

ADDITION FORM

TAX FREE SAVINGS ACCOUNT

- No instruction will be processed unless all requirements have been met, all relevant documentation received and the funds reflected in Sygnia's bank account.
- **The daily cut-off for receipt of instructions is 14h00.**
- **For full information on turnaround times please refer to the Sygnia Terms and Information document.**
- Completed forms and required documentation are to be e-mailed to instructions@sfs.sygnia.co.za.
- Please read the Terms and Information that apply to this investment. This is available from your financial advisor, the Sygnia Client Service Centre or www.sygnia.co.za.
- Should you have any queries regarding this application, please contact the Sygnia Client Service Centre on 0860 794 642 (0860 SYGNIA).

NOTE: If you are completing this form online, please save the form to your computer prior to completing any details to ensure a copy is kept for your records.

DOCUMENT CHECKLIST

- ☐ Proof of bank details (If changed)
- ☐ Proof of deposit/transfer into the relevant Sygnia bank account

FOR THE AUTHORISED REPRESENTATIVE

- ☐ Copy of South African bar coded ID or valid passport (if a foreign national)
- ☐ Proof of authority to act (e.g. power of attorney)

INVESTOR DETAILS

Surname/Company/Trust/Partnership/Close Corporation: _____

Title: _____ First name(s)/Contact name: _____

ID/Passport number/Company/Trust/Partnership/Close Corporation registration number: _____

Client code: _____ Account code: _____

Home telephone number: (_____) _____ Work telephone number: (_____) _____

Cellphone number: _____

E-mail address: _____

DETAILS OF PERSON ACTING ON BEHALF OF INVESTOR

*Capacity: _____

(* e.g. Guardians/Persons with Power of Attorney or mandate acting on behalf of investor.)

Title: _____ First name(s): _____ Surname: _____

Occupation: _____

ID or Passport number (if foreign national): _____

Residential address: _____

_____ Code: _____

SYGNIA FINANCIAL SERVICES (PTY) LTD REGISTRATION NO. 2010/015491/07

CAPE TOWN: 7th Floor | The Foundry | Cardiff Street | Green Point | 8001 | T +27 446 4940 | F +27 86 680 8045

JOHANNESBURG: Unit 40 | 6th Floor | Katherine & West Building | West Street | Sandton | 2196 | T +27 10 595 0550 | F +27 86 206 5173

DURBAN: Office 2 | 2nd Floor | Ridgeview | 1 Nokwe Avenue | Ridgeside | Umhlanga Ridge | 4319 | T +27 31 001 0650 | F +27 86 206 4421

info@sygnia.co.za | www.sygnia.co.za

Sygnia Financial Services (Pty) Ltd is a licensed Financial Services Provider [FSP 44426]



Postal address: _____

Code: _____
Home telephone number: (_____) _____ Work telephone number: (_____) _____
Cellphone number: _____
E-mail address: _____

SYGNIA ADMINISTRATION FEE

Initial Administration Fee: There is no initial administration fee levied on the Sygnia platform.

Annual Administration Fee (excl. VAT): There is no annual administration fee levied on the Sygnia Tax Free Savings Account.

For the fees relating to the underlying investment managers please refer to the Sygnia Alchemy Funds document.

INVESTMENT DETAILS

Sygnia Tax Free Savings Account code: _____

NOTE: Contributions to Sygnia Tax Free Savings Accounts are limited to R36,000 per tax year. Any contributions made over and above the annual limit will attract tax at a rate of 40%.

SOURCE OF FUNDS (COMPULSORY):

This information is required by legislation and by Sygnia in order to invest your funds.

☐ Bonus ☐ Savings ☐ Inheritance ☐ Salary
☐ Other: _____

NOTE: Sygnia Financial Services (Pty) Ltd reserves the right to request proof of source of funds.

LUMP SUM CONTRIBUTION - MINIMUM OF R5 000 AND MAXIMUM OF R36 000 (MINIMUM OF R1 000 IF INVESTING INTO THE SYGNIA MONEY MARKET CLASS S1 OR S2)

Will this be a unit transfer: ☐ Yes ☐ No

Rands: _____ Cents: _____ Date of deposit/transfer: _____ / _____ / _____

☐ **Electronic/Internet transfer (EFT):** Electronic/Internet transfers may take up to 2 days to reflect in the Sygnia Bank account. Sygnia Financial Services (Pty) Ltd ("Sygnia") requires proof of transfer or deposit before this application can be processed.

☐ **Electronic collection by Sygnia:** This is a once-off direct debit from your bank account and is restricted to R36 000. Units bought with a direct debit can only be withdrawn after 32 business days.

I hereby instruct and authorise Sygnia or its assignees to draw against my account the above electronic collection instruction with the bank account noted in this form (or any other bank or branch to which I may transfer my account).

Name of account holder: _____

Signature of bank account holder: _____

FUND SELECTION:

FUNDS	CLASS	RAND AMOUNT	PERCENTAGE
	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
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	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
	R	<input type="text"/>	OR <input type="text"/> %
TOTAL	R	<input type="text"/>	<input type="text"/> 1 0 0 %

INVESTOR BANKING DETAILS

The details specified below must be in the investor's name and will be used for all future banking transactions. Should any changes occur, the investor must notify Sygnia in writing.

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: ☐ Current ☐ Transmission ☐ Savings

Name of account holder: _____

A recent bank statement must accompany this application form as confirmation of proof of bank details. **No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor).** Payments to credit cards or market-linked accounts are not permitted. The Administrator executes all payment instructions electronically to a South African bank account in the name of the investor. No payment will be made by cheque.

THIRD PARTY BANKING DETAILS

This section must be completed where a third party makes payment on behalf of the investor. In the event that the payment is a debit order/ electronic collection the third party must provide Sygnia with authorisation by signing below.

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: ☐ Current ☐ Transmission ☐ Savings

Name of account holder: _____

A recent bank statement must accompany this application form as confirmation of proof of bank details. **No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor).** Payments to credit cards or market-linked accounts are not permitted. The Administrator executes all payment instructions electronically to a South African bank account in the name of the investor. No payment will be made by cheque.

Signed at: _____ on this _____ day of _____ year _____

Signature of third party: _____

SYGNIA BANK ACCOUNT DETAILS

If you prefer to do an electronic/internet transfer, we will provide our banking details once your application has been successfully verified. Proof of payment will be required.

FINANCIAL ADVICE FEES

I hereby confirm that the Financial Advisor whose details are completed in the "Financial Advisor Details and Declaration" section below, is my appointed Financial Advisor and agree to payment of fees as follows:

Initial advice fee: _____ % excluding VAT (Negotiable to maximum 3% exclusive of VAT. Applied to each lump sum contribution and (Lump sum) deducted before the investment is made).

Signature of investor: _____

FINANCIAL ADVISOR DETAILS

Financial advisor full name and surname: _____

Financial Service Provider (FSP) name: _____ FSP code: _____

INVESTOR DECLARATION (ONLY APPLICABLE WHERE AN FSP HOLDS A CATEGORY II DISCRETIONARY LICENCE)

I/We confirm that:

- I/We have entered into a mandate with the FSP ☐ Yes ☐ No
- The mandate gives the FSP discretion to act on my/your behalf ☐ Full ☐ Limited

NOTE: A copy of the signed mandate must accompany this application form.

Signature of investor: _____

FSP DECLARATION

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002, and subordinate legislation thereto, to the investor.
- warrant what I/we have established and verified the identity of the investor(s) (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act, No. 38 of 2001 ("FICA") and subordinate legislation thereto, and I/we will keep records of such identification and verification according to the provisions of FICA.
- are not aware of any activities in which the investor is involved which may lead us to suspect or reasonably suspect that the investor is or may be involved in any unlawful activities or money laundering. Should we subsequently become aware of suspicions of this nature, we shall immediately inform Sygnia Financial Services (Pty) Ltd.

Signed at: _____ on this _____ day of _____ year _____

Signature of financial advisor: _____

DECLARATION BY INVESTOR

- I/We acknowledge, understand and accept the Sygnia Terms and Information Document.
- I/We acknowledge, understand and accept that Sygnia may use the information I/we have provided in this form for either of the following purposes:
 - › to effectively process my/our transactions;
 - › to detect and prevent fraud;
 - › to comply with auditing and record-keeping requirements;
 - › to comply with legal and regulatory requirements;
 - › to verify my/our identity;
 - › to share information with service providers with whom Sygnia has a business agreement to process such information on Sygnia's behalf or to those who render services to Sygnia.
- I/we acknowledge and understand that I/we may access the personal information Sygnia have on record and that I/we may request that Sygnia correct any errors or delete my/our information.
- I/we acknowledge and understand that I/we can view Sygnia's full privacy policy on Sygnia's website on www.sygnia.co.za.
- I/we confirm that I/we was/were provided with the Minimum Disclosure Document prior to transacting.

Signed at: _____ on this _____ day of _____ year _____

Signature of investor: _____

ANNEXURE A:

FICA DOCUMENTATION REQUIRED

THE LIST BELOW PROVIDES GUIDANCE OF WHAT DOCUMENTATION WILL BE ACCEPTED AS PROOF OF RESIDENTIAL / BUSINESS ADDRESS:

The document must clearly show the person's Name either initials & surname or first name & surname) and physical address.

DOCUMENT DESCRIPTION	VALIDITY PERIOD
GENERAL ACCOUNT:	
Utility account i.e rates and taxes, water or electricity	Less than 3 months old
Educational institution account / registration letter	Less than 3 months old
Co-opt statement (i.e. farmers)	Less than 3 months old
Medical aid statement	Less than 3 months old
Mortgage statement from mortgage lender	Less than 6 months old
Telephone or cellular account (all networks)	Less than 3 months old
Valid SABC television license	Less than 1 year old
Bank statement	Less than 3 months old
Security Service Account (ADT etc)	Less than 3 months old
Subscription T.V Statement (DSTV)	Less than 3 months old
Retail accounts (Woolworths, Edgars, etc)	Less than 3 months old
A tax invoice issued by a regulatory body (e.g. SAICA)	Less than 1 year old
GOVERNMENT ISSUED DOCUMENTS:	
Motor vehicle registration documents	Less than 1 year old
Court order	Less than 3 months old
Warrant of arrest	Less than 3 months old
SARS income tax return	Less than 1 year old
Documentation relating to UIF or Pension pay-out	Less than 3 months old
INSURANCE AND INVESTMENT DOCUMENT:	
Medical Aid statement	Less than 1 year old
Life insurance document	Less than 1 year old
Short-term or long-term Insurance document	Less than 1 year old
Funeral policy document	Less than 1 year old
Investment statement- shares, portfolio or unit trust	Less than 1 year old
LEASE/ RENTAL / FRANCHISE AGREEMENT:	
Valid Agreement	
OTHER	
Payslip	Most Recent
Letter from Employer (where employee resides on the premises)	Less than 3 months old
Tribal Village Authority Letter	Less than 3 months old
Letter From Your Local Municipal Councillor	Less than 3 months old
Affidavit That Confirms Your Address / cohabitation	Less than 6 months old
Letter from the Warden (where investor is incarcerated)	Less than 3 months old
Letter by the Trustees confirming Investor resides on trust property (Letter of Authority required as well)	Less than 3 months old

IF YOU DO NOT HAVE PROOF OF RESIDENTIAL ADDRESS IN YOUR OWN NAME THE FOLLOWING WILL BE ACCEPTED:

- Utility bill or any other acceptable proof of residence in your spouse's, partner's or parent's name;
- A copy of your spouse's, partner's or parent's South African bar-coded ID, valid passport (if foreign national);
- Confirmation of residential address by co-habitant or homeowner form, which is available on our website www.sygnia.co.za
- Affidavit from your spouse, partner or parent duly dated and commissioned accordingly.