



UNIT TRUST INVESTMENT APPLICATION FORM

NEW BUSINESS APPLICATION FORM FOR INDIVIDUALS

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	To answer there is no delay in processing your investment, places complete the form accurately and
	To ensure there is no delay in processing your investment, please complete the form accurately and
Complete the form	ensure you understand the terms and conditions you are entering into.
and agree to the	Depending on the investment type and/or product you may be required to complete and provide
terms and conditions	additional forms.
STEP 2	Email your documents to: newbus@itransact.co.za
Send documents to	
Itransact via Email	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.
www.itransact.co.za	Document Checklist
	Completed application form
	Copy of your bar coded South African ID, valid passport (if a foreign national) or birth
	certificate (if a minor)
	Proof of bank details (not older than 3 months)
	Additional forms that may be requested from you in this application form
	Where the investment is made on behalf of a minor, please complete Annexure A
STEP 3	We will acknowledge receipt of your documents and contact you if there are any outstanding
Fulfilment	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	• 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

Title	Mr		Ms			Mrs		Dr		Р	rof		Т	he H	lon	
First Name																
Surname																
Identity/Passport Number																
Resident of South Africa	Yes	ı	No													
Date of Birth																
Gender	Male	F	ema	ale												
Income Tax Number (if applicable)																
Withholdings Tax Status	Exempt	١	Not E	Exen	npt		the		inisti					e cor /ithh		
Occupation																
Residential Address																
											Сс	ode				
Tick if postal address is same as residential					•			•				'				
Postal Address																
											Сс	ode				
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	5		No)										



SECTION 2: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

(The Foreign Account Tax Compliance Act (FATCA) is a United States federal law requiring United States persons (including those living outside the U.S.) to have yearly reported themselves and their non-U.S financial accounts to the Financial Crimes Enforcement Network (FINCEN), and requires all non-US (Foreign) Financial Institutions (FFI's) to search their records for suspected US persons for reporting their assets and identities to the US Treasury)

Are you or any controlling person associated with this invest	a US citizen or US residency?	Yes No	
Are you a tax resident of another country other than South A	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 retu www.irs.gov, and include any additional tax residencies in the			V-9 form, available on
Countries of Citizenship		Passport Number	



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 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 INVEST	MENT DETAILS	
Source of Funds	Salary Policy Donation Saving	Investment
	Inheritance Other (Please Specify below)	
Minimum Recurring Investment R150 Minimum Lump Sum Investment of R5 0	00	

SECTION 5: INVESTMENT DETAILS

Note to Financial Services Provider/Advisor: Please take note of the applicable FAIS license(s) below which is required to market this Product (Note that a Category II license will be required in respect of the Product/s, in the case of discretionary financial services.)

Collective Investment Schemes

Category 1 (1.14) Participatory interests in collective investment schemes



PRODUCT SELECTION

FUND NAME	DEBIT ORDER AMOUNT	ANNUAL INCREASE	LUMP SUM AMOUNT
36One BCI Flexible Opportunity Fund (A)		%	R
36One BCI Flexible Opportunity Fund (C1) F		%	R
Allan Gray Balanced Fund (C)		%	R
Allan Gray Bond Fund (A)		%	R
Allan Gray Equity Fund (C)		%	R
Allan Gray Money Market (A)		%	R
Anchor BCI Global Equity Feeder Fund (A)		%	R
Anchor BCI Global Technology Fund (A)	2	%	R
BCI Fairtree Global Income Plus Feeder Fund (A)		%	R
BCI Fundsmith Equity Feeder Fund (A)		%	R
BCI Ginsglobal Equity Equity Feeder Fund F		%	R
BCI Income Plus Fund (C)		%	R
BCI Stable Fund Of Funds (3B1)		%	R
Bluealpha BCI Balanced Fund (C)		%	R
Bluealpha BCI Equity Fund (A)		%	R
Bluealpha BCI Global Equity Fund (A)		%	R
Cadiz BCI Absolute Yield Fund (B2)		%	R
Cadiz BCI Enhanced Income Fund (C)		%	R
Cadiz Money Market (A)	R	%	R
Centaur BCI Flexible Fund (A)		%	R
IP Active Beta Fund (A)		%	R
IP Worldwide Active Beta Fund (A)		%	R
Palmyra BCI Balanced Fund (B)		%	R
Palmyra BCI Equity Fund (B)		%	R
Palmyra BCI Global Flexible Fund Of Funds (A)		%	R
Palmyra BCI Property Fund (C)		%	R
Palmyra BCI Stable Fund (B)		%	R
Prescient Balanced Fund (A2)		%	R
Prescient Core All Share Equity Fund (A2)		%	R



PRODUCT SELECTION

FUND NAME	D	DEBIT ORDER AMOUNT	ANNUAL INCRE	ASE		LUMP SUM AMOUNT
Prescient Core Capped Equity Fund (A2)	R] %	R	
Prescient Income Provider (A2)	R] %	R	
Sasfin BCI Flexible Income Fund (C)	R			%	R	
Satrix Balanced Index Fund (B1)	R			_] %	R	
Satrix Equally Weighted Top 40 Index (B1)	R [] %	R	
Satrix Msci World Equity Index Feeder Fund (B2)	R] %	R	
Satrix Smartcore Index Fund (B1)	R] %	R	
Sygnia Faang.Al Equity Fund (A)	R] %	R	
Sygnia Money Market Fund (A)	R] %	R	
Sygnia Skeleton Balanced 40 Fund (A)	R] %	R	
Sygnia Skeleton Balanced 60 Fund (A)	R			_ _ %	R	
Sygnia Skeleton Balanced 70 Fund (A)	R			%	R	
Additional Notes - All distributions are auto Method of Payment (Note that It Debit Order)			
	7	d C.U. NA .U	M	0.54	h c	
Debit Order Deduction Date	3"		f the Month	25	'' OT	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 amounts will be accepted)	to wh	ole percentage increments c	only. No fractionalis	sed p	erce	entage increments or monetar
Once Off Electronic Collection b	y the	Administrator (Lump Sums	s Only)			
Please choose the date that the Adminis	trator	should collect your once off	f lump sum amour	t.		
3 rd of the Month 15 th of the Mont	h	25 th of the Month				
Once off lump sum collection instruction collection date. Instructions received after sum collection is limited to increments or	er tha	t period will be processed or				

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 6: REGULAR WITHDRAWAL

If you would like to receive a regular withdrawal from this investment account, please complete this section.

- You can either withdraw proportionately across your funds you have chosen in the 'Investment Details Section" or you can specify the funds you would like to withdraw from and the amount to be withdrawn by completing the table below.
- The proportionate split will be determined on the processing date of the regular withdrawal.
- The withdrawal may result in capital gains tax, depending on your fund selection.
- The proportions will only change if you send us an amended instruction.

Select one option only			
Withdraw proportionate	ly across your funds; or		
Withdraw specific amou	nts from specific funds		
Unit Trust		Amount per regular withdrav	wal
	Į.	2	
	F	2	
	F	2	
	ſ	2	
Confirm total amount to be v	vithdrawn per frequenc	cy R	
Choose the frequency	Monthly	Quarterly	Biannaully
	Annually		

- Regular withdrawal will be paid into the bank details provided.
- Income payments are made on the 25th of every month. In December payment is made on the 15th.
- •No once-off collection can be selected as method of payment if a regular withdrawal is needed.
- To cancel this instruction a written request needs to be submitted by the 5th working day of the month.



SECTION 7: 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															
Name of Bank															
Account Number															
Branch Name															
Branch Code															
Account Type															
Debit Order Bank Details															
(Tick the box if debit order bank details are the same as the investor bank details above)															
Name of Account Holder															
Name of Bank															
Account Number															
Branch Name															
Branch Code															
Account Type															
Debit Order Authority															
 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). 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. I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees. I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 business days written notice. I/We agree that receipt of this instruction by the Administrator shall be regarded as receipt thereof by my/our bank. 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					Dá	ate (c	ldmr	myy	уу)						
Print Initials and Surname															



SECTION 8: INVESTOR 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;

(S	ele	ct	one	op	tion	on	lv)
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A Financial Services Provider has been appointed to assist with this investment on a non-discretionary basis.
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)
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.

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 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 Investor has appointed a Financial Services Provider, the Investor agrees that the Financial Service Provider is able to access the Investors information continuously via electronic means made available by the Administrator.



Fees and Charges

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

1.	Initial advice fee (Lev	ried against all investmen	t contrik	outio	ns)												
	Lump sum								[(Maxi	•	of 3	% %)				
	Debit order								[(Maxi	•	of 3']% %)				
2.	Ongoing annual finar market value of the in	ncial advice fee (Calculate nvestment)	ed as a p	oerce	entage	e of th	ne dail	У	((Maxi		of 19	% %)				
3.	An annual administra below.	ation fee (calculated as a	percent	age (of the	daily	marke	et va	lue of tl	ne inv	estm	ent)	acco	ordin	g to t	he t	able
		Market Value of Investi	ments				R	Rate r	er Ann	um							
		On the first R500 000					_).39%									
		On the next R500 000					О).30%	,)								
		On the amount over R1 (000 001			0.20%											
Furt · ·	Fees and charges spe		to the te	erms	and o		tions c	conta	ined in	the a	pplic	atior	n forr	n.			
By sig and th (1) you	ne implications thereof ur financial advisor (2)	ms and conditions rm, you acknowledge tha f. The terms and conditio from the Forms and Dow r directly on the details av	ns are c vnloads	displa sect	ayed s ion on	epara the A	ately f Admin is app	rom istra licati	this ap tor's we on forn	plicat ebsite n.	ion fo	orm	and a	are a	vailal	ole f	rom
Signa	ture of Investor or du	ly authorised person/s f	or mind	or inv	 /estor	'S	Date	(ddr	nmyyyy	/)							
Drint I	nitials and Surname																
r i ii i i i i	indas and Surname				1 1		- 1	1	1 1			1	1	1	1		
							_	-				-	-				



SECTION 9:

Please Select Applicable Option:

FINANCIAL SERVICES PROVIDER DECLARATION

General

The Financial Services Provider ("FSP") that has been appointed by the Investor 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 Plan which are higher than the maximums stipulated in this application. The FSP has explained 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, to the Investor, in terms of FAIS.
- 6. The FSP is the primary accountable institution in terms of the regulations to the Financial Intelligence Centre Act, 2001 ("FICA"), in respect of the Investor.
- 7. The FSP has established and verified the identity of the Investor, as required in terms of section 21 of FICA.
- 8. The FSP will keep records of information relating to the Investor as is required in terms of section 22 of FICA.
- 9. The FSP will provide the Administrator with any information and documentation requested by it in relation to the Investor, immediately on request.
- 10. The FSP shall be provided with access to the Investors information continuously via electronic means made available by the Administrator and warrants that the information may only and exclusively be disclosed to the Investor, or where applicable, the Investor's authorised signatory.

The FSP is appointed:	On a non-discretionary ba	sis															
	·	a full discretionary basis, in which case proof of authority must be provided															
										, l							
Signature of Authorised Fin	nancial Service Provider/Re	epre	sent	ative	•	L)ate	(ddn	nmyy	/yy)							
Print Initials and Surname																	



SECTION 10: FINANCIAL SERVICES PROVIDER AND FINANCIAL ADVISOR DETAILS

Financial Service Provider Details										
Name of Financial Services Provider (The Company)										
Cell Phone Number										
Other Contact Number										
Email Address										
Tick the box if the details below are the same as the FSP	detai	ils ak	ove							
Name of Financial Advisor/Representative										
Cell Phone Number										
Other Contact Number										
Email Address										

SECTION 11: 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

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 PERSO	ON A	ACTI	NG	OI	N B	EH	IAL	FΟ	FΤ	ΗE	IN۱	/ES	то	R				
						_			_			_						
Title	Mr		1	Ms			Mrs			Dr		F	Prof		-	The F	lon	
Name																		
Surname																		
Date of Birth (ddmmyyy)																		
Identity/Passport Number																		
Nationality																		
Relationship																		
Residential Address																		
													C	ode				
Postal Address																		
													Co	ode				
Cell Phone Number																		
Other Contact Number																		
Email Address																		
Are you or any controlling person associated with	n this	inves	tme	nt a	US	citi	zen c	r US	resi	den	cy?			Yes [No [
Are you a tax resident of another country other th	nan S	outh	Afrio	ca?										Yes []	No [
If yes, please complete the below section																J	- [

Countries of Citizenship			Passp	ort l	Num	ber										
		[
		[
Tax Information																
If you are a resident in the US you must also complete a www.irs.gov, and include any tax residencies in the table bel	and returr ow:	n an	n Inter	nal F	Rever	nue Se	ervice	es ('	'IRS'	') W	/-9 f	orm,	ava	ilable	e or	n the
Countries of Tax Residency			Tax N	lumb	er											
DECLARATION																
I confirm that all information provided herein it true and corr	ect and th	hat I	have	read	and	under:	stoo	d the	e co	nter	nts of	this	forn	٦.		
I confirm that I am authorised to act on behalf of the investor	r. (e.g. paı	rent	, legal	guar	dians	s, etc)										
I agree to notify the administrator immediately if information	n on this c	chan	ige.													
I am aware that the administrator is obliged to provide the transact with them. SARS will in turn pass the information to											tain i	nfori	mati	on w	/her	ı you
				۲	ata (ddna		٦,								
Signature				Di	ate (d	ddmm	ууу)	y) [_								
Print Initials and Surname																