



ITRANSACT RETIREMENT ANNUITY FUND

ADDITIONAL INVESTMENT FORM - DEBIT ORDER AND LUMP SUM INVESTMENTS

(To be completed by persons who already have an Itransact Retirement Annuity Fund investment and who wish to make additional debit order and/or lump sum investments.)

VERSION NUMBER 10

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 are available on our website in the 'Forms & Downloads' section. www.itransact.co.za	Email your documents to: instructions@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
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.

SECTION 1: MEMBER DETAILS

Investor Number	<input type="text"/>
First Names	<input type="text"/>
Surname	<input type="text"/>
If any of your contact details have changed since your initial investment, please provide updated details in the spaces below	
Cell Phone Number	<input type="text"/>
Other Contact Number	<input type="text"/>
Email Address	<input type="text"/>
	<input type="text"/>

SECTION 2: INVESTMENT DETAILS**Minimum Recurring Premium R300.00 per Investment Portfolio****Minimum Lump Sum Investment R5 000.00 per Investment Portfolio**

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.

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.

RA FUND NAME	DEBIT ORDER AMOUNT	ANNUAL INCREASE	LUMP SUM AMOUNT
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <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 3: PAYMENT DETAILS

Will this be a transfer from another retirement fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transfer type	Pension or Provident Fund <input type="checkbox"/> Retirement annuity fund <input type="checkbox"/>
	Due to pension interest in a divorce order <input type="checkbox"/>

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

Transferring Fund Details	<input type="text"/>
Registered Name	<input type="text"/>
Registration number	<input type="text"/>

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 before they can be transferred into the portfolio constituents

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%

(Note that annual increases are limited to whole percentage increments only. No fractionalised percentage increments or monetary amounts will be accepted)

☐
Once Off Electronic 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 3 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.

☐
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.

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 4: MEMBER BANK DETAILS

If bank details are different from those which the Administrator has on record for the Member, please include proof of bank account details with this form in the form of a copy of a cancelled cheque or current bank statement, not older than 3 months, which reflects the bank name, the account holder's full name and the bank account number. Please note that no credit card or Internet statements will be accepted.

Member Bank Details (This bank account must be a South African bank account in the name of the Member.)

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

SECTION 5: 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.)

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

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	<input type="text"/>
	<input type="text"/>

SECTION 6: MEMBER DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Member is responsible for ensuring that he/she/it has read and understood them. A copy of these terms and conditions may be requested from the administrator.
2. The Member confirms that all statements made and information provided on this form are correct.

Fees and Charges

Advice Fees and Charges

Where the Member has appointed a Financial Services Provider, the Member acknowledges, confirms, consents to, and instructs the Administrator to pay the following fees and charges;

(If no fees are indicated here, the Administrator will continue to deduct fees according to the original new business application form)

Initial advice fee (Levied against all investment contributions)

Lump sum

. %
(Maximum of 3%)

Debit order

. %
(Maximum of 3%)

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

Ongoing annual financial advice fee (Calculated as a percentage of the daily market value of the investment)

. %
(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.

Annual Investment management fee

Each Investment 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.

Administration Fees & Charges

The Member acknowledges, confirms and consents to paying the following fees and charges to the Administrator; Annual administration fee calculated as a percentage of the daily market value of the investment and deducted by the Administrator quarterly. The rate at which the fee will be charged shall be determined in accordance with the table below. (Excluding VAT)

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%

- A trading fee of 0.08% (excluding VAT) 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 security purchase and sale transactions.
- Vat will be levied on all fees and charges.

Signature of of person applying for Membership (or person acting on behalf of the Member)

Date (ddmmyyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Print Initials and Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 7: FINANCIAL SERVICES PROVIDER DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Financial Service Provider is responsible for ensuring that he/she/it has read and understood them and explained them to the Member in full. A copy of these terms and conditions may be requested from the administrator.
2. The Financial Service Provider confirms that all statements made and information provided on this form are correct.

Signature of Authorised Financial Service Provider/Representative

Date (ddmmyyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Print Initials and Surname

SECTION 8: FINANCIAL SERVICES PROVIDER AND FINANCIAL ADVISOR DETAILS

Name of Financial Services Provider (The Company)

Telephone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Facsimile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

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

☐

Name of Financial Advisor/Representative

Telephone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Facsimile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

SECTION 9: IMPORTANT CONTACT INFORMATION**Financial Advisor Support Centre**

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

Investor Support Centre

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

www.itransact.co.za