Acumen Retirement Annuity Fund

Robson · Savage

FSCA Registration Number: 12/8/36487 SARS Approval Number: 18/20/40/40752

APPLICATION FORM

- Please assist us by completing all sections in full using CAPITAL letters.
- Indicate all options selected by means of a cross [X].
- Ensure that all information provided is accurate.

Section 1: INVESTOR DETAILS

• Should you require any assistance with this application please contact Robson Savage (Pty) Ltd on 011 643 4520.

Title: Surname:														
First Name(s):														
RSA ID Number:	Date of Birth:													
If no RSA ID Number, Passport Number:														
Country of Issue:														
Income Tax Number:														
Residential Address														
Unit Number: Complex Name:														
Street Number: Street Name:														
Suburb: Town:														
Country:	Postal Code:													
Postal Address														
	Postal Code:													
Contact Details														
Telephone Numbers: or														
E-mail Address:														
Preferred Method of Communication: Post: E-mail:														
Section 2: SOURCE OF FUNDS														
Will you be making a lump sum investment into the fund?	Yes No													
If yes, please confirm the source of this lump sum? E.g. Previous employe	er's fund, other RA fund, savings													
Will you be making voluntary monthly contributions to the fund?	Yes No													
If yes, please confirm the source of these contributions? E.g. Salary, savings														

Page 1 of 4 RS RA APP 2019 v1

Section 3: MONTHLY DEBIT ORDER INSTRUCTION (Put a line through this section if not applicable)										
I hereby instruct and authorise the fund to draw against my account (as per the bank account details provided in Section 5 of this form):										
Monthly debit order amount: R	. With effect from: ⋈	M Y Y Y Y								
Please note that this amount will be deducted from your account on the last working day of each month, until such time as we receive an instruction from you cancelling or changing this debit order instruction.										
Any banking charges relating to this debit order which are charged against the fund's bank account will be deducted as an expense from your contribution.										
These monthly contributions will be invested as per your selection indicated in Section 4 below.										
Would you like your debit order amount to incre	ase automatically on an annual basis?	Yes No								
If yes, please confirm by what amount or % and	I in which month the increase should be applied:									
R or . %	Effective in	each year								
Section 4: INVESTMENT SELECTION										
Investment Manager	Investment Portfolio	% To Be Invested								
		%								
		%								
		<u>%</u> %								
		%								
	Total	100 %								
If you are making a lump sum investment, would	d you like to phase in your investment?	Yes No								
Please note that if you choose this option, your investment will initially be invested in a money market portfolio.										
If yes, please indicate over which period you wish to do this: 3 months 6 months 9 months 12 months										
Please note that the phasing in of your investment will be done as per your investment selection indicated above.										
Section 5: BANKING DETAILS										
The details given below must be for an account in the investor's name and will be used for all future banking transactions until such time as we are notified in writing of any changes.										
Name of Account Holder:										
Type of Account: Current	Savings Transmission									
Bank Name: Account Number: Account Number:										
Bank Name:	Account Number:									
Section 6: FEES										
Administration Fees										
Initial fee	% of investment value % of investment value									
Please select one of the following options:										
I acknowledge that I did not receive any financial advice from either the fund or a financial advisor and that I will be noted as an Acumen Retirement Annuity Direct Client.										
I acknowledge that I received financial advice from the financial advisor whose details have been completed in Section 7 below and that he/she is my appointed financial advisor for the purposes of this fund. I agree to payment of fees as follows:										

Page **2** of **4** RS RA APP 2019 v1

Sect	ion 6: FEES continued																						
	Advice Fees																						
	Initial fee	nitial fee % of investment value																					
	On-going annual fee					% of	inve	esti	me	ent va	alue)											
N	ote:														-								
 All fees quoted above exclude VAT. On-going annual fees are deducted monthly at 1/12th of the rate prescribed above based on the current market value of the investment at the time. On-going administration fees include all operational fund expenses. Any review of on-going fees will be subject to 3 months' notice being given to the investor. The investment managers of the portfolios selected will also deduct their own investment managers' fee from the portfolio, as disclosed separately to you. 																							
	Signature of Investor																				 		
Sect	ion 7: FINANCIAL ADVISOR IN	IFC)RN	1A1	ΓΙΟΝ	AN	D [Œ	CL	_AR	ΑTI	10	1										
	ame of Financial Advisor:	T							T	T						1	T		$\overline{\top}$	\equiv			$\overline{}$
		<u> </u>	1 1				<u> </u>	<u> </u>	<u> </u>			1				1	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
Na	ame of Brokerage:																		<u>L</u>	<u></u>			
Br	oker Code:																						
 I am an authorised representative of a licensed Financial Services Provider, and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002, to the investor. I have established and verified the identity of the investor in accordance with FICA and will keep records of such identification and verification according to the provisions of FICA. I have explained all fees that relate to this investment to the investor and I understand and accept that the investor may withdraw his/her authority for payment to me in writing to the fund. 																							
	Signature of Financial Advisor						D	ate												-			
Sect	ion 8: DECLARATION BY INVE	ES1	OR)																			
 I understand and/or confirm that: The information given on this form is true and correct and that by submitting this form I am applying for membership of the fund. This application and any other related documents provided by me and accepted by the fund constitute the entire agreement between the fund and me. The investment selection is solely my choice and I will not hold the Trustees liable for the selection. I retain the risk of and remain responsible for the selection between the various portfolios at all times and have taken advice where I considered such advice necessary. I authorise the fund to make all reports and statements pertaining to my investment available to my appointed Financial Advisor on his/her request. The fund is hereby authorised to pay all fees and bank charges specified herein and deduct these from my investment. The investment into the selected investment portfolios normally takes place within 5 working days after receipt of all required documents and the payment reflecting in the fund's bank account. I have completed a Death Benefit Expression of Wish Form and include it with the submission of this application form for the fund's records. I accept that the onus is on me to provide the fund with an updated form should my wishes in this regard change. 													re sk re ed ny of										
	Signature of Investor							ate												_			

Page **3** of **4** RS RA APP 2019 v1

Section 9: ACUMEN RETIREMENT ANNUITY FUND BANKING DETAILS

All deposits relating to lump sum or monthly contributions to the fund must be made into the following bank account:

Account name: Acumen Retirement Annuity Fund

Bank: Nedbank

Branch: Corporate Client Services Jhb

Branch: 145405 Account number: 1454026081

Please use your 13 digit SA ID number as a payment reference for all payments to this bank account and e-mail proof of payment to sharong@robsav.com or fax to 086 531 5654.

Section 10: SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

- Copy of ID
- Proof of banking details (e.g. bank statement or cancelled cheque less than 3 months old)
- Proof of SA income tax number
- Proof of residential address
- Completed Death Benefit Expression of Wish Form (Please request a copy of this form from your financial advisor or visit the Resource Centre on our website www.robsav.com to download the form which is available under the Administration Documents.)

Notes

- Your application will be processed once all the fully completed forms and required documents have been received by the fund and, where applicable, your lump sum investment is reflecting in the fund's bank account.
- You will receive confirmation once your application has been processed which will include a membership certificate and details of how to access your membership record online.
- We look forward to welcoming you as a member of the Acumen Retirement Annuity Fund.

Page **4** of **4** RS RA APP 2019 v1