

# ENDOWMENT POLICY

## NEW BUSINESS APPLICATION FORM FOR TRUSTS

### VERSION NUMBER 1.0

### IMPORTANT INFORMATION YOU NEED TO KNOW BEFORE YOU

#### 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.

#### Warning

Do not sign any blank or partially completed application form. Keep notes of what is said to you and all documents handed to you. Don't be pressurised to buy the product. Failure to provide correct or full relevant information may influence your investment outcome.

#### Waiver of Rights

No insurer and/or underwriting manager and/or and/or administrator and/or intermediary may request or induce from you, in any manner whatsoever, to waive any right or benefit conferred on you in terms of any provisions of this Product, or recognise, accept or act on any such waiver on your behalf. Any such waiver is null and void.

## INVESTMENT PROCESS

|  |   |
|--|---|
| <b>STEP 1</b><br>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.<br>Depending on the investment type and/or product you may be required to complete and provide additional forms.   |
| <b>STEP 2</b><br>Send documents to Itransact via Email<br><br>Additional forms and FICA requirements for Trusts are available on our website in the 'Forms & Downloads' section.<br><br><a href="http://www.itransact.co.za">www.itransact.co.za</a> | Email your documents to: <b>newbus@itransact.co.za</b><br><br>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.<br><br><b>Document Checklist</b><br><input type="checkbox"/> Completed application form (including Annexure A for the founder, Trustees and beneficiaries)<br><input type="checkbox"/> Copy of Trustees bar coded South African ID, valid passport (if a foreign national) (Note - minors cannot be Trustees)<br><input type="checkbox"/> Proof of Trusts bank details (e.g. stamped proof of bank no older than 3 months)<br><input type="checkbox"/> Additional forms that may be requested from the Trust in this application form   |
| <b>STEP 3</b><br>Fulfilment  | <ul style="list-style-type: none"> <li>We will acknowledge receipt of your documents and contact you if there are any outstanding requirements.</li> <li>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.</li> <li>The Trust will receive confirmation once your instruction has been processed.</li> <li>The Trust will receive an email welcoming it to Itransact.</li> <li>The Trust 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 the Trusts online account.</li> </ul> |
| <b>CUT OFF TIMES</b>   | <ul style="list-style-type: none"> <li>Instructions received <b>before</b> 11h00 on a business day will start processing on that day.</li> <li>Instructions received <b>after</b> 11h00 on a business day will start processing on the next business day.</li> <li>Instructions received <b>on</b> a weekend or public holiday will start processing on the next business day.</li> </ul>   |

**SECTION 1: INVESTOR DETAILS**

Registered Name

Trust Registration Number

Resident of South Africa Yes  No

Country of Residence (If not South Africa)

Income Tax Number (if applicable)

VAT Registration Number (if applicable)

Trading Address

Code

Tick if postal address is same as trading

PostalAddress

Code

Telephone Number

Cellphone Number

Email Address

**Politically Exposed Persons**

Indicate if any authorised representative/s, ultimate beneficial owner/s or any shareholder/s of the legal entity is a foreign prominent public official or a domestic prominent influential person Yes  No

If yes, please specify:

**SECTION 2: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

**Organisation Tax Residency Classification**

**If your organisation is a Financial Institution, please specify:**

- South African Financial Institution or a Partner Jurisdiction Financial Institution
- Participating Foreign Financial Institution (in non-intergovernmental agreement jurisdiction)
- Non-Participating Foreign Financial Institution (non-intergovernmental agreement jurisdiction)
- Financial Institution resident in the USA or in a US Territory
- Exempt beneficial Owner (this includes a South African registered retirement scheme, etc)
- Deemed Compliant Financial Institution (this includes Non-Profit organisations)

**If your organisation is not a Financial Institution, please specify:**

- Active Non-Financial Entity
- Passive Non-Financial Entity

**If your organisation is a US tax resident and not a Specified US person, please specify:**

- A regularly traded corporation on a recognised stock exchange
- Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange
- A government entity
- Any bank as defined in section 581 of the US Internal Revenue Code
- A retirement plan under section 7701(a)(37), or exempt organisation under sec 501(a) of the IRS Code
- or any other exclusion.

**Organisation's Classification under Common Reporting Standards (CRS)**

**Select an option with reference to primary country of residence:**

- Financial Institution under CRS (includes pension fund schemes, government entity etc)
- An investment entity located in a Nonparticipating Jurisdiction and managed by another Financial Institution
- Active Non-Financial Entity which frequently trades on an established securities market or associated with and established securities marker or a corporation which is a related entity of such a corporation.
- Active Non-Financial Entity-a Government Entity, a Central Bank or an International Organisation.
- Active Non-Financial Entity, other than those listed above
- Passive Non-Financial Entity.

**Dividend Withholding Tax**

**If your organisation is exempt from DWT, please select the appropriate box to declare the reason for the exemption:**

- A company or close corporation registered in South Africa for tax purposes
- A non-profit organisation (approved by SARS in terms of section 30(3) of the Income Tax Act)
- A pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund registered in terms of the Pension Fund Act 1956.
- A person contemplated in section 10(1)(t) of the Income Tax Act

A Trust contemplated in section 37A of the Income Tax Act (e.g. mining rehabilitation Trust)

Fidelity and Indemnity funds contemplated in section 10(1)(d)(iii) of the Income Tax Act

A small business funding as contemplated in section 10(1)(c) of the Income Tax Act

Entity is not exempt from DWT

### SECTION 3: METHOD OF COMMUNICATION & PRIVACY OF PERSONAL INFORMATION

#### Communication

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 and telephonic communications using the contact details provided in the last section of this form.

#### Protection of personal information

The Trustees acknowledge that Itransact requires their personal information, as defined in the Protection of Personal Information Act of 2013 ('POPIA'), and consent to Itransact processing such information to open and administer the Trusts investment accounts. In addition, the Trustees expressly consent that Itransact may verify and process their personal information (including their voice and or biometric data) for security purposes and so as to comply with its obligations in terms of legislation. Itransact may transmit their personal information to third-party service providers for the purposes of storing and maintaining that information. Where information is transmitted to offshore providers, Itransact has confirmed that sufficient legislation and agreements are in place to ensure the protection of that information. Where directed by your financial adviser, Itransact will transmit your information to third-party service providers appointed by your adviser. We will only use personal information about the Trust, their beneficiaries, and dependants in line with the Itransact Privacy Policy. Please refer to the Privacy Policy on the website for information about the Trusts rights and obligation in relation to all personal information.

#### Marketing

Do you consent to receive occasional marketing information relating to your investment from the administrator?

Yes  No

### SECTION 4: LIVES ASSURED

(At least one (1) life assured must be nominated. Please see section 5 of the Policy terms and conditions)

Tick box if the life assured is the same person as the investor

**First Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Identity/Passport Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Relationship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**First Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Identity/Passport Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Relationship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

First Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Identity/Passport Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Relationship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

## SECTION 5: BENEFICIARY FOR OWNERSHIP

(Beneficiary for ownership is a party to whom ownership rights pass on the death of the investor. You may only select 1 beneficiary)

First Name (Or name of Trust)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Residential Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Code

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Tick if postal address is same as residential

Postal Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Code

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Mobile Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Other Contact Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Email Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Identity/Passport Number (Or Trust Registration Number)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Relationship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Country of Residence

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Percentage Share

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

## SECTION 6: BENEFICIARY FOR PROCEEDS

(Beneficiary for proceeds is a party to whom the proceeds of the investment pass on to on the death of the investor. You may select up to 5 beneficiaries)

First Name (Or name of Trust)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Identity/Passport Number (Or Trust Registration Number)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Relationship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Country of Residence

Percentage Share

**First Name** (Or name of trust)

Surname

Residential Address

 Code 

Tick if postal address is same as residential

Postal Address

 Code 

Mobile Number

Other Contact Number

Email Address

Identity/Passport Number (Or Trust Registration Number)

Relationship

Country of Residence

Percentage Share

## SECTION 7: INVESTMENT DETAILS

**Minimum Lump Sum Investment Amount R100 000**

**Underlying Investment Product Name**

**Amount in Rands**

**Source of Funds**

Salary  Policy  Donation  Saving  Investment

Inheritance  Other  (Please Specify)

**Method of Payment**

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.**

**SECTION 8: INVESTOR BANK DETAILS**

**(This bank account must be in the name of the Investor stated in Section 1 only)**

|                        |                      |
|------------------------|----------------------|
| 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"/> |

