



SECURITIES INVESTMENT PLAN PORTFOLIOS

ADDITIONAL INVESTMENT FORM FOR DEBIT ORDER AND LUMP SUM INVESTMENTS

(To be completed by investors who already have Securities Investment Plan Portfolio accounts and who wish to make additional debit order and/or lump sum investments)

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

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: 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 INVESTOR DETAILS

Investor Number

First Name or Trading Name (If a legal entity)

Surname

If any of your contact details have changed since your initial investment, please provide updated details in the spaces below.

Cell Phone Number

Other Contact Number

Email Address

SECTION 2 GENERAL INVESTMENT DETAILS

Source of Funds Salary Policy Donation Saving Investment

Inheritance Other (Please Specify)

Minimum Recurring Investment R300 (per Security)
Minimum Lump Sum Investment of R5 000 (per Security)

Method of Payment (Note that no cheques are accepted)

Debit Order

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

Debit Order Deduction Intervals Monthly Quarterly

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)

Distribution Instructions: Note that distribution instructions which were provided on the original investment application shall apply to this additional investment application.

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 3 INVESTMENT DETAILS

I/We hereby request the Administrator to purchase securities for my/our account as follows;

Portfolio 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;

- distributions of less than R100.00 per security will automatically be re-invested;
- investors investing into Shari’ah funds are required to donate 5% of any distributions declared to a charity of their choice whether the investor elects to re-invest these distributions or not;
- Shari’ah funds may not earn interest;
- all income from total return funds is automatically re-invested in the portfolio on the date of receipt by the asset manager;
- securities structured as debentures declare no dividends.

SECTION 4 BANK DETAILS

If bank details are different from those which the administrator has on record for the investor, 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.

Investor Bank Details

(This bank account must be a South African bank account in the name of the investor or the investor’s legal guardian in the case of a minor.)

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"/>

Debit Order Bank Details

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

Tick this box if debit order bank details are the same as the investor bank details above.

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"/>

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.

_____	Date (ddmmyyyy)	<input type="text"/>
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Signature of Bank Account Holder

Print Initials and Surname	<input type="text"/>
	<input type="text"/>

SECTION 5 INVESTOR DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Investor 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 Investor confirms that all statements made and information provided on this form are correct.

Fees and Charges

The Investor acknowledges, confirms, consents to, and instructs the Administrator to pay the following fees and charges;

1. Initial advice fee (Levied against all investment contributions)

Lump sum	<input type="text"/> . <input type="text"/> <input type="text"/> %
	(Maximum of 3%)
Debit order	<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%)
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 (calculated as a percentage of the daily market value of the investment) 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%

A trading fee of 0.08% shall be charged on the value of all purchase and sale transactions. A nominal Investor Protection Levy and Central Securities Depository fee shall be charged for all securities purchase and sale transactions. Value added tax shall be charged on all fees and charges.

PRODUCT TERMS AND CONDITIONS

Acceptance of product terms and conditions

The latest terms and conditions associated to this product are applicable. The Investor 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.

The Investor confirms that all statements made and information provided on this form are correct.

_____ Date (ddmmyyyy)

Signature of Investor or duly authorised person/s for minor investors

Print Initials and Surname

_____ Date (ddmmyyyy)

Signature of third party applicant or authorised representative of a legal body

(if Section 2 or 3 of this application form is applicable)

Print Initials and Surname

SECTION 6: FINANCIAL SERVICES PROVIDER DECLARATION

- 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 investor in full. A copy of these terms and conditions may be requested from the administrator.
- The Financial Service Provider confirms that all statements made and information provided on this form are correct

_____ Date (ddmmyyyy)

Signature of Authorised Financial Service Provider/Representative

Print Initials and Surname

SECTION 7: FINANCIAL SERVICES PROVIDER AND FINANCIAL ADVISOR DETAILS

Financial Service Provider 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 8: IMPORTANT CONTACT DETAILS

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