

## Investment Application

### 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 website 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 contribution reflects in the Fund's 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 initial contribution has been invested.

1



### STEP 2: Complete your application

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

2



### STEP 3: Send us your documents

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

Please include:

- A completed Retirement Plan Application
- A copy of a South African bar coded ID, valid passport (if foreign national), or birth certificate (if minor), for the Member and authorised representative (where applicable)
- 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

3



4



5



**Prime Retirement Annuity Fund** ("the Fund") is a Fund registered by the Financial Services Board (FSCA Approval Number: 12/8/37925) in terms of the Pension Funds Act, No. 24 of 1956, and approved by the South African Revenue Service (SARS Approval Number: 18/20/4/42171 ).

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

## THE PRIME RETIREMENT PLAN

### 1. Member Details

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

Title  First Names

Surname  Date of Birth

ID or Passport No. (if foreign national)

Physical Address   
  
 Code

Postal Address   
  
 Code

Tel (Home)  Tel (Mobile)

Tel (Work)

Email

Are you a South African Resident? Yes  No

If "No" what is your country of residency?

South African Income Tax No.

### 2. Employer Information

In the case of employer facilitated contributions, employers are please to complete the section below:

Company Name

Reg No.

HR Contact Person  Tel No.

Email

#### Declarations

- The Employer will manage the contributions to the Prime Retirement Annuity Fund on the Member's behalf.
- The Employer acknowledges that there is no obligation on the Fund or the Administrator to ensure that the contributions are correct.

Signature of Authorised Employer Representative

Full Name of Employer Representative

### 3. Beneficiary/Dependant Details

- It is the responsibility of the Trustees to take into account the dependants and/or nominees selected, as per the Pension Fund Act, prior to deciding the share of benefits on the death of the Member. The Member's nomination will guide the Trustees' decision.
- Children of any age qualify as dependants, while nominees are those persons who the Member wishes to receive a portion of the benefit but are not financially dependant on the Member.
- Nominations will not be accepted where the ID/Passport number of the beneficiary/dependant has not been provided.
- Please ensure that the allocation of all the benefits add up to 100%.

#### Beneficiary Nominations

| Title, Full Name and Surname | ID/Passport No. | Relationship to Member | Percentage (%) |
|------------------------------|-----------------|------------------------|----------------|
|                              |                 |                        |                |
|                              |                 |                        |                |
|                              |                 |                        |                |
|                              |                 |                        |                |
|                              |                 |                        |                |
|                              |                 |                        |                |

#### Dependant Nominations

| Title, Full Name and Surname | ID/Passport No. | Relationship to Member | Percentage (%) |
|------------------------------|-----------------|------------------------|----------------|
|                              |                 |                        |                |
|                              |                 |                        |                |
|                              |                 |                        |                |
|                              |                 |                        |                |
|                              |                 |                        |                |
|                              |                 |                        |                |

### 4. Details of Person Acting on Behalf of the Member

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

Capacity in which the person is authorised:

Discretionary Financial Advisor       Guardian       Power of Attorney

Title       First Names

Surname

ID or Passport No. (if foreign national)

Physical Address

     Code

Tel (Home)       Tel (Mobile)

Tel (Work)

Email

## 5. Transferor Fund Details

Please provide details of the Fund from where the Member is transferring.

|  |                      |
|--|----------------------|
| Registered Name of Transferring Fund     | <input type="text"/> |
| FSCA Fund Reg. No.                       | <input type="text"/> |
| SARS Fund Reg. No.                       | <input type="text"/> |
| Name of Fund Administrator               | <input type="text"/> |
| Institution where Fund is currently held | <input type="text"/> |
| Member No.                               | <input type="text"/> |

### Product Details

|   |                             |                          |                           |                          |
|---|-----------------------------|--------------------------|---------------------------|--------------------------|
| 1. Transfer from another Preservation Fund (Section 14) | Preservation Provident Fund | <input type="checkbox"/> | Preservation Pension Fund | <input type="checkbox"/> |
| 2. Transfer from a Pension/Provident Fund               | Pension Fund                | <input type="checkbox"/> | Provident Fund            | <input type="checkbox"/> |
| 3. Transfer from another Retirement Annuity             | <input type="checkbox"/>    |                          |                           |                          |
| 3. Divorce Settlement                                   | <input type="checkbox"/>    |                          |                           |                          |

## 6. 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.

### Minimum Investment Amounts

Lump Sum Amounts: R 50 000 in total across all Portfolios

Debit Order Amounts and Employer Facilitated Contributions: R 500 per month

Please confirm how you will be making payment

|                                      |                                  |                                   |                                      |
|--------------------------------------|----------------------------------|-----------------------------------|--------------------------------------|
| Electronic Funds Transfer (Internet) | <input type="checkbox"/>         | Employer Facilitated Contribution | <input type="checkbox"/>             |
| Source of Funds                      | Savings <input type="checkbox"/> | Bonus <input type="checkbox"/>    | Inheritance <input type="checkbox"/> |
|                                      |                                  | Salary <input type="checkbox"/>   | Other <input type="checkbox"/>       |

If other, please provide further details

Total Debit Order Amount  R  OR Total Investment Amount  R

Total Employer Facilitated Contributions  R

### Investment Portfolio Name/Model Portfolio Name

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 and/or Model Portfolios.

| Portfolio Name | Class | Lump Sum (%) | Employer Facilitated Contributions (%) | Debit Order (%)<br>(Complete Debit Order Authority in 6 below) |
|----------------|-------|--------------|--|--|
|                |       |              |  |  |
|                |       |              |  |  |
|                |       |              |  |  |
|                |       |              |  |  |
| <b>Total</b>   |       | <b>100%</b>  | <b>100%</b>                            | <b>100%</b>  |

### 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 of (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 | Lump Sum (%) |
|----------------|-------|--------------|
|                |       |              |
|                |       |              |
|                |       |              |
|                |       |              |
|                |       |              |
|                |       |              |

### Expense Account Portfolio

You can choose to have your annual administration fee and Financial Advisor 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 are deducted, **annual fees will be deducted proportionally from the remaining investment portfolios in the investment account.**

It is your responsibility to ensure that there is sufficient balance in your expense account at all times.

## 7. Debit Order Authority

Commencement Date

Preferred Collection Date 1st of month  25th of month

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

Debit Order Collection Frequency Monthly  Quarterly  Bi-Annually  Annually

Please attach proof of banking details when submitting a debit order request.

### 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 Member 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 transfer your investment it's important to note that debit orders have a 45 calendar day clearance period.

Signature of Account Holder

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

## 8. Member's Banking Details

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

## 9. Fees

(a) **Initial Fees (Excl. Vat)** – These fees are deducted before the investment into your selected portfolios.

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

(b) **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.

## 10. Financial Advisor Details

Please only complete the section below if you have appointed an approved Financial Services Provider as your Financial Advisor?

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

*\*If the FSP holds a 'Category II' licence 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 | <input type="text"/> |            |                      |
| Financial Advisor Code | <input type="text"/> |            |                      |
| Tel (Mobile)           | <input type="text"/> | Tel (Work) | <input type="text"/> |
| Email                  | <input type="text"/> |            |                      |

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

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 Member'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 Act 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 and22(A) of FICA.
4. I authorise the Administrator to accept instructions by 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.
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 |
|---|---|---|---|---|---|---|---|

### 8. Investor/Authorised Party Declarations

1. I/We have read, understand and agree to be bound by the provisions of this application, Product Information Document, 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 voluntary 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 Information Document.
3. I understand that the Product Provider and Administrator 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.
4. Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction, I have obtained the consent of my spouse to use the monies to facilitate this investment.
5. I 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 and accept that I am responsible for updating this address to ensure I receive all notifications as and when they are issued by the Insurer and/or the administrator. I may change my 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