

Investment Application for South African Individuals

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 (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 on +27 (0) 10 594 2100

Please include:

- Completed application for individuals
- A copy of a South African bar coded ID, or birth certificate (if minor), for the Investor 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 (required for all Investors including minors)

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

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

THE PRIME TAX-FREE SAVINGS PLAN

1. Investor Details

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

Title First Names

Surname

Date of Birth

ID No.

Physical Address

Code

Postal Address

Code

Tel (Home) Tel (Mobile)

Tel (Work)

Email

South African Income Tax No.

Are you registered for tax purposes anywhere other than South Africa? Yes No

If "Yes" please list the country or countries in which you are registered for tax purposes, together with the relevant Tax number (eg : Tax Identification Number (TIN) if you are an American tax payer).

| Country of Tax Residency | Tax No. |
|--------------------------|---------|
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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 the authority/appointment.

Capacity in which the person is authorised:

Curator Guardian Executor of Estate Power of Attorney Discretionary Financial Advisor

Title First Names

Surname

ID or Passport No. (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.

Source of Funds Savings Bonus Inheritance Salary 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 and/or Model Portfolios.

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

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.

4. Debit Order Authority

Commencement Date 0 1 M M Y Y Y Y

Preferred Collection Date 1st of month 25th of 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 the 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 written notice 10 working days 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.

5. Investor's Banking Details

- Please attach proof of banking details when submitting this application
- It's important to note that although we can debit a third party bank account for contributions, we are only able to pay redemption proceeds into the investor's bank account. This is particularly important to note if you are opening this investment account on behalf of a minor.

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

6. 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.

7. 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 Investor 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. To do this for all your investments the FSP will need to enter into a signed mandate (instruction) from you.*

| | | | |
|------------------------|----------------------|------------|----------------------|
| 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 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 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