

# LIVING ANNUITY POLICY

Application Form

# Important information

Before investing, please read the Terms and Conditions of the Policy carefully to decide if the product meets your financial needs. Consider getting financial advice if you are not familiar with financial markets and products. View the fact sheet/s (Minimum Disclosure Document/s) for information about the objectives, risks and fees relevant to your investment choice.

- The living annuity policy is underwritten by 27four Life Limited.
- The administration of the policy is performed by Prescient Fund Services (Pty) Ltd "Administrator".
- You may not transfer benefits from a guaranteed life annuity to the 27four Living Annuity.
- We require your income tax number to process this investment.

We will only process your instruction once we receive all the required documents and the investment amount reflects in our product bank account. Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next business day. Instructions in respect of a money market portfolio must be received by 11:00.

### Complete the form and submit documents

Complete all relevant sections of this form and submit it, together with the documents listed below, to retirement@prescient.co.za

A clear copy of your South African ID or Passport (if Foreign National)

A document containing your residential address (not older than 3 months)

A copy of your bank statement (not older than 3 months)

Proof of your deposit or your electronic fund transfer

If applicable, a completed "Acting on Behalf of the Investor form" plus the supporting documents referred to therein

#### Product bank account details

Transfers to be made into the following account:

Account name	27four Living Annuity
Account number	6211 833 7337
Bank	FNB
Type of account	Current
Reference number	Your South African ID number or passport number (if foreign national) and country of issue

## **Product fees**

An Administration Fee will be recovered through a sale of units in your Investment Account. The administration fees that apply when investing into a life-pooled portfolio are set out below.

Policy administration fee	R0 - 1m	R1 - 3m	R3 - 10m	> R10m
% of investment account	0.25%	0.20%	0.12%	0.08%

When selecting a collective investment scheme (also known as a unit trust) as your Investment Option, an additional 27four Life licence fee of 0.13% will be added to the administration fee above and recovered through a sale of units in your Investment Account.

Provide you	r personal de	etails								
New investor		Existing inve	stor		Client	number				
Title					Surna	me				
First name(s)							G	Gender		
Date of birth					Natior	nality				
ID or Passport number (if foreign national)										
Marital Status	Single	Married	Div	orced		Income T number	Гах			
Street address						Postal ad	ddress			
C / O						Same as address	street	YES	NO	
Unit						C / O				
Complex						Line 1				
Street number						Line 2				
Street						Line 3				
Suburb						Line 4				
City						Postal co	ode			
Postal code						Fax				
Telephone (H)						Cell				
Telephone (W)						Email ad	dress			
Specify your prefe	erred method of	receiving cor	respondence	e*	Email			by to financial	By post	

\*Consider going paperless by selecting the email option. If no selection is made, correspondence will be sent to the email address provided. If no email address is provided, correspondence will be sent to your postal address.

# Specify your source of funds

You may invest a minimum of R 10,000	) or any higher amount in the Liv	ring Annuity Policy by transferrin	g a benefit from a retirement fund.
Amount R			
Transferor 1 Pension fund	Provident fund	Retirement Annuity fund	Transfer from Living Annuity Policy
Name of Transferring Fund / Insurer			
FSCA Registration Number		Contact number	
Amount R			
Transferor 2 Pension fund	Provident fund	Retirement Annuity fund	Transfer from Living Annuity Policy
Name of Transferring Fund / Insurer			
FSCA Registration Number		Contact number	

# Provide your banking details

South African bank account in the name of the investor:

Account holder	Bank	
Account number	Type of account	
Name of branch	Branch code	

Note: The account holder must have a South African bank account.

# **Investment options**

Select your investment options below:

Investment portfolio	Investment portfolio class	Investment amount (in Rands)	Investment amount (in percentage)

\*In line with industry practice within this fund category, recommended advisor fees are 0% upfront and a maximum of 0.5% ongoing.

## Select your income payment details

This section does not apply to transfers from existing living annuities.

Your pre-tax annuity income may only be between a minimum of 2.5% p.a. and a maximum of 17.5% p.a.

Living Annuity payments are scheduled for the 25th of each month. The cut-off for processing Living Annuity payments is for the completed instruction to reach our offices by the 15th of the month in order for the scheduled payment.

Select an income percentage or Rand amount of income:

Income percentage	%	Or Rand amount	R	
Select the frequency of your income payments:				
Monthly in Arrears Quarterly	y in Advance	Bi-annually	in Advance	Annually in Advance
(Monthly annuity payments are paid in arrears, whe	reas quarterly, t	piannual and annual annu	ity payments are paid in	advance)
Do you want to specify an income tax rate?	Yes	No		
Your tax on your income is calculated based on the than that calculated from the income tax tables.	SARS income	tax tables. A SARS tax d	irective is required if the	tax rate specified is lower
If you would like to specify an income tax rate for the us with that rate:	e tax period that	is different to the one calc	culated using the income	tax tables, please provide
%				
Portfolio you would like to withdraw your income fro	m:			
Withdraw income proportionately		Withdr	aw from the investment	portfolio(s) selected below
If there is insufficient money in the selected portfolio your income from:	os below, we wi	ll withdraw your income p	roportionately. Portfolio	you would like to withdraw
Investment portfolio				Percentage (%)

#### Indicate your beneficiary nominations

- If no beneficiary is nominated, Policy benefits will be paid to your estate.
- · You may nominate one or more parties as primary beneficiaries to receive a benefit at your death.
- You may also nominate secondary beneficiaries below. Proceeds will be paid to secondary beneficiaries, if there are no surviving primary beneficiaries.
- If there are more beneficiaries, please attach a signed copy of this section to the application form.
- Beneficiary nominations share % must total 100%.
- The signature of the investor's spouse is required if the investor is married in community of property and nominates a beneficiary other than the investor's spouse.

Married in community of	of property:		Yes		No	
I hereby agree to the nominations below:						
Full name of spouse						

# Signature of spouse

# Primary beneficiaries

	Beneficiary 1	Beneficiary 2
Surname		
Full name(s)		
ID number		
Relationship		
Share %		
Contact number		
Email address		
	Beneficiary 3	Beneficiary 4
Surname	Beneficiary 3	Beneficiary 4
Surname Full name(s)	Beneficiary 3	Beneficiary 4
	Beneficiary 3	Beneficiary 4
Full name(s)	Beneficiary 3	Beneficiary 4
Full name(s) ID number	Beneficiary 3	Beneficiary 4
Full name(s) ID number Relationship	Beneficiary 3	Beneficiary 4

	Beneficiary 5	Beneficiary 6
Surname		
Full name(s)		
ID number		
Relationship		
Share %		
Contact number		
Email address		

# Secondary beneficiaries

	Beneficiary 7	Beneficiary 8
Surname		
Full name(s)		
ID number		
Relationship		
Share %		
Contact number		
Email address		

# Complete if you have a financial advisor

Name of financia services provider (FSP)				
FSP license number			Name of financial advisor	
Contact number			Email address	
Indicate the nego	tiable fee tha	at you	would like us to pay to your advisor for this invest	ment:
Initial fee		%	Maximum 1.5% (excluding VAT) deducted prior fee is payable, insert 0%.	to the investment being made. If it is agreed that no initial
Annual ongoing fee		%	Maximum 1.0% (excluding VAT) of the investme	ent account. If no annual fee is payable, insert 0%.

I, the appointed Financial Advisor for this investment application declare that:

- 1. I have established and verified the identity of the investor/s (and persons acting on behalf of the investor/s) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA). I will keep records of such identification and verification.
- 2. I am licensed in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) to provide financial services in respect of this investment.
- 3. I have read and understand the most recent Terms and Conditions of this investment and have explained them to the investor/s.
- 4. I have made the disclosures required under the FAIS Act to the investor/s, and have explained all the fees and charges that are payable.
- 5. I will periodically review the investor/s' investment/s in return for the annual advisor fee.
- 6. I am aware that the investor/s may instruct the Administrator at any time in writing to cancel the fee payment to me.

#### Signature of financial advisor

#### Authorisation and declaration

- 1. I have read and fully understood all the pages of this application and agree to the Terms and Conditions of the Living Annuity Policy.
- 2. I understand that this application and any further documents read with the Policy document constitute the entire agreement between 27four Life Limited and me.
- 3. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
- 4. I have not received any advice, guidance or recommendation regarding this investment from 27four Life or the Administrator.
- 5. I authorise the Administrator to deduct any electronic collections from the specified bank account, and to pay any applicable fees and charges, including negotiated fees to a Financial Advisor (if relevant).
- 6. I authorise the Administrator to accept instructions from persons duly appointed and authorised by me in writing, e.g. my Financial Advisor. I will not hold 27four Life or the Administrator liable for any losses that may result from unauthorised instructions given to them.
- 7. I authorise the Administrator to accept and act upon instructions in the prescribed format by e-mail and hereby waive any claim that I have against 27four Life or the Administrator and indemnify 27four Life and the Administrator against any loss incurred as a result of the Administrator receiving and acting on such communication or instruction.
- 8. I consent to my personal information being processed in accordance with the Terms and Conditions.
- I consent to the Administrator making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the Administrator obtaining any other information concerning me from any source whatsoever to enable the Administrator to process this application.
- 10. I confirm that I have noted and understood the following information:
  - The Minimum Disclosure Document;
  - · Effective Annual Cost (can be obtained on request from retirement@prescient.co.za;
  - Investment objectives and risk factors;
  - The calculation of the NAV, dealing prices and distribution of income accruals.

Full name		
Signed at	Date	

#### Signature of investor

Date: