

# THE PRIME INVESTMENT PLAN

## Investment Application for Legal Entities

### STEP 1: Understanding your investment

Before you invest:

- Read the applicable Product Information Document, Minimum Disclosure Document(s) (MDDs) and Portfolio Supplement(s) thus ensuring that you understand the benefits and terms of your investment. These documents are available on the Prime Investments website ([www.primeinvestments.co.za](http://www.primeinvestments.co.za)) or from your financial advisor.
- Effective Annual Cost (EAC) is a measure which has been introduced to allow you to compare the costs that you incur when you invest in different financial products and the impact it has on investment returns. It places you in a position to make informed decisions around retail savings and investment product choices. The EAC calculator and further information is available on the website or from your financial advisor.
- It is important to note that, because the Administrator does not provide financial advice, you are able to appoint an approved and licensed Financial Advisor (provided they have a contract with us), should you require guidance with your Portfolio selection.

### STEP 4: Process Payment

- Banking details will be provided upon completion of the Customer Due Diligence process.
- Upon payment, please provide us with proof of payment of your investment contribution.

### STEP 5: Look forward to your Investment Confirmation

- Please take note of the processing timelines pertaining to your investment instruction(s) as set out in the Product Information Document and the Portfolio Supplement(s) related to your chosen Portfolio.
- Please also be aware that we will only be able to process your investment once all related investment documents have been received and your investment reflects in the above bank account.
- You will receive a confirmation from us once we have received a complete set of investment documentation, as well as an investment confirmation once your contribution has been invested.

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### STEP 2: Complete your application

Please complete all fields to avoid delays in processing your investment.

### STEP 3: Send us your documents

Email: [trading@globaladmin.co.za](mailto:trading@globaladmin.co.za)  
or contact us at +27 (0) 10 594 2100

Please include:

- Completed application for Legal Entities
- FICA documents as detailed in the Acceptable Forms of Verification Document
- Proof of address (not older than 3 months), for the Investor and authorised representative (where applicable). Please refer to our Acceptable Forms of Verification Document for further information
- Proof of your bank details (bank statement, letter from the bank etc.), not older than 3 months
- Proof of tax registration
- Proof of payment of your investment contribution
- Dividend Withholdings Tax Exemption Form (if applicable)
- CRS and FATCA Self Certification Form (where applicable)

*Global Fund Administrators (Pty) Ltd is the Administrator of your investment plan and is an authorised Financial Services Provider (FSP No: 43521).*

*Global Nominees (Pty) Ltd is an independent nominee company approved by the Financial Sector Conduct Authority that holds assets for the Investor's exclusive benefit.*

## 1. Investor Details

Please provide us with your personal details / the details of the Investor (if applying on behalf of someone else).

Entity Registered Name	<input type="text"/>												
Registration Number	<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"/>	
Type of Entity	Listed Company <input type="checkbox"/>	Unlisted Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Retirement Fund <input type="checkbox"/>									
	Non-Profit Organisation <input type="checkbox"/>	Trust <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Close Corporation <input type="checkbox"/>									
Other	<input type="text"/>												
Registered Address:	<input type="text"/>												
	<input type="text"/>												
Postal Address:	<input type="text"/>										Code:	<input type="text"/>	
	<input type="text"/>												
	<input type="text"/>										Code:	<input type="text"/>	
Tel (Home):	<input type="text"/>				Tel (Mobile):	<input type="text"/>							
Tel (Work):	<input type="text"/>												
Email:	<input type="text"/>												
Is the Entity registered in South Africa?							Yes <input type="checkbox"/>						No <input type="checkbox"/>
If "No" in what country is the Entity registered?	<input type="text"/>												
South African Income Tax No.	<input type="text"/>												

Are you Exempt from Dividend's Withholding Tax?

Yes  No

If "Yes" please complete the **Dividend Withholdings Tax Exemption Form** and submit to the Administrator with your investment application documentation.

Are you incorporated or organised or do you have a place of effective management outside South Africa?

Yes  No

Do you have tax obligations, liabilities or tax residencies outside of South Africa?

Yes  No

If "Yes" is selected for any of the above questions, please complete a **CRS & FATCA Self-certification Form**.

Do any of the controlling persons of the entity:

a) have tax obligations, tax liabilities or tax residencies outside of South Africa; or

Yes  No

b) hold citizenship/nationalities outside South Africa (including US citizenship), or are they a US person or US national?

Yes  No

If "Yes" is selected for any of the above questions, please complete a **CRS & FATCA Self-certification Form**.

## 2. Details of Person Acting on Behalf of the Investor

Please provide full details of the person who is authorised to act on behalf of the Investor together with proof of authority/appointment.

Capacity in which the person is authorised:

Curator  Director  Trustee  Power of Attorney  Discretionary Financial Advisor

Title:  First Names:

Surname:

ID or Passport Number (if foreign national):

Physical Address:

Code:

Tel (Home):  Tel (Mobile):

Tel (Work):

Email:

### 3. Investment Details

- Please refer to the Portfolio list before confirming your investment selection below.
- Please refer to each MDD, for all information pertaining to your selected portfolio(s), including fees, minimums, benchmarks and mandate details

Please confirm how you will be making payment      Electronic Funds Transfer (Internet)       Cheque Deposit

Source of Funds      Savings       Existing Investment Account       Legal Entity Profit       Donation       Other

If other, please provide further details

Total Investment Amount      R       OR      Total Debit Order Amount      R

#### Investment/Model Portfolio Choice

- If you are investing via a Model Portfolio, please provide the Model Portfolio name in the table below (and not the names of the Investment Portfolios in which the Model Portfolio invests).
- You may invest into one or a combination of Investment Portfolio(s) and/or Model Portfolios.
- Please include a copy of the signed Model Portfolio mandate when you submit this application form.

Investment Portfolio Name/Model Portfolio Name	Once-off investment %	Recurring Debit Order % (Please complete Debit Order Authority in 4 below)
<b>Total</b>	100%	100%

#### Phase In's

Do you require a Phase-in?      Yes       No       If "Yes" please complete the section below:

Please confirm from which Portfolio you will be Phasing out (this will be referred to as the source portfolio) Furthermore, please ensure that the Portfolio you have selected reflects in your investment portfolio choice.

Portfolio Name       Portfolio Class

Amount to be Phased-in from the source Portfolio      R

OR Phase-in total value within the source Portfolio

Phase-in period:      3 months       6 months       9 months       12 months

Portfolio Name	Class	Phase-in Percentage (%)

If you require a regular withdrawal, please submit a completed **Regular Withdrawal Form** with this application.

#### Expense Account Portfolio

You can choose to have your annual administration fee and Financial Advisor and regular withdrawal deduction from a nominated Expense Account Portfolio.

Should you elect a monthly/quarterly dealing portfolio, it is **compulsory** for you to hold funds in a daily dealing Expense Account Portfolio from which all fees will be deducted.

Do you require an Expense Account? Yes  No

If "Yes" please confirm which Portfolio this will be:

Portfolio Name  Portfolio Class

If the Expense Account does not have sufficient funds at the time that annual fees and regular withdrawal payments are deducted, **annual fees and regular withdrawals will be deducted proportionally from the remaining investment portfolios in the investment account.**

It is your responsibility to ensure that there is a sufficient balance in your Expense Account at all times.

#### 4. Debit Order Authority

Commencement Date

Preferred Collection Date 1<sup>st</sup> of the month  25<sup>th</sup> of the month

Annual Debit Order Escalation % 0%  5%  10%  15%  20%

Debit Order Collection Frequency Monthly  Quarterly  Bi-Annually  Annually

#### Account holder Information

Account Name

Account No.  Bank

Branch  Branch Code

Type of Account Current  Savings  Transmission

Is the above account the account of the Investor Yes  No

If "No" please include:

- Copy of the ID/Passport of an individual account holder
- Copy of ID's/Passports of authorised parties on the account for legal entities.

1. You hereby instruct and authorise the Administrator to collect the amount on the frequency noted above from your bank account specified above. Furthermore you understand that should your preferred collection date fall on a Saturday, Sunday or Public Holiday, the amount will be debited the first working day thereafter.
2. You understand that you may cancel this authority by providing 10 working days written notice prior to your preferred collection date.
3. You agree to pay any bank charges and costs relating to this debit order authority. You declare that all funds invested are not the proceeds of unlawful activities.
4. You acknowledge that the party hereby authorised to effect the drawing(s) against your account may not cede or assign any of its rights to any third party without your prior written consent and that you may not delegate any of your obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.
5. Should you wish to withdraw your investment it's important to note that debit orders have a 45 calendar day clearance period.

Signature of Account Holder

       

#### 5. Investor's Banking Details

Please attach proof of banking details when submitting this application

Account Name

Account No.  Bank

Branch  Branch Code

Type of Account Current  Savings  Transmission

#### BEC Disclosure

**IMPORTANT WARNING:** If you have received banking details via email, please call our office at the number provided on our website to confirm the banking details BEFORE making payment. This is a safety measure to prevent Business Email Compromise (BEC). Typically, this is when fraudsters hack email accounts, intercept, and redirect bank details and/or statements, and then change the account details to reflect the fraudsters' account details. No liability or responsibility is accepted for any corruption, interception, loss, destruction, or tampering with any of the information contained in the emails containing bank details, or for any losses incurred for payments based on a fraudulent email.

## 6. Fees

1. Initial Fees (Excl. VAT) – These fees are deducted before the investment into your selected portfolios.

Financial Advisor Fee: Lump Sum Investments  % Per Debit Order  %

2. Annual Fees (Excl. VAT) – These fees are deducted monthly, proportionately from your investment balance by selling units.

Financial Advisor Fee:  %

### Annual Administration Fee:

First R1 500 000	Next R4 500 000	Over R6 000 000
0.45 %	0.25 %	0.15 %

The Fee scale above is calculated on a weighted average basis and is subject to a minimum of R240 per annum.

## 7. Financial Advisor Details

Please only complete the section below if you have appointed an approved Financial Services Provider (“FSP”) as your Financial Advisor.

The FSP is appointed by the Investor with: No Discretion  \*Full Discretion

*\*If the FSP holds a ‘Category II’ license with the Financial Sector Conduct Authority (FSCA), it is licensed to exercise discretion and submit instructions on your behalf. For a FSP to act on your behalf, you will be required to sign a FSCA approved mandate.*

Financial Advisor Name:   
Financial Advisor Code:  Brokerage Code:   
Tel (Mobile):  Tel (Work):   
Email:

### Declaration to be completed by the Financial Services Provider

- I declare that all the information contained in this application was obtained from the Investor and was completed in his/her/their presence.
- I hereby confirm that I am appropriately and timeously registered in terms of the Financial Advisory and Intermediary Services Act No. 37 of 2002 (“FAIS”) to act as the Member’s Financial Advisor provider on record.
- I warrant that I have either established and verified the identity of all Investors in accordance with section 21 of the Financial Intelligence Centre Act No 38 of 2001 (“FICA”), or that in terms of my rules and procedures ordinarily applied in the course of establishing business relationships or concluding single transactions, I will have established and verified, in accordance with section 21 of FICA, the identity of every Investor on whose behalf I will be establishing business relationships or conducting single transactions with the Administrator or that I have, where it has not established and verified the identify of any Investor, been exempted from having to do so by another (the primary) accountable institution and that I will or have obtained a written undertaking from the primary accountable institution to this effect. I further warrant that I will keep records of such identification in accordance with Section 22 of FICA or, where it has not established and verified the identity of Investors, another (the primary) accountable institution has provided me/us with an undertaking that it will keep the requisite records.
- I authorise the Administrator to accept instructions by facsimile or e-mail and hereby waive any claim that I may have against the Administrator and indemnify the Administrator against any loss incurred as a result of the Administrator receiving and/or acting upon such communication. The Administrator will not be held responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of application and/or transactions. The Administrator will not be liable to make good or compensate any Investor or third party for any damages (whether direct or consequential), losses, claims or expenses resulting there from. The Investor or any third party indemnifies the Administrator accordingly.

Signature of Financial Advisor:

## 8. Investor/Authorised Party Declarations

- I/We have read, understood, and agree to be bound by the provisions of this application, Product Information Document, Portfolio Supplement(s), and Minimum Disclosure Document(s).
- I/We understand the purposes for which my/our personal information is required and for which it will be used, and I/we expressly and voluntarily consent to the use of my/our personal information and give my/our permission to process my/our personal information as detailed further in the Product Information Document.

3. I/we understand that the Product Provider and Administrator cares about my/our privacy and that in order to provide me with its services, the Product Provider, Administrator, and its service providers have to process the personal information provided to them in its application. The Product Provider, Administrator, and its service providers will treat the personal information with caution and have put reasonable security measures in place to protect it.
4. I/we confirm that the residential address provided will be the *Domicilium Citandi et Executandi*; all letters and notices served on this address will be deemed to have been received by me/us and accept that I/we are responsible for updating this address to ensure I/we receive all notifications as and when they are issued by the Insurer and/or the Administrator. I/we may change my/our residential address by providing written notice to the Administrator.

Signed at (Place):

D	D	M	M	Y	Y	Y	Y
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Signature of Investor:

Full Name of Authorised Representative:

Signature of Authorised Representative: