

THE PRIME LIVING ANNUITY PLAN

Underwritten by Fedgroup Life Limited

28 Peter Place
Lyme Park
Sandton, 2060

Postnet Suite 208
Private Bag X9
Benmore, 2010



+27 (0) 10 594 2100
trading@globaladmin.co.za

Investment Application

STEP 1: Understand your Investment

Before you invest:

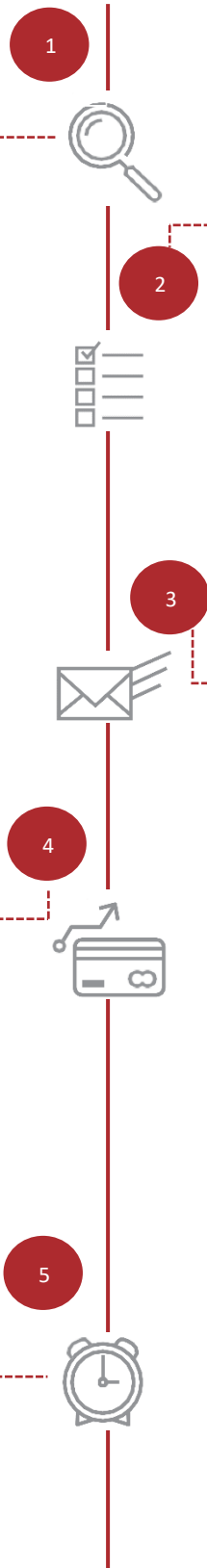
- Read the applicable Product Information Document, Minimum Disclosure Document(s) (MDDs) and Portfolio Supplement(s) thus ensuring that you understand the benefits and terms of your investment. These documents are available on the Prime Investments website (www.primeinvestments.co.za) or from your financial 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.



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 or contact us at +27 (0) 10 594 2100

Please include:

- Completed application for the Living Annuity Plan.
- Please refer to our Acceptable Forms of Verification document for all the necessary documents that need to be included when submitting the application for the Living Annuity Plan.

The Prime Living Annuity Plan is the name of the investment product and does not refer to any contracting party.

Global Fund Administrators (Pty) Ltd (Registration no: 2007/030489/07) is the Administrator and Binder Holder of your living annuity plan and is an authorised Financial Services Provider (FSP no: 43521) incorporated within the Prime Investments brand.

Global Nominees (RF) (Pty) Ltd (Registration no: 2012/187969/07) is an independent nominee company approved by the Financial Sector Conduct Authority that holds assets for the Investor's exclusive benefit.

Fedgroup Life Limited (Registration no: 2007/018003/06) is a licensed Life Insurer and authorised Financial Services Provider. Fedgroup is the Product Provider and Issuer of the policy.

1. Investor Details

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

Title:	<input type="text"/>	First Names:	<input type="text"/>
Surname:	<input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID or Passport Number (if foreign national):	<input type="text"/>		
Physical Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Postal Address:	<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"/>		
Are you a South African Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "No", what is your country of residency?	<input type="text"/>		
Please note that income tax numbers are required for all Investors (irrelevant of age and/or occupation).			
South African Income Tax No.	<input type="text"/>		

2. Investor's Banking Details

This will be the account into which your annuity income will be paid. Please include proof of these banking details when submitting your application (please remember that these details cannot be older than 3 months)

Account Name	<input type="text"/>		
Account No.	<input type="text"/>	Bank	<input type="text"/>
Branch	<input type="text"/>	Branch Code	<input type="text"/>
Type of Account	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>

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.

3. Beneficiary Details

- Nominations will not be accepted where the ID/Passport number of the beneficiary/dependent has not been provided.
- Please ensure that the allocation of all the benefits add up to 100%
- You may elect one or more natural persons or legal entity to receive the benefit. In the event that no election has been made the death benefit will be paid to your estate.

Primary Beneficiaries

Title, Full Name(s) and Surname / Entity Name	ID No. / Passport No. / Reg No.	Date of Birth	Relationship to Member	Percentage (%)
				%
				%
				%
				%
				%

Secondary Beneficiaries

Title, Full Name(s) and Surname / Entity Name	ID No. / Passport No. / Reg No.	Date of Birth	Relationship to Member	Percentage (%)
				%
				%
				%
				%
				%

4. 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:

Discretionary Financial Advisor Guardian Power of Attorney

Title: First Names:

Surname:

ID or Passport Number (if foreign national):

Physical Address:

Code:

Tel (Home): Tel (Mobile):

Tel (Work):

Email:

5. Investment Details

Please ensure that the Portfolio(s) you select is available at the time of investment.

Minimum Investment Amounts:

Lump Sum Amounts: R165 000 in total across all Portfolios

Please refer to each Minimum Disclosure Document(s), for all information pertaining to your selected portfolio(s), including fees, minimums, benchmarks, and mandate details.

Total Investment Amount

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 Portfolio(s) and/or Model Portfolios.

Portfolio Name	Once-off Investment %
	%
	%
	%
	%
	%
	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

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 (%)
		%
		%
		%
		%
		%
		%

Expense Account Portfolio

You can choose to have your annual administration fee Financial Advisor and Annuity Income nominated from an 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 Annuity Income payments are deducted, **annual fees and Annuity Income 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.

6. Transfer Details

In the event of multiple transfers, amounts will be invested as and when they are received by the Administrator, provided all requirements have been met.

Registered Name of Source Fund / Insurer	Contact Telephone Number	Policy Number

7. Annuity Income Details

- Please note that this section does not apply to transfers from existing annuities.
- The pre-tax annuity income is subject to a minimum of 2.5% per year and a maximum of 17.5 % per year. These limits are determined by legislation and subject to change.
- Annuity income payments are released on the 1st and the 20th of each month. The proceeds may however take 48 hours to reflect in your bank account.
- In order for the annuity income to be released on the 1st and the 20th, we must receive this application and all supporting documentation by 14:00 on the 10th and the 20th of the month respectively.

1. Annuity Payment Date

1st 20th

2. Annuity Income Payment Frequency

Please select the required payment frequency

Monthly Quarterly Bi-Annually Annually

3. Annual Annuity Income

Please indicate the level of annual income required by completing one option below (This should be a minimum of 2.5% and 17.5% of the investment value).

Percentage Income required: % OR R

4. Annual Annuity Income

By default, tax will be deducted according to the relevant SARS PAYE tax scales or as per a tax directive issued by SARS. You may however:

- i. Supply a tax directive from SARS to this effect. Please note that you will be required to apply for and provide a new directive for each tax year, running from March to February annually. Should you fail to do so, the normal tax table rates will be applied to any Annuity Income payment going forward.

OR

- ii. You may elect a particular tax amount or rate, so long as this value is higher than the tax values prescribed by the prevailing tax tables. It is important to note that if you do, this value will remain in place until such a time that you instruct us differently or if the value you have elected falls below the prescribed tax table limits at which point the tax deducted from your Annuity Income will default to the tax tables.

Do you want to specify an income tax rate and/or amount? No Yes

If "Yes", please specify the percentage and/or amount to be deducted: % OR R

8. Fees

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

Financial Advisor Fee: Lump Sum Investments %

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

Financial Advisor Fee: %

Annual Administration Fee:

The annual administration fee will be charged at a minimum of 0.1% and a maximum of 1%, the fee will be determined and agreed with you prior to the policy being established.

9. 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

Policy holder Insurance Replacement Details and FSP Declaration:

Is this application to replace the whole or any part of an existing insurance policy with any insurer, whether the replacement is to occur

immediately or to replace the insurance discontinued with the past 4 months?

Yes

If **"Yes"**, the FSP must discuss this with you and complete a Replacement Policy Advice Record.

1. I declare that all the information contained in this application was obtained from the Investor and was completed in his/her presence.
2. 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 Policyholder's Financial Advisor provider on record.
3. I warrant that I have either established and verified the identity of all Investors in accordance with sections 21, 21(A), 21(B), 21(C), 21(D), 21(E), 21(F), 21(G), and 21(H) of the Financial Intelligence Centre Amendment No. 1 of 2017 ("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 sections 21, 21(A), 21(B), 21(C), 21(D), 21(E), 21(F), 21(G), and 21(H) of FICA, the identity of every investor on whose behalf I will be establishing business relationships or conducting single transactions. I further warrant that I will keep records of such identification in accordance with sections 22 and 22(A) of FICA.
4. I authorise the Administrator to accept instructions by email 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 this application and/or transactions. The Administrator will not be liable to make good or compensate any Investor or third party for any damage (whether direct or consequential), losses, claims, or expenses, resulting therefrom. The Investor or any third party indemnifies the Administrator accordingly.
5. I understand that the Administrator and Product Provider cares about my 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 this 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.

Signature of Financial Advisor:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

10. Investor/Authorised Party Declarations

1. I/We have read, understood, and agree to be bound by the provisions of this application, Product Information Document, Licence Information Disclaimer, Portfolio Supplement(s), and Minimum Disclosure Document(s).
2. 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/us 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. Should I/we be married in community of property in terms of the Matrimonial Property Act, I/we declare that, prior to the signature date of this instruction, I/we have obtained the consent of my/our spouse to use monies to facilitate this investment.
5. 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
---	---	---	---	---	---	---	---

Signature of Investor:

Full Name of Authorised Representative:

Signature of Authorised Representative: