legal guardian of a minor).

SECTION 1: DETAILS OF THE PERSON ACTING ON BEHALF OF THE INVESTOR

Title	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Prof <input type="checkbox"/>	The Hon <input type="checkbox"/>
Name	<input type="text"/>					
Surname	<input type="text"/>					
Date of Birth (ddmmyy)	<input type="text"/>					
Identity/Passport Number	<input type="text"/>					
Nationality	<input type="text"/>					
Relationship	<input type="text"/>					
Residential Address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Postal Address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Cell Phone Number	<input type="text"/>					
Other Contact Number	<input type="text"/>					
Email Address	<input type="text"/>					
	<input type="text"/>					

Are you or any controlling person associated with this investment a US citizen or US residency? Yes No

Are you a tax resident of another country other than South Africa? Yes No

If yes, please complete the below section

Countries of Citizenship

Passport Number

Tax Information

If you are a resident in the US you must also complete and return an Internal Revenue Services ("IRS") W-9 form, available on the www.irs.gov, and include any tax residencies in the table below:

Countries of Tax Residency

Tax Number

DECLARATION

I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

I confirm that I am authorised to act on behalf of the investor. (e.g. parent, legal guardians, etc)

I agree to notify the administrator immediately if information on this change.

I am aware that the administrator is obliged to provide the South African Revenue Services (SARS) with certain information when you transact with them. SARS will in turn pass the information to the Internal Revenue Services (IRS) of the USA.

_____ Date (ddmmyyy)

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Signature

Print Initials and Surname
