



# ITRANSACT RETIREMENT ANNUITY FUND

## NEW BUSINESS APPLICATION FORM

VERSION NUMBER 9.0

### 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

<b>STEP 1</b> 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.
<b>STEP 2</b> 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.  <b>www.itransact.co.za</b>	Email your documents to: <b>newbus@itransact.co.za</b>  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.  <b>Document Checklist</b> <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)
<b>STEP 3</b> Fulfilment	<ul style="list-style-type: none"> <li>• We will acknowledge receipt of your documents and contact you if there are any outstanding requirements.</li> <li>• 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.</li> <li>• You will receive confirmation once your instruction has been processed.</li> <li>• You will receive an email welcoming you to Itransact.</li> <li>• 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.</li> </ul>
<b>CUT OFF TIMES</b>	<ul style="list-style-type: none"> <li>• Instructions received <b>before</b> 11h00 on a business day will start processing on that day.</li> <li>• Instructions received <b>after</b> 11h00 on a business day will start processing on the next business day.</li> <li>• Instructions received <b>on</b> a weekend or public holiday will start processing on the next business day.</li> </ul>
<b>Itransact Retirement Annuity Fund Financial Services Board Registration Number 38088</b> <b>Itransact Retirement Annuity Fund South African Revenue Service Number 18/20/4/042312</b>	

**SECTION 1: MEMBER DETAILS**

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

Existing Investor 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 Investor 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: 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 Investment Portfolio**

**Minimum Lump Sum Investment R5 000.00 per Investment Portfolio**

Lump Sum payments should be made to the Itransact Retirement Annuity Fund Inflow Account as stipulated in Section 6

**SECTION 5: INVESTMENT DETAILS**

**Note to Financial Services Provider/Advisor:** Please take note of the applicable FAIS license(s) required to render financial services in respect of retirement annuity funds. (A Category II license will be required in respect of the applicable product/s, in the case of discretionary financial services, and proof thereof must be submitted to the Administrator for consideration)

**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.

SEGREGATED PORTFOLIO NAME	DEBIT ORDER AMOUNT	LUMP SUM AMOUNT
<input type="text"/>	R <input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	R <input type="text"/>



**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.**

Electronic fund transfers are recommended. If you make a deposit by cheque it may undergo a clearing period of between 10 and 15 business days with your bank before the funds are made available for investment.

**SECTION 7: 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: DEBIT ORDER BANK DETAILS**

(This section should only be completed if the debit order bank account details differ from the Member bank details stated above. This account must be a South African bank account.)

**Tick box if debit order bank details are the same as Member bank details above**

Name of Bank Account Holder

Name of Bank

Branch Name

Bank Account Number  Branch Code

Account Type

**Debit Order Authority**

- 1 I/We hereby request, instruct and authorise Automated Outsourcing Services (Pty) Ltd, its successors or its assignees (“the Administrator”) to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my/our account).
- 2 I/We understand that all such withdrawals from my/our bank account shall be treated as though they have been signed by me/us personally.
- 3 I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- 4 I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 business days’ written notice.

- 5 I/We agree that receipt of this instruction by the Administrator shall be regarded as receipt thereof by my/our bank.
- 6 I/We acknowledge that in order to activate the debit order, the Administrator must receive the debit order authority at least 10 business days prior to the first debit order date.

**Please note that the debit order instruction will be accepted upon the signing of this authority by the bank account holder.**

\_\_\_\_\_  
**Signature of Bank Account Holder** Date (ddmmyyyy)

Print Initials and Surname

### SECTION 9: 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 (ddmmyyyy)   % Benefit

**Title**  **Surname**

First Names

Relationship to Member

ID/Passport Number (If a foreign national)

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

**Title**  **Surname**

First Names

Relationship to Member

ID/Passport Number (If a foreign national)

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



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. An authorised Category II Investment Manager, Sunstrike Capital (Pty) Ltd, (trading as Index Solutions) and a subsidiary of the Administrator, shall manage the securities held in the selected Portfolio under the terms and conditions of the Investment Manager. The Retirement Fund appoints the Investment Manager thereby providing the Investment Manager with full discretion to buy and sell securities within the selected Portfolio.

**Fees and Charges**

**I acknowledge that the following fees and charges apply to Members of the Itransact Retirement Annuity Fund:**

1. Initial advice fee (Levied against all investment contributions). **Where there has been a transfer from another retirement annuity fund, initial advice fees may not be charged or paid.**

Lump sum

.  %  
(Maximum of 3%)

Debit order

.  %  
(Maximum of 3%)







**SECTION 14: CONTACT DETAILS**

**Financial Advisor Support Centre**

Telephone 086 143 2383 | Fax 086 743 6959 | Email [info@itransact.co.za](mailto:info@itransact.co.za)

**Investor Support Centre**

Telephone 086 146 8383 | Fax 086 743 6959 | Email [investor@itransact.co.za](mailto:investor@itransact.co.za)

**[www.itransact.co.za](http://www.itransact.co.za)**