



Glacier International and DMA - Advisor checklist

Date:
Client name:

FICA

- Client ID - Certified
- Client Proof of Address - Certified
- Proof of bank - Certified

FAIS (Advisor)

- Advisor Record of Advice
- Risk profiler
- Quote (If applicable)
- Product Literature
- Letter of introduction + Disclosures
- Letter of Appointment (If applicable)

FAIS (Interactive Portfolios)

- Letter of Introduction + Disclosures
- Signed Mandate
- Signed Factsheet
- Signed Underlying Fund Factsheet

Documents for Glacier

- Signed Glacier International Quote
- Specifically Indicating DMA
- Specifically Indicating the management fee
- Signed Glacier International Life Application form
- Signed Completed and signed DMA Power of attorney
- Signed Permissible Assets Disclaimer

Intelligent Investing

Glacier International and DMA

1. Account opening documents

The advisor must obtain a quotation generated from the Glacier system.

- Specifically indicating DMA
- Specifically indicating the management fee (1.15% incl VAT)

When a quote is generated, the following forms are also generated as part of the quote:

- Glacier Global Life Plan application form
- DMA power of attorney and addendum
- Permissible asset disclaimer

The following documentation must be provided by Interactive Portfolios:

- Investment portfolio quotation
- Interactive Portfolios client mandate
- Factsheet/Investment portfolio

2. **Populated and signed** documents to be provided to Glacier International

Application:

- Glacier International quotation
- Glacier Life Plan application form
- Permissible asset disclaimer
- DMA power of attorney and addendum

FICA documents required:

- SA ID document - certified
- Proof of address- certified
- Proof of bank - certified

3. Documents to be sent to Interactive Portfolios

- SA ID document
- Proof of address
- Proof of bank
- Signed mandate
- Signed factsheet

4. Once the account is active

- Client to fund account (**please send proof of payment to Interactive Portfolios**)
- Interactive will invest the client's funds as per the mandate and factsheet
- Interactive will send confirmation of trade once the client account has been traded

5. Ongoing maintenance

- Interactive will send the client a summary statement and personalized quarterly portfolio factsheet
- Interactive will also be available for review with the client as and when requested by the advisor



Important information

- This Plan is issued as a collection of policies (“contracts”), underwritten by Sanlam Life Insurance Limited (“Sanlam Life”), a licensed financial services provider, through its branch in Bermuda.
- Complete the form in block letters.
- Please mark the appropriate block(s) with an X.
- The quotation linked to this application must be submitted at the same time.

Glacier International Service Centre
Glacier Place
1 Sportica Crescent
Tyger Valley
7550

CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

Name and surname

Telephone number (code first) / cell

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E-mail

SPECIAL NOTES: Please let us know of any special instructions or points to note as we process this application

Contact us for more information

Phone our Communication Centre at:

+27 (0)21 917 9333

Send an e-mail to:

newbusiness@glacierinternational.co.za

Glacier International is a division of Sanlam Life Insurance Limited, a Licensed Financial Services Provider in South Africa | A member of the Sanlam Group
Private Bag X5 | Tyger Valley 7536 | Email clientservices@glacierinternational.co.za
Tel +27 21 917 9333 | Web www.glacierinternational.com
Reg No 1998/021121/06

Section 1. Individual Plan Holders

1. All Plan Holders are automatically lives insured.
2. Maximum of ten Plan Holders per Plan.
3. If additional Plan Holders are to be included, please attach a further copy of this section.

We are obligated to collect information on each investors tax residency in order to meet requirements as contemplated in the Financial Account Tax Compliance Act (FATCA) enacted by the Government of the United States of America. In addition Bermuda has committed to implement the Global Common Reporting and Due Diligence Standard (CRS) as developed by members of the Organisation for Economic Co-operation and Development (OECD). We may be required to share information regarding your investment in certain circumstances with tax authorities including those situated in any other tax jurisdiction.

Supporting documents required for all Plan Holders

1. A clear copy of the identity document or passport.
2. Proof of physical address – e.g. utility bill not older than 3 months.
3. Should an investment be made on behalf of a minor, the identification document and proof of physical address of the guardian as well as the minor's birth certificate or passport will be required.
4. All copies of documents to be certified.

Plan Holder 1

Title	Surname	Full first names	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DD – <input type="text"/> MM – <input type="text"/> YYYY
Previous name/Also known as			Gender
<input type="text"/>			<input type="text"/> Male <input type="text"/> Female
Country of birth	<input type="text"/>		
Nationality	<input type="text"/>		
Country of citizenship (if more than one, list each country)	<input type="text"/>		
Passport/ID country of issue	Passport/ID number	Passport expiration date	
<input type="text"/>	<input type="text"/>	<input type="text"/> DD – <input type="text"/> MM – <input type="text"/> YYYY	
Physical address			
Street	<input type="text"/>		
City/Province	Country	Zip/postal code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address	Same as above	<input type="checkbox"/>	
Street	<input type="text"/>		
City/Province	Country	Zip/postal code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone number (code first)			
H	<input type="text"/>	Fax	<input type="text"/>
W	<input type="text"/>	Cell	<input type="text"/>
E-mail (required)			
<input type="text"/>			

Tax details

List each country of tax residency and the Tax Identification/Reference Number (TIN) for each below.

If a TIN is unavailable please provide reason A, B or C where appropriate:

- **Reason A:** The country where the Plan holder is liable to pay tax does not issue TINs to its residents
- **Reason B:** The Plan holder is otherwise unable to obtain a TIN (please explain why Plan holder is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If Reason B selected above, explain why the Plan holder is unable to obtain a TIN in the corresponding row below			
1.	<input type="text"/>		
2.	<input type="text"/>		
3.	<input type="text"/>		

Employment details

In order to comply with FICA legislation we need your financial information:

What is your employment status? (Choose one most applicable to you)

Self-employed	Salaried employee	Student (18 and older)	Minor
Retired	Unemployed	Home executive	

Are you or have you been a government official? Yes No If you have answered yes to any of these questions, please explain:

Are you associated with a government official? Yes No

Are you employed by a state owned agency/company? Yes No

Occupation

Name of employer and position held (if self-employed, the company under which you provide services)

Do you earn an income? Yes No If you answered yes, please answer the following questions:

How do you earn your income? Salary Pension Business Dividends

Other

What is your total annual income amount? R0 - R500 000.00 R500 000.01 - R1 000 000.00 More than R1 000 000.00

Which industry/sector do you work in? *Please provide a brief description if you select not applicable or other.

Extractive services (e.g. mining)	Construction	State-owned enterprise	Public sector	Agriculture
Manufacturing	Financial and business services	Wholesale and retail trade	Entrepreneurship	
Education	Automotive / Aviation	Engineering	Healthcare	
Hospitality	Information technology (IT)	Not applicable*	Other*	

Description

Please indicate how you acquired most of your wealth:

<input type="checkbox"/> Accumulated earnings	Name of company	<input type="text"/>
<input type="checkbox"/> Maturity of insurance policy	Name of insurance company	<input type="text"/>
<input type="checkbox"/> Transfer from existing investment	Investment details	<input type="text"/>
<input type="checkbox"/> Dividends/sale proceeds	Details of company/asset sold	<input type="text"/>
<input type="checkbox"/> Retirement savings	Name of the retirement fund	<input type="text"/>
<input type="checkbox"/> Bequest	Name of next of kin/details of trust making the distribution	<input type="text"/>
<input type="checkbox"/> Divorce settlement	Name of ex spouse	<input type="text"/>
<input type="checkbox"/> Spousal Donation	Spouse's occupation (or, if retired, previous occupation)	<input type="text"/>
	Name of employer	<input type="text"/>
	Address of employer	<input type="text"/>
	Type of business of employer	<input type="text"/>
<input type="checkbox"/> Other		<input type="text"/>

Intended use of the Plan

Please provide the projected time horizon for this investment Between 3 and 5 years Between 6 and 10 years From 11+ years

Do you anticipate making any additional investments in the Plan? Yes No

If Yes, what is the anticipated frequency of additional investments? Within the first 12 months Annually Occasionally

Do you plan to make any withdrawals from the Plan? None Gains/Earnings Up to 10% from the investment amount Other

If Yes, what is the anticipated frequency of withdrawals? Within the first 12 months Annually Occasionally

Correspondence

Please note that for Plans with multiple Plan Holders, only Plan Holder 1 will receive communications.

Statements are available at all times via our website www.glacierinternational.com. Annual statements and other communication will be e-mailed to your nominated e-mail address.

We may provide you with information about our financial products and other services. Please contact our Communication Centre if you do not want to receive this information.

Plan Holder 2

Relationship to Plan Holder 1

Title Surname Full first names Date of birth - -

Previous name/Also known as Gender Male Female

Country of birth

Nationality

Country of citizenship (if more than one, list each country)

Passport/ID country of issue Passport/ID number Passport expiration date - -

Physical address

Street	<input type="text"/>		
City/Province	Country	Zip/postal code	

Postal address Same as above

Street	<input type="text"/>		
City/Province	Country	Zip/postal code	

Telephone number (code first)

H	<input type="text"/>	Fax	<input type="text"/>	E-mail (required)
W	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>

Tax details

List each country of tax residency and the Tax Identification/Reference Number (TIN) for each below.

If a TIN is unavailable please provide reason A, B or C where appropriate:

- Reason A:** The country where the Plan holder is liable to pay tax does not issue TINs to its residents
- Reason B:** The Plan holder is otherwise unable to obtain a TIN (please explain why Plan holder is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C:** No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

If Reason B selected above, explain why the Plan holder is unable to obtain a TIN in the corresponding row below

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

Employment details

In order to comply with FICA legislation we need your financial information:

What is your employment status? (Choose one most applicable to you)

Self-employed	<input type="checkbox"/>	Salaried employee	<input type="checkbox"/>	Student (18 and older)	<input type="checkbox"/>	Minor	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Home executive	<input type="checkbox"/>		

Are you or have you been a government official? Yes No

Are you associated with a government official? Yes No

Are you employed by a state owned agency/company? Yes No

If you have answered yes to any of these questions, please explain:

Occupation

Name of your employer and position held (if self-employed, the company under which you provide services)

Do you earn an income? Yes No If you answered yes, please answer the following questions:

How do you earn your income? Salary Pension Business Dividends

Other

What is your total annual income amount? R0 - R500 000.00 R500 000.01 - R1 000 000.00 More than R1 000 000.00

Which industry/sector do you work in? *Please provide a brief description if you select not applicable or other.

Extractive services (e.g. mining) <input type="checkbox"/>	Construction <input type="checkbox"/>	State-owned enterprise <input type="checkbox"/>	Public sector <input type="checkbox"/>	Agriculture <input type="checkbox"/>
Manufacturing <input type="checkbox"/>	Financial and business services <input type="checkbox"/>	Wholesale and retail trade <input type="checkbox"/>	Entrepreneurship <input type="checkbox"/>	
Education <input type="checkbox"/>	Automotive / Aviation <input type="checkbox"/>	Engineering <input type="checkbox"/>	Healthcare <input type="checkbox"/>	
Hospitality <input type="checkbox"/>	Information technology (IT) <input type="checkbox"/>	Not applicable* <input type="checkbox"/>	Other* <input type="checkbox"/>	

Description

Please indicate how you acquired most of your wealth:

<input type="checkbox"/> Accumulated earnings	Name of company	<input type="text"/>
<input type="checkbox"/> Maturity of insurance policy	Name of insurance company	<input type="text"/>
<input type="checkbox"/> Transfer from existing investment	Investment details	<input type="text"/>
<input type="checkbox"/> Dividends/sale proceeds	Details of company/asset sold	<input type="text"/>
<input type="checkbox"/> Retirement savings	Name of the retirement fund	<input type="text"/>
<input type="checkbox"/> Bequest	Name of next of kin/details of trust making the distribution	<input type="text"/>
<input type="checkbox"/> Divorce settlement	Name of ex spouse	<input type="text"/>
<input type="checkbox"/> Spousal Donation	Spouse's occupation (or, if retired, previous occupation)	<input type="text"/>
	Name of employer	<input type="text"/>
	Address of employer	<input type="text"/>
	Type of business of employer	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	

Bank details

If there are more than two Plan Holders, then please attach a further copy of this page.

Plan Holder 1

The following bank details will be used for the payments of withdrawal or surrender benefits. No third party payments will be allowed.

Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>
Name of bank <input type="text"/>		Account number <input type="text"/>
Branch name <input type="text"/>		Branch code <input type="text"/>
Type of account (No payments will be made to credit cards) Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>		

Plan Holder 2

The following bank details will be used for the payments of withdrawal or surrender benefits. No third party payments will be allowed.

Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>
Name of bank <input type="text"/>		Account number <input type="text"/>
Branch name <input type="text"/>		Branch code <input type="text"/>
Type of account (No payments will be made to credit cards) Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>		

Section 2. Succession planning

1. You don't have to complete this section, but if you would like to nominate beneficiaries for estate planning purposes, please complete the section below.
2. If there are additional beneficiaries, please attach a further copy of this section.
3. If a Testamentary Trust is nominated as a beneficiary, please provide a certified copy of the Will.

EITHER:

Beneficiaries for Ownership

1. The person nominated as a beneficiary for ownership is automatically a Life Insured, and must sign this application form in Section 5.
2. Beneficiaries for Ownership can be nominated to become the Plan Holder(s) on death of the last Plan Holder without having to withdraw from the Plan.
3. Any change to beneficiary(ies) must be signed by all Plan Holders and submitted to Glacier International. An endorsement will be issued to confirm acceptance of the change.
4. Documentary evidence of identification and residential address of the person(s) nominated is required at the time of this application (All copies to be recently certified).
5. An "United States Person" or "Bermudian Person" cannot replace a Plan Holder.

OR:

Beneficiaries for Death benefits

1. Beneficiaries for death benefits will receive the benefit of the Plan in equal shares, unless otherwise stated, on the death of the last surviving Life Insured.
2. A maximum of ten beneficiaries can be nominated at any one time. If more than two beneficiaries are required, then attached a further copy of this page.
3. Any further change to beneficiary(ies) must be signed by all Plan Holders and submitted to Glacier International. An endorsement will be issued to confirm acceptance of the change.
4. Documentary evidence of identification and residential address of the person(s) nominated will be required before the death benefit can be paid.

Beneficiary 1	Portion of proceeds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Beneficiary 2	Portion of proceeds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Beneficiary 1

Title	Surname/Name of Trust/Company	Full first names	Date of birth/Registration date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous name/Also known as		Gender	
<input type="text"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Country of birth/Incorporation <input type="text"/>			
Nationality (if South African, please provide your ID number below) <input type="text"/>			
Country of citizenship (if more than one, list each country) <input type="text"/>			
Passport/ID country of issue	Passport/ID number/Registration number	Passport expiration date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical address			
Street	<input type="text"/>		
City/Province	Country	Zip/postal code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address		Same as above <input type="checkbox"/>	
Street	<input type="text"/>		
City/Province	Country	Zip/postal code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone number (code first)			
H	<input type="text"/>	Fax	<input type="text"/>
W	<input type="text"/>	Cell	<input type="text"/>
E-mail (required) <input type="text"/>			

Contact person for the Trust/Company

Title	Surname	Full first name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number (code first)		
H	<input type="text"/>	Fax
W	<input type="text"/>	Cell
E-mail (required) <input type="text"/>		

Beneficiary 2

Title	Surname/Name of Trust/Company	Full first names	Date of birth/Registration date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous name/Also known as		Gender	
<input type="text"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	

Country of birth/Incorporation

Nationality (if South African, please provide your ID number below)

Country of citizenship (if more than one, list each country)

Passport/ID country of issue Passport/ID number/Registration number Passport expiration date

Physical address

Street			
City/Province	Country	Zip/postal code	

Postal address Same as above

Street			
City/Province	Country	Zip/postal code	

Telephone number (code first)

H	<input type="text"/>	Fax	<input type="text"/>	E-mail (required)
W	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>

Contact person for the Trust/Company

Title Surname Full first name

Telephone number (code first)

H	<input type="text"/>	Fax	<input type="text"/>	E-mail (required)
W	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>

Section 3. Investment details

Plan details

Select Plan Reporting Currency: USD EUR GBP AUD CHF

(if no box is ticked, the application will not be processed)

Reporting Currency is the currency that your Plan value will be reflected in. This currency will also be used for benefit payments and to calculate fees and commission payments.

Single investment - Minimum investment amount USD/EUR/GBP/AUD/CHF 25 000

The Investor initially invests the following amount (the "Investment Amount"):

Investment Amount Currency (indicate ZAR in case of South African rands)

The Investor understands that the Investment Amount will be reduced by bank costs and currency conversion costs.

Please note: All accounts held in the name of Sanlam Life Insurance Limited are non-interest bearing accounts.

Please complete Source of Funds Verification in Section 6.

Investment Options

- Your investment will be allocated according to the Investment Options indicated in your Global Life Plan Quote.
- The Investment Amount detailed in this section, less the deduction of any fees detailed in the Global Life Plan Quote, will be allocated to your Investment Options.
- The information contained in the Global Life Plan Quote will be relied upon to establish the investments in the Plan and its underlying contracts.

Payment instructions

- Payment must be made to Sanlam Life Bermuda Branch.
- In order to comply with anti-money laundering legislation, we will provide you with the relevant bank details once your application has been accepted.
- Should you require the swift telegraph transfer request, it can be provided by Glacier International once your application has been accepted.

Fees

Please refer to the Global Life Plan Quote for the applicable fees.

Section 4. Financial intermediary details

Personal details of the financial intermediary This financial intermediary will receive all future communication regarding this investment.		Fee split % on	
		Initial fee on single investment (excl VAT)	Annual advice fee (excl VAT)
Initials and surname		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Name of financial service provider (FSP) and FSP number			
Sanlam code			
Bank broker: Application number			
Bank broker: Code			
Broker consultant name			
Broker consultant telephone number			
Did the intermediary above also provide the advice for this investment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered no above, please provide the relevant financial intermediary's details below.			
Initials and surname			
Sanlam code			
Split my commission with the following intermediary (if applicable)			
Initials and surname		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Sanlam code			
Bank broker: Application number			
Bank broker: Code			
		100%	100%

Authorise your financial intermediary

Complete this section if you want to grant additional authority to your financial intermediary. If you do not complete this section, your answer will default to no.

Your financial intermediary acts as a representative of the FSP and will be able to confirm with you what category license they have.

If your financial intermediary has a category I licence, then please complete the following:

A category I FSP is licensed to provide you with advice or intermediary services, or both.

Do you authorise your financial intermediary to convey online additional investment, switch or rebalance instructions on your behalf? Yes No

If your financial intermediary has a category II licence, then please complete the following:

A category II FSP is licensed to exercise discretion on your behalf regarding financial services.

Yes No

Have you mandated the FSP (that is licensed as a discretionary FSP) to give Glacier investment instructions on your behalf?

Financial intermediary declaration

I hereby confirm that:

- If applicable, I have explained the meaning and possible detrimental consequences of replacement of a Plan to the Plan Holder. I have disclosed the intermediary's permit and product quotation to the Plan Holder.
- I understand and accept that if this Plan is canceled within 30 days after the investor received the notice of acceptance of the investment, the financial intermediary fee paid to me will be reversed on my remuneration amount.
- I have met directly with the client or the person acting on behalf of the client recorded in this application, and confirm that he/she bears likeness to the photograph on his/her identity document; and
- I have verified his/her identity with original acceptable documentation, copies of which are attached.
- I have verified the identity of each Plan Holder and to the best of my knowledge, (a) the Plan Holders are not U.S. Persons or Bermudian Persons; (b) if the Plan Holder is a company or trust, no U.S. Person or Bermudian Person is a beneficial owner of such entity; (c) the Plan Holders are applying for the Plan on their own behalf; (d) the Plan Holders are not government officials or associated with a government official (unless otherwise disclosed); and (e) the source of funds are not proceeds of crime or criminal activity nor intended for terrorist activity.
- I am authorised to market this product and that in terms of the Financial Advisory and Intermediary Services Act and its sub-legislation, I have not been debarred nor has any authorisation given to me been withdrawn or suspended, or lapsed.
- I have taken reasonable steps to ensure that the investment is legitimate and in line with the proposed Plan holder(s)' financial state of affairs. To the best of my knowledge, all the information provided in this document is true and complete and I will provide further information if required.

Signature of financial intermediary

Date - - 2 0

THIS APPLICATION WILL NOT BE ACCEPTED IF NOT DATED BY THE INTERMEDIARY AND IF ACCEPTABLE SUPPORTING DOCUMENTATION IS NOT ATTACHED.

Section 5. Declarations

TERMS AND CONDITIONS

- Reference to “I” includes “we” as the context might require.

Investing

- The Application, quotation and Investment Confirmation document are the basis of our agreement. We may update the agreement from time to time with prior written notice.
- The investment amount is payable at Sanlam Life’s office in Bermuda in USD/EUR/GBP/AUD/CHF. The Plan will be concluded in Bermuda. Sanlam Life’s duties under this Plan will come into effect upon acceptance of the application by Sanlam Life Insurance Limited Bermuda branch. The underlying assets of the Plan are based solely on the selected underlying Investment Options and the benefits are payable in Bermuda in the chosen reporting currency.
- The Plan is issued as a collection of policy contracts under the Global Life Plan. The terms of the Plan contract apply equally to each contract issued under the Global Life Plan.
- Sanlam Life owns the underlying Investment Options, and the Plan Holder will have no direct holdings or be able to exercise any rights of a shareholder in such Investment Options.

Accepting and processing instructions

- Investments are administered subject to the terms and conditions stipulated by the asset managers. All issues of units and any subsequent dealings will be on the terms and conditions of such third party’s then current Prospectus/current scheme particulars and principal documents.
- Should any transaction be in progress (e.g. switches, new business, repurchasing, cost recoveries, etc.) any investment instruction or request will pend until the existing transaction in progress has been priced. This may lead to a delay in the purchasing or repurchasing of units.
- The Plan Holder must refer to each Investment Option’s fact sheet and prospectus for details on trading dates. which may be daily, weekly, or monthly
- Each asset management company is required to comply with all applicable laws and regulations regarding market timing, late trading or any other activity which may be considered excessive short term trading. Sanlam Life may, from time to time, be required to respond to requests from regulators and fund companies for any relevant account information, including, but not limited to, information on the Plan Holder, in order to comply with such laws or regulations.
- Sanlam Life may close any Investment Option for new investments at any time, and direct all investment instructions in respect of Investment Options that are closed for new business to a Money Market fund or other reserve fund of the same denomination as the investment choice being closed. Should an Investment Option be removed from the platform, Sanlam Life reserves the right to switch all investments in such an Investment Option to a Money market fund or other reserve fund of the same currency It will be compulsory to invest and maintain an investment amount equal to 3% of the Plan value in a daily traded fund denominated in the same denomination as the Plan reporting currency from which fees can be deducted.
- As a part of anti-money laundering regulations, documentation will be required for investments into the Investment Options. This will be used for compliance with these regulations and to verify the identity of investors or any person holding an interest in the Plan. Sanlam Life reserves the right to request any further documentation or information. Investment amounts will only be allocated to the Investment Options after receipt of all verification documentation and information. Funds transferred into the bank account will not be refunded prior to completion of the verification process as required by anti-money laundering legislation.

Where Sanlam Life’s responsibility ends.

- The underlying Investment Options are subject to market risks. No representation, guarantee or warranty is made by Sanlam Life to the performance or investment returns of the underlying investment options selected by the Plan Holder(s). Past performance is no guarantee of future returns. The value of investments in foreign currency may fluctuate materially due to changes in exchange rates.
- There is no assurance or guarantee of capital or performance, and the Plan Holder may lose money, including loss of capital.
- If the Plan Holder(s) instruction entails the conversion of one currency to another currency, the Plan Holder will bear the risk of any exchange rate movements between the time of the instruction and the time of the relevant conversion transaction.
- Sanlam Life will not be liable for any losses incurred as a result of any delays in the processing/rejection of an application or instruction because the financial intermediary is acting beyond the scope of his/her FSCA license, any delays during the foreign exchange process by the remitting or agent bank or the rate of exchange by the remitting or agent bank to the conversion of currency into another currency or any delay in receipt of redemption payments attributable to an asset manager, or any delay caused by the failure of any mechanical or electrical devices or networks or any other events outside their reasonable control.
- The Plan holder must review the Prospectus/current scheme particulars and principal documents and fund fact sheet for each fund selected. Sanlam Life shall not be liable for any loss suffered by the Plan Holder(s) as a result of any time calculation standards, practices and procedures of these parties or their delay of repurchases or refusal to allow repurchases at a specific date or price.
- I have read and understood the terms and conditions of the stockbroking service(s) and, where applicable, the structured product(s) selected; I take full responsibility for the selection of the Investment Options selected.
- I acknowledge that any Model Portfolio selected will be managed at the sole discretion of the Model Portfolio Manager and in accordance with the risk profile in the mandate entered into between myself and the Model Portfolio Manager and that an additional fee for this Portfolio will be deducted from my Plan.
- It is your responsibility to inform Glacier International of any changes to your, the nominated Plan holder, lives insured and beneficiaries’ personal details (e.g. address change, surname change, contact details, tax details, etc.).
- Glacier International is not responsible for any instructions submitted by your financial intermediary or any delays in the processing or rejection of an application or future instructions as a result of your financial intermediary not complying with one or more of the following:
 - not being appropriately licensed as a financial services provider,
 - not registered or authorised for the appropriate product category,
 - not having completed the relevant training as required by legislation, or
 - not acting within the scope of your mandate with your category II FSP.

Status of the Plan Holder

- Each Plan Holder warrants and represents that no Plan Holder named herein is a 'United States ("U.S.") Person' or 'Bermudian Person', and does not intend to sell or transfer the rights or interest in the Plan to such person(s), or is a resident of any country subject to U.S., Bermuda or U.N. sanctions
 - no funds have been or will be contributed to the Plan that have been obtained from a U.S. Person or Bermudian Person.
 - no interest in the Plan is being acquired for or on behalf of a U.S. Person or Bermudian Person.
 - no solicitation to purchase a Plan took place while the Plan Holder was present in the U.S.
 - the Plan is being acquired for investment purposes.
 - A U.S. Person is (a) any individual who is a citizen of the U.S., (b) any individual who is a resident of the U.S. for U.S. income tax purposes, (c) a corporation, partnership or other entity created or organised under the laws of the U.S. or any of the States or having its principal place of business in the U.S., (d) a U.S. estate or U.S. trust, the income of which is subject to U.S. federal income tax, (e) any U.S. corporation, U.S. partnership, U.S. trust, U.S. estate or other entity that is organised principally for passive investment and in which one or more individuals or entities described above hold units of participation representing in the aggregate 10% or more of the beneficial interests in the entity, (f) a pension plan for the employees, officers or principals of an entity created, organised or existing in or under the laws of the U.S. or which has its principal place of business within the U.S., (g) any trust, if a court in the U.S. is able to exercise primary supervision over the administration of the trust, (h) any trust, if one or more U.S. person has the authority to control all substantial decisions of the trust, or (i) any person or entity who is treated as a U.S. person under Section 7701(a)(30) of the U.S. Internal Revenue Code.
 - A Bermudian Person is any (a) individual who (i) is ordinarily resident in Bermuda, (ii) has Bermuda status under Bermuda law, or (iii) is employed in Bermuda, (b) company incorporated in Bermuda which is not an exempted company (i.e. a "local company"), (c) any partnership formed in Bermuda, or (d) trustee of a trust which has been established or made by a person who is resident in Bermuda and the trust fund is held for residents of Bermuda.
- Each Plan Holder agrees to immediately notify Sanlam Life in writing should a Plan Holder, or beneficial owner of a Plan Holder, become a U.S. Person or Bermudian Person and acknowledges that Sanlam Life reserves the right to require the immediate termination of a Plan if a Plan Holder subsequently becomes a U.S. Person or Bermudian Person.
- Each Plan Holder agrees to supply any documentation or information that may be needed to ensure compliance with the Foreign Account Tax Compliance Act or any similar legislation in any other jurisdiction and agrees that Sanlam Life, its delegates, its duly authorized agents, and any of its associated or affiliated companies, can supply any such documentation or information to the relevant taxing authorities to the extent required under the relevant legislation applicable and intergovernmental agreements.
- If there is a change in the tax status of the Plan Holder or should a government impose taxation or effect legislation or measures which alter the taxation with regard to the underlying assets and/or causes that the underlying assets be invested in another way, Sanlam Life may recalculate the value of the Plan investment and/or cause the relevant assets or the underlying assets to be held in another way.

Declaration and authorisation

- My rights and those of any Beneficiary under the Plan, shall be interpreted and construed under the laws of Bermuda, and the courts of Bermuda shall have non-exclusive jurisdiction in relation to any and all proceedings regarding the validity or interpretations of this Application and the rights of the parties thereto.
- I hereby consent to the storage of Plan information on any server, database or website maintained by, and restricted to authorised personnel of, Sanlam Life or any service provider used by Sanlam Life regardless of jurisdiction.
- I am aware that I can cancel the Plan by notifying Sanlam Life in writing within 30 days of receipt of the investment Plan confirmation. If I cancel within this timeframe, the amount payable will be equal to the Plan value, using the next available prices for all underlying Investment Options (funds) (taking into account the exchange rate at the time of cool-off), plus all commission, fees and charges deducted by Sanlam Life from the original investment amount. If the 30 days ends on a non-business day, the next business day will be used. I will carry the risk of any adverse exchange rate movements.
- The intermediary permit has been given to me. I have signed a fully completed application form (of which this declaration forms part) and product quotation and understand their contents.
- In entering into this agreement, I am not relying on any warranties, representations, disclosures or expressions of opinion which have not been reduced to writing, accepted by Sanlam Life and incorporated into this agreement. The effective annual cost has been disclosed to me, I have acquainted myself with and understood, the Investment Options and the various risks associated with the Investment Options.
- Sanlam Life is authorised to provide my personal details and details in respect of this investment to companies with whom it has business arrangements; accept and act on any investment instruction given by a financial intermediary, authorised by me should an investment mandate on a discretionary basis be granted by me to my financial intermediary and my financial intermediary be approved as a licensed financial services provider.
- Each Plan Holder signing below warrants that all information given in this application form and documentation provided is true and accurate in every respect, and agrees that such information forms the basis for which investments are made through the Plan. I agree to inform Sanlam Life if any information provided becomes incorrect or invalid due to changes in circumstance within 30 days of the change. Any misrepresentation may lead to the cancellation of a Plan.
- We may share personal details with a tracing agent if we have been unable to contact you or all relevant parties with the information on record. If we need to trace a party who is to receive benefits from this investment, any reasonable direct administrative, tracing and management costs may be recovered from the benefit amount.

How we protect your personal information

Who you are sharing your information with

You are sharing your information with Glacier International and Sanlam Life, subsidiaries of Sanlam Limited.

What we collect and how we collect it

When you invest with us, we have to collect certain personal information in order to provide our services and to comply with our legal obligations. We will collect the information directly from you, but in some instances we may collect it from other sources. We may also ask you to provide personal information of other people relevant to the investment, including minor children, if applicable.

You have the right to ask us for a copy of your personal information and to update or correct it.

Who we share your information with

When you share your information with us, you are also sharing it with the Sanlam Group. The Sanlam Group consists of all the companies that are owned or controlled by Sanlam Limited. All the companies in the Group are committed to protecting your information. Visit www.sanlam.com/about/Pages/our-businesses.aspx for the complete list of the businesses in the Sanlam Group.

We will share your information with your financial intermediary and their practice in order for them to provide you with financial advice and intermediary services.

We may share your information with other service providers where required for any of the purposes stated below. We only use companies we trust, and they are contractually obligated to keep your information safe.

We will also have to share your information with companies in other countries, if required for administering your investment. We will not send your personal information to a country that does not have the same level of data protection laws as South Africa, unless we have a binding agreement in which they undertake to keep your information safe in line with data protection laws.

At times we may be legally obliged to share your personal information with legal and regulatory authorities.

You may object to this sharing on reasonable grounds. We will then stop sharing your information unless we are required by legislation to share it. If we cannot share your information with other entities, it may influence our ability to administer your investment, and we may have to deny your application or claim.

What we do with your information

We may use your information to:

- consider your application;
- conclude and administer the investment, for instance to collect payments;
- process claims;
- comply with our legal requirements as set out in the applicable laws, including codes of conduct applicable to our industry;
- protect the legitimate interests of Glacier International, Sanlam Life and third parties;
- prevent loss or fraud;
- do research and analysis;
- administer your membership to any type of loyalty or reward programme; and
- conduct actions for any other purposes related to the above

You can access our complete privacy policy at www.sanlam.com/legal/Pages/sanlams-privacy-policy.aspx.

We will share the information responsibly – keeping information confidential, secure and for as long as necessary to meet the legal requirements. We ensured that the necessary safeguards and agreements are in place to protect your personal information.

Replacement of insurance

Replacement of any financial product may be to the disadvantage of the Plan Holder because it may involve duplication of initial costs charged to the financial product.

Is this application to replace the whole or any part of your existing financial product provision (reduction of payments on existing product provision is included) with any financial product provider (whether replacement is to occur immediately or to replace a financial product discontinued within the past four months or within the next four months)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If "Yes", the financial intermediary must discuss the relevant replacement disclosures and product comparison contained in the Record of Advice with you. The form must be completed in full and attached to this application form. Only applicable to Sanlam Advisors.

Furthermore, if "Yes" and a long-term insurance policy was or is to be replaced by another long-term insurance policy, the intermediary must discuss the Replacement Policy Advice Record with you, complete it in full and attach it to this application form.

Please note that in the case of a replacement there will not be a transaction on the existing Plan to cancel it, reduce its payments or to make it paid up automatically. If the Plan Holder's intention with the replacement is to perform any such transaction on the existing financial product, the Plan Holder (with the assistance of the intermediary, where appropriate) must make the necessary arrangements to effect such transaction on the replaced financial product.

I/WE THE PLAN HOLDER(S), CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THIS DECLARATION AND UNDERSTAND ITS IMPLICATIONS.

Please sign all relevant boxes.

Signature(s) of Plan Holder(s)

Print name of Plan Holder(s)

Plan Holder 1	Date of signature	
	D D M M Y Y Y Y	
Plan Holder 2	Date of signature	
	D D M M Y Y Y Y	
Plan Holder 3	Date of signature	
	D D M M Y Y Y Y	
Plan Holder 4	Date of signature	
	D D M M Y Y Y Y	
Plan Holder 5	Date of signature	
	D D M M Y Y Y Y	
Plan Holder 6	Date of signature	
	D D M M Y Y Y Y	

I/WE THE ADDITIONAL LIFE (LIVES) INSURED PER BENEFICIARY FOR OWNERSHIP CONSENT HEREBY THAT THIS PLAN (CONSISTING OF ONE OR MORE CONTRACTS) MAY BE TAKEN OUT WITH ME/US AS ADDITIONAL LIFE (LIVES) INSURED AND UNDERSTAND THAT I/WE IN SO DOING ACQUIRE NO RIGHTS IN RESPECT OF THIS PLAN.

Signature(s) of Life (Lives) Insured

Print name of Life (Lives) Insured

1.	Date of signature	
	D D M M Y Y Y Y	
2.	Date of signature	
	D D M M Y Y Y Y	
3.	Date of signature	
	D D M M Y Y Y Y	
4.	Date of signature	
	D D M M Y Y Y Y	
5.	Date of signature	
	D D M M Y Y Y Y	
6.	Date of signature	
	D D M M Y Y Y Y	

Section 6. Source of Funds Verification

1. Indicate the applicable source of funds.
2. Attach the applicable supporting documentation.
3. Proof of payment to the HSBC bank account is required for all investments.
4. Glacier International reserves the right to request any information/documentation as prescribed in terms of anti-money laundering legislation from the client.

IF AMOUNT TO BE INVESTED IS FROM:	ACCEPTABLE SUPPORTING DOCUMENTATION
<input type="checkbox"/> Savings Amount: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • The most recent official 30 day savings statement in the name of the client showing the savings amount being in the account prior to the transfer out. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Salary/Bonus Amount: _____ Date received: <input type="text" value="DD"/> <input type="text" value="-"/> <input type="text" value="MM"/> <input type="text" value="-"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Employer name: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • A salary slip/bonus letter. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Business Income Amount: _____ Date received: <input type="text" value="DD"/> <input type="text" value="-"/> <input type="text" value="MM"/> <input type="text" value="-"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Business name: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • A proof of income/dividend letter. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Sale of Asset/Property ^Á Total proceeds: _____ Date sold: <input type="text" value="DD"/> <input type="text" value="-"/> <input type="text" value="MM"/> <input type="text" value="-"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Address of property sold: _____ _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • The Statement of Account from the attorneys for sale of property or proof of sale of asset. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Gift/Donation Amount: _____ Date received: <input type="text" value="DD"/> <input type="text" value="-"/> <input type="text" value="MM"/> <input type="text" value="-"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Relationship to donor: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • A donation letter. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account. • Donor's certified copy of ID and proof of residence (not older than 3 months)
<input type="checkbox"/> Inheritance Amount: _____ Date received: <input type="text" value="DD"/> <input type="text" value="-"/> <input type="text" value="MM"/> <input type="text" value="-"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Inherited from: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • Letter of administration/letter from the executor (on a letterhead) confirming the amount. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Overdraft facility Amount: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • An official statement showing the overdraft facility amount (the available balance must be more than or equal to the investment amount). • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Tax Clearance Amount: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • A valid Tax Compliance Status (TCS) Pin Letter for Foreign Investment Allowance. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.

IF AMOUNT TO BE INVESTED IS FROM:	ACCEPTABLE SUPPORTING DOCUMENTATION
<input type="checkbox"/> Proceeds of existing investments Amount: _____ Date received: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Investment house: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • An investment statement prior to the liquidation and an investment statement showing the liquidation/outflow. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Transfer from another provider Amount: _____ Date received: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Name of provider: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • An investment statement prior to the transfer and an investment statement showing the transfer out. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Loan Amount: _____ Date received: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Name of lender: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • A loan agreement • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Distribution from Trust Amount: _____ Date received: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Trust Name: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • Resolution (must state the reason for payment, amount and relation of the client to the trust) and letter of authority. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Court order or settlement Amount: _____ Date received: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Type of settlement: _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • A legal document evidencing the legal settlement. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.
<input type="checkbox"/> Other Amount: _____ Date received: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Description of "other": _____ _____ Jurisdiction of funds: _____	<ul style="list-style-type: none"> • A document evidencing the source of funds. • A bank statement in the name of the client showing the outflow to the Forex provider or if already offshore, outflow to the HSBC bank account.

PERMISSIBLE ASSETS DISCLAIMER

Declaration regarding investments held via execution accounts within the Global Life Plan:

You accept the investment risk of the assets that you select for inclusion in your Plan.

You confirm and accept that neither Glacier International nor Sanlam Life are involved in the selection of any assets and Glacier International and Sanlam Life do not accept responsibility for the investment performance or suitability of any asset or a portfolio.

The value of investments and the income from them can go down as well as up and you may not get back the amount originally invested. In exceptional circumstances investments can become valueless either temporarily because of suspension, or permanently. In the event of the insolvency of a third party involved in the investment (e.g. a custodian) any assets held by them, including cash, may be at risk.

An asset may have trading restrictions applied from time to time which may significantly delay (by months or even years) the processing of transactions. You accept the liquidity and other constraints that could result from such restrictions.

You are allowed to invest in collective investment schemes or assets quoted on a recognised stock exchange excluding derivatives. You are not allowed to invest in securities listed on a South African exchange nor in collective investment schemes that invest in securities listed on a South African exchange. Due to the fact that you are investing via Sanlam Life you may be able to access assets which are not normally available to you as an individual investor. Whilst we recommend that you review the prospectus for each one of the chosen assets, more care needs to be exercised when reviewing some of these as they are 'specialist' assets. It is essential that you seek professional advice and review the underlying prospectus to ensure you are aware of the risks relating to this type of asset.

Your Plan may not include assets which can result in further investments being required to cover losses (i.e. you may not lose more than you have currently invested) and you are not permitted to invest in any asset that may encumber Sanlam Life.

Should you not be sure whether an intended investment trade conforms to the above, it is required that you seek specific guidance from Glacier International or Sanlam Life prior to placing the trade. The fact that we may allow or refuse a particular asset to be purchased does not indicate any judgement by us about its investment potential or the propriety of the provider of the asset.

Sanlam Life, or Glacier International on behalf of Sanlam Life, has, at its sole discretion and at any stage, the right to veto an investment instruction, to instruct the investor to reverse any trade which has been executed or, failing that, to issue such a reversal instruction itself. The investor accepts responsibility for any market or trading loss that may be incurred should Glacier International or Sanlam Life need to issue such an instruction. An instruction to reverse can be issued at any stage and the fact

that an instruction to reverse may not be issued within a particular time period does not imply that the asset meets the above guidelines.

Any information on any assets that is provided by or through us is provided for information purposes only and does not constitute a recommendation or an offer to buy or sell assets and we do not accept any responsibility for the accuracy or appropriateness of the information.


You make your own investment decisions based upon your own financial objectives and resources and, if in any doubt, should seek specific advice from an appropriately qualified and regulated investment advisor.

Trading Instructions


Glacier International does not provide advice or offer opinion regarding any transaction or order and will not be responsible to trade on behalf of the intermediary or the client. All trading instructions are the responsibility of the client, intermediary or the investment manager according to your mandate and are subject to the restrictions set out in the quote and application documentation.

Liquidity requirements

Sufficient liquidity in the form of cash investments must be maintained in order to meet fee deductions.

 Signed..... (Beneficial account holders must sign)

Signed..... (Beneficial account holders must sign)

 Date.....

SCM DMA (Pty) Ltd. "DMA" provides the South African wealth management and stockbroking industry with the most efficient and cost effective access to the local and global markets through their award winning execution platform. DMA has over 80 asset managers and stockbrokers currently making use of their execution and portfolio management software to manage their client's assets across multiple exchanges and instrument classes.

Saxo Bank has partnered with DMA to provide the South African financial industry with cutting edge execution technology and fintech. Saxo Bank and DMA have had a long standing relationship resulting in DMA being Saxo's exclusive partner in sub-Saharan Africa for the distribution of their products and services.

On 01 June 2018, Saxo Capital Markets South Africa, changed its name to SCM DMA (Pty) Ltd. due to a change of shareholding and regulatory requirements in the South African financial industry. Saxo Bank and DMA continue their relationship in providing services to the South African financial markets and remaining Saxo's exclusive partner in Sub-Saharan Africa and Mauritius.

The key to our success is combining Saxo Banks superior execution, custody and settlement technology with DMA's deep knowledge of the South African trading and investing community. Our passion to grow the savings and retirement base in South Africa, drives us to be the number one platform for cost efficient access to global market products for the generation of wealth.

DMA has a full direct client service offering

Individuals can access the JSE and global markets to manage their wealth via our suite of trading platforms, the DMATraderGO, DMATraderPRO as well as the Mobile App.

Our dedicated private client sales and support team will assist in finding the best solution for individual needs making it easy to access the global markets in the increasingly complex regulatory environment.

DMATraderGo



DMATraderPro



Fees:

Equity

ETF's and Shares

Trade over 20 000 ETF's and Shares
34 separate exchanges.
Most European and UK exchanges – 0.35%
US exchanges - 3 cents per share.

Bonds

Online Bonds

Over 5000 online tradeable bonds
Over 250 000 telephonic tradable bonds
0.10% of trade amount, EUR80 min

Custody

Shares and Bonds

0.075% per annum
Mutual Funds
0.15% per annum

Mutual Funds

Mutual Funds

Over 500 online tradeable offshore Mutual Funds
Including the following categories: Equity, Bonds, Natural Resources, Real Estate and Precious Metals categories
ZERO Execution fees

For full fee disclosure per exchange including minimum charges please visit our website www.dma.co.za

SCM DMA Pty (LTD) is an authorized Financial Services Provider
and regulated by the Financial Services Board, registration number 40983.
Registered address: 48 7th Ave, Parktown North, Johannesburg, South Africa.



INVESTMENT WRAPPER - FULL P.O.A

glacier
by Sanlam

Account Name:

Sanlam Life Insurance Limited as identified in Part 1 the onboarding form (hereafter referred to as the "Principal") hereby grants Power of Attorney to:

1. Full Name: , the **Introducing Broker (IB) / Fund Advisor (FA)** duly authorised by Sanlam Life Insurance Limited.
AND / OR

2. Full Name: , the **Policyholder** (hereafter individually or jointly referred to as the "Attorney(s)")
AND

3. Full Name: , the **Policyholder** (hereafter individually or jointly referred to as the "Attorney(s)")

Management Fee: Commissions: Other:

to perform all transactions and legal acts according to SCM DMA (Pty) Ltd ("DMA") General Business Terms as well as the Addendum to GBT for Investment Wrappers or any other terms which are entered into with DMA and which govern the client relationship as if they were performed by the Principal itself. The Attorney(s) agrees that if it breaches any terms of DMA's General Business Terms it shall keep DMA indemnified against any loss, damage or expense incurred by DMA as a result of such breach.

Thus, the Principal understands and agrees that :

- It has authorised the payment of management fees and / or commissions as stated on the face of this document to the IB and / or the FA;
- DMA may accept from the Attorney(s), without any inquiry or investigation, any order to transact all instruments available on DMA's on-line trading systems including financial securities, derivatives, foreign exchange and any other property in the Principal's account(s) on margin or otherwise;
- DMA shall have no responsibility or liability to the Principal in following instructions from the Attorney(s);
- DMA is under no duty to supervise or otherwise know or review the trading practices, advice or any other acts carried out by the Attorney(s);
- DMA is allowed to provide the Attorney(s) with direct access to the account and reveal all information about the account to the Attorney(s) and thus, for instance, send copies of any and all transaction notes, account statements etc. to the Attorney(s) so that the Attorney(s) may satisfy any of its legal and regulatory requirements on record retention;
- DMA may establish internet trading facilities according to the instructions of the Attorney(s) for purposes of executing trades on behalf of the Principal on any of DMA's online trading systems;
- This Power of Attorney shall be governed by and construed in accordance with the law of South Africa and all Parties irrevocably agree the courts of South Africa, specifically the South Gauteng High Court, shall have exclusive jurisdiction to determine any proceedings;
- This Power of Attorney shall remain effective until revoked in writing by the Principal and correspondingly confirmed in writing by DMA. Any revocation of the authority given to the Attorney(s) shall not affect the validity, ratification and indemnity with respect to any transaction initiated or instruction given by the Attorney(s) prior to confirmation by DMA of such notice. For avoidance of doubt, upon revocation, all rights of the Attorney(s) under this Power of Attorney shall no longer apply.
- The death, bankruptcy or mental incapacity, or where relevant any insolvency event such as but not limited to the dissolution, winding up or liquidation of either the Principal or the Attorney(s) shall also act to revoke this Power of Attorney. The effective date of revocation under this clause shall be the date upon which DMA receives documentary evidence of any such event and confirms receipt of that evidence.
- DMA may elect to not act in terms of the POA. The Principal may deliver an executed copy of this Power of Attorney to DMA by emailing a scanned copy of the executed Power of Attorney to DMA, and such delivery shall have the same force and effect as delivery of an original signed copy of this Power of Attorney.

I, THE PRINCIPAL, HEREBY AGREE TO ALL OF THE TERMS SET OUT ABOVE

Trustees :

Name :

Name :

Date : Authorised signatory 1 :

Date : Authorised signatory 2 :

I, THE ATTORNEY, HEREBY AGREE TO ALL OF THE TERMS SET OUT ABOVE

Introducing Broker (if appointed Attorney) :

Name : *Je*

Witnessed by :

Name : *MB*

Date : Authorised signatory 1 :

Date : Authorised signatory 2 :

Policyholder (if appointed Attorney) :

Name :

Witnessed by : (not a family member)

Name :

Date : Policyholder

Date : Witness

Name :

Occupation of Witness:

Date : Policyholder

Address of Witness :

This Power of Attorney is delivered and takes effect on the date of the last signature.



ADDENDUM TO POA

glacier
by Sanlam

IF POLICYHOLDER IS A PRIVATE INDIVIDUAL

Full name (as shown on passport/ID)

Date of birth : / / DD/MM/YY City and country of birth :

Country of Tax Residence	Tax No.	Passport No./ Identification Number	Nationality	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male <input type="radio"/> Female <input type="radio"/>

Residential address : Currency

House name/no. & street

Town/City

Province

Post code

Country

Email & mobile number

IF JOINT ACCOUNT, ENTER SECOND POLICYHOLDER IF IS A PRIVATE INDIVIDUAL

Full name (as shown on passport/ID)

Date of birth : / / DD/MM/YY City and country of birth :

Country of Tax Residence	Tax No.	Passport No./ Identification Number	Nationality	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male <input type="radio"/> Female <input type="radio"/>

Residential address : Currency

House name/no. & street

Town/City

Province

Post code

Country

Email

IF POLICYHOLDER IS AN ENTITY

Registered Name Registration Number

Country Of Incorporation Currency

Registered address :

House name/no. & street:

Town/City:

Province:

Post code:

Country :

Email Address:

Phone number:

Authorised Person:

Full Names:

Email Address:

Phone number: