Acumen Retirement Annuity Fund

Robson · Savage

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

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

Section 1: SOURCE OF FUNDS

Please provide the name of the fund that will be purchasing the annuity on your behalf:

| Section 2: PERSONAL DETAILS | | | |
|--|--|--|--|
| Title: Surname: Surname: | | | |
| First Names(s): | | | |
| RSA ID Number: Date of Birth: D M Y Y Y | | | |
| If no RSA ID Number, Passport Number: | | | |
| Country of Issue: | | | |
| Income Tax Number: | | | |
| Residential Address | | | |
| Unit Number: | | | |
| Street Number: Street Name: | | | |
| Suburb: Town: Town: Image: Constraint of the second se | | | |
| Country: Postal Code: | | | |
| Postal Address: Same as Physical Address (If not, please provide details below) | | | |
| | | | |
| | | | |
| Postal Code: | | | |
| Contact Details | | | |
| Telephone Numbers: or or | | | |
| E-mail Address: | | | |
| | | | |
| Preferred Method of Communication: Post E-mail | | | |

| Section 3: ANNUITY PAYMENT OPTIONS | | | | |
|---|------------------------|--|--|--|
| Please indicate below your choice of payment frequency: | | | | |
| Monthly in arrears Annually in advance Bi-annually in a | advance | | | |
| Please indicate your income choice for the first 12 months either as a percentage of your capital value or a Rand | | | | |
| amount: (Please note that in terms of current regulatory requirements, the minimum annuity payment is 2.5% per annum and the maximum annuity payment is 17.5% per annum) | | | | |
| annuly payment is 17.5% per annuly Sector Main of capital value at inception. Or R | before tax. | | | |
| | | | | |
| Section 4: INVESTMENT SELECTION | | | | |
| Investment Portfolio | % To Be Invested | | | |
| Adagio Fund | % | | | |
| Andante Fund Moderato Fund | % | | | |
| Vivace Fund | % | | | |
| Total | 100 % | | | |
| If you have selected <u>more than one</u> investment portfolio, please indicate from which portfolio your income must be paid: From a specific portfolio, namely: Proportionately from all selected portfolios (Please note that fees will be deducted in the same manner as your income payment selection indicated above.) | | | | |
| Section 5: BANKING DETAILS | | | | |
| The details given below must be for an account in the applicant's name and will be used for all future banking | | | | |
| | for all future banking | | | |
| transactions until such time as we are notified in writing of any changes. | for all future banking | | | |
| | for all future banking | | | |
| transactions until such time as we are notified in writing of any changes. Bank Name: | | | | |
| transactions until such time as we are notified in writing of any changes. Bank Name: Account Number: Type of Account: Current Savings Transmission | | | | |
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| transactions until such time as we are notified in writing of any changes. Bank Name: | | | | |
| transactions until such time as we are notified in writing of any changes. Bank Name: Account Number: Type of Account: Current Savings Transmission Section 6: FINANCIAL ADVISOR INFORMATION AND DECLARATION (if applicable Name of Financial Advisor: Image: Image | | | | |
| transactions until such time as we are notified in writing of any changes. Bank Name: | | | | |

| Section | 7: FEES |
|---------|---------|
|---------|---------|

Administration Fees

On-going annual fee (deducted monthly) **0.4** % of investment value

Advice Fees

| On-going annual fee (deducted monthly) | % of investment value |
|--|-----------------------|

Note:

- No initial fees are charged.
- All fees quoted above include VAT.
- On-going fees are deducted monthly at 1/12th of the rate reflected above based on the current market value of the investment at the time.
- The on-going administration fee is capped at R645 per month. This cap will increase annually in January by the year-on-year increase in the Consumer Price Index.
- The investment managers of the portfolios selected will also deduct their own investment managers' fee from the portfolio, as disclosed separately to you.
- In addition to the on-going administration fee, you will be liable for your share of the fund expenses e.g. audit fees.

Signature of Applicant

Section 8: DECLARATION BY APPLICANT

I understand and/or confirm that:

- The information given on this form is true and correct.
- This application and any other related documents provided by me and accepted by the fund constitute the entire agreement between the fund and me.
- I have read and understood the "Retirement Benefits Counselling Information" document provided to me.
- I take responsibility for and assume the risk associated with my drawdown percentage and my investment selection and confirm that I have taken advice where I considered such advice necessary.
- The underlying capital balance may be inadequate in future either due to investment returns or drawdown levels.
- The investment selection is solely my choice and I will not hold Robson Savage, the Trustees or the fund liable for the selection. I retain the risk of and remain responsible for the selection between the various portfolios at all times and will take advice where I consider 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, if applicable.
- The fund is hereby authorised to pay all fees and bank charges specified herein and deduct these from my investment.
- I have completed and attached a Death Benefit Expression of Wish Form and accept that the onus is on me to provide the fund with an updated form should my wishes in this regard change.
- If I have given an instruction to the fund stated in Section 1 of this document to pay any part of my benefit as a cash lump sum, the payment will be made by the Acumen Retirement Annuity Fund.
- The onus is on me to advise the fund administrators of any change to my contact details.

Signature of Applicant

Date

Section 9: 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

Notes

- Your application will be processed once all the fully completed forms and required documents have been received by the fund.
- You will receive confirmation once your application has been processed which will include details of your income and anniversary date, a pensioner card and details of how to access your membership record online.