

Sygnia Preservation Plan Application Form

Document Checklist

South African bar-coded ID, valid passport (if foreign national) or birth certificate (if minor)
Proof of residential address less than 3 months old (Refer to Annexure A for examples)
Proof of banking details not older than 3 months (e.g. bank statement)
Proof of deposit/transfer in to the relevant Sygnia bank account
If a unit transfer is required, please provide a recent statement of your current investment
For the authorised representative
South African bar-coded ID or valid passport (if foreign national)
Proof of authority to act (e.g. power of attorney)

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. Please ensure that we receive a non-editable version of the completed and signed form.

- 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 14:00.
- For full information on turnaround times please refer to the Sygnia Terms and Information document.
- Completed forms and required documentation must be emailed to instructions@sfs.sygnia.co.za.
- Please read the Terms and Information document applicable 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 your financial advisor, or alternatively the Sygnia Client Service Centre on 0860 794 642 (0860 SYGNIA).



Fund Selection

Please select the Preservation Plan you	would like to invest in below:	:		
Sygnia Pension Preservation Plan	Sygnia Provident Preserva	ation Plan		
Investor Details				
Title: First name(s):		Surname:		
ID or Passport number (if foreign national)	:	Passport country:		
Date of birth:		South African resident:	Yes	No
Are you a registered taxpayer? Yes	No If yes, specify yo	our SouthAfrican income tax number: _		
Occupation:				
ls your postal address the same as your re	esidential address: Yes	No		
Residential address:				
			Cod	le:
Postal address:				
Home telephone number: ()				
Cellphone number:	Email:			
Communication Preference				