**SECTION 9: 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;

**(Select one option only)**

- A Financial Services Provider has been appointed to assist with this investment on a non-discretionary basis.
- 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.
- 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)

And that;

1. The latest terms and conditions and the relevant investment media including the features of the Policy including, but not limited to, its underlying investments, fees, costs, disclosures and risks associated to investing in the Policy 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 time to administer the Policy 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 to 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 Policy at any time is less than R1000, that the Administrator reserves the right to cancel the Policy 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 that apply to this product

The fees that apply to each investment product are different and may be integrated into the Policy and the underlying instrument or charged as separate transactions. The investor should consult the specific Investment Product Media associated to this product for details about these charges before the investor confirms and accepts them by entering them below.

,  % Once off financial advice fee (including Vat)

,  % Once off administration fee (including Vat)

,  % Once off insurer fee (No Vat charged on endowment policy)

,  **% Total once off fee for the five year period**

#### Additional fees and charges:

the Trustees acknowledge that if they elect to:

- a) Withdraw, partially withdraw or surrender the investment earlier than the scheduled maturity date; or
- b) Cede the rights in respect of the policy to a third party;

The Trustees may not receive the full amount back that they initially invested and in addition they will be liable to pay to the administrator the following additional charges and/or fees;

- Cession Fee: R570,00 (Five Hundred and Seventy Rand) excluding VAT.

#### Acceptance of product terms and conditions

By signing this application form, the investor acknowledges that they fully understand the latest terms and conditions associated to this product and the implications thereof. The terms and conditions are displayed separately from this application form and are available from (1) your financial advisor (2) from the Forms and Downloads section on the Administrator's website ([www.itransact.co.za](http://www.itransact.co.za)) or (3) by contacting the Administrator directly on the details available at the end of this application form.

The investor hereby acknowledges and understand that they will be legally bound by any contract entered into between the Issuer, Insurer and the Administrator in order to fulfill and deliver this instruction which they have authorised, and:

The investor acknowledges that they understand and agree to the fees, charges and penalties applicable to this investment and, where applicable, have also discussed and agreed to them with their Financial Adviser, specifically the initial advice fee payable to my Financial Adviser as specified in this application form.



Date (ddmmyyyy)

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

Signature of Investor or duly authorised person/s

Print Initials and Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**SECTION 10: FINANCIAL SERVICES PROVIDER DECLARATION (IF APPLICABLE)**

- The Financial Services Provider (“FSP”) through whom the application for an investment is being made, confirms that the FSP and the Financial Adviser named in section 11 are licensed (in the case of the FSP) and authorised (in the case of the Financial Adviser) to provide the relevant financial services in respect of the financial products to which this application relates. (A certified copy of the FSP licence in terms of the Financial Advisory and Intermediary Services Act, 2002, (“FAIS”) must be supplied); and
- The FSP specifically confirms that the FSP and the Financial Adviser are “fit and proper”, as required by FAIS, to provide the relevant financial services in respect of the financial products to which the application relates; and
- The FSP/authorised representative of the FSP by appending his/her signature hereto, states and declares the FSP/authorised representative of the FSP has read and understood the terms and conditions pertaining to this investment product and that the FSP will be bound by these terms and conditions insofar as such terms and conditions affect the FSP; and
- The FSP warrants that all statements given by him/her/it in the application form are true and correct in every respect; and
- The FSP/Financial Adviser will not negotiate fees in respect of the Policy which are higher than the maximums stipulated in section 9; and
- The FSP further warrants and confirms that he/she/it has explained all the features of the Policy and its underlying investments to the Investor, including, but not limited to all the fees, costs, penalties and risks involved and has made all disclosures required in terms of FAIS to the Investor; and
- 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; and
- The FSP has established and verified the identity of the Investor, as required in terms of section 21 of FICA and all published and applicable sanction lists, before entering into a business relationship with him/her or before concluding any transactions with him/her or for and on his/her behalf with the Issuer, Insurer and the Administrator; and
- The FSP will keep records of information relating to the Investor as is required in terms of section 22 of FICA; and
- The FSP will provide the Administrator with any information and documentation requested by it in relation to the Investor, immediately on request; and
- The FSP has read the terms and conditions pertaining to the investment policy, including but not limited to the Product Brochure, Application Form, Policy Terms and Conditions, as well as all the additional investment media pertaining to the policy and declares that the FSP fully understands and appreciates the content thereof; and
- All statements given by the FSP in the Application Form are true and correct in every respect and that such statements shall form the basis of the contracts, which are to be entered into between the Investor, the FSP, the Administrator and the Insurer.

**Please Select Applicable Option:**

- The FSP is appointed on a non-discretionary basis
- On a full discretionary basis, in which case proof of authority must be provided

Date (ddmmyyyy)

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

Signature of Authorised Financial Services Provider/Representative

Print Initials and Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

### SECTION 11: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

#### Financial Services Provider Details

Name of Financial Services Provider (If a legal entity)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Telephone Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Facsimile Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Email Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Financial Services Provider Code with Itransact (House Code)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

#### Financial Adviser/Representative Details

First Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Surname

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Telephone Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Facsimile Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Email Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Financial Adviser/Representative Code with Itransact

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

### SECTION 12: IMPORTANT CONTACT INFORMATION

#### Financial Advisor Support Centre

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

#### Investor Support Centre

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

[www.itransact.co.za](http://www.itransact.co.za)

**ACTING ON BEHALF OF AN INVESTOR**

This form must be completed by each authorised signatory, each person acting on behalf of the investor and all controlling persons.

Each authorised representative of the legal entity must complete this form. In the event that more than one person is authorised to act on behalf of the investor, copies must be made of this section.

**IMPORTANT INFORMATION**

This document must be sent together with the product application form to the Administrator by email at [newbus@itransact.co.za](mailto:newbus@itransact.co.za)

**SECTION 1: DETAILS OF THE PERSON ACTING ON BEHALF OF THE INVESTOR**

|                          |                             |                             |                              |                             |                               |                                  |
|--------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|----------------------------------|
| Title                    | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> | Mrs <input type="checkbox"/> | Dr <input type="checkbox"/> | Prof <input type="checkbox"/> | The Hon <input type="checkbox"/> |
| Name                     | <input type="text"/>        |                             |                              |                             |                               |                                  |
| Surname                  | <input type="text"/>        |                             |                              |                             |                               |                                  |
| Date of Birth (ddmmyy)   | <input type="text"/>        |                             |                              |                             |                               |                                  |
| Identity/Passport Number | <input type="text"/>        |                             |                              |                             |                               |                                  |
| Nationality              | <input type="text"/>        |                             |                              |                             |                               |                                  |
| Income Tax Number        | <input type="text"/>        |                             |                              |                             |                               |                                  |
| Residential Address      | <input type="text"/>        |                             |                              |                             |                               |                                  |
|                          | <input type="text"/>        |                             |                              |                             |                               |                                  |
|                          | <input type="text"/>        |                             |                              |                             |                               |                                  |
|                          | <input type="text"/>        |                             |                              |                             |                               | Code <input type="text"/>        |
| Postal Address           | <input type="text"/>        |                             |                              |                             |                               |                                  |
|                          | <input type="text"/>        |                             |                              |                             |                               |                                  |
|                          | <input type="text"/>        |                             |                              |                             |                               |                                  |
|                          | <input type="text"/>        |                             |                              |                             |                               | Code <input type="text"/>        |
| Cell Phone Number        | <input type="text"/>        |                             |                              |                             |                               |                                  |
| Other Contact Number     | <input type="text"/>        |                             |                              |                             |                               |                                  |
| Email Address            | <input type="text"/>        |                             |                              |                             |                               |                                  |
|                          | <input type="text"/>        |                             |                              |                             |                               |                                  |

Are you a registered tax payer in any country other than South Africa?

Yes  No

If yes, please specify:

Country of Tax Residence

Three empty rectangular boxes for country specification.

Tax Identification Number

Three rows of 13-digit grids for Tax Identification Number.

**DECLARATION**

I confirm that all information provided herein it true and correct and that I have read and understood the contents of this form.

I agree to notify the administrator immediately if information on this change.

\_\_\_\_\_

Date (ddmmyyyy)

**Signature**

Print Initials and Surname

Two rows of 13-digit grids for printing initials and surname.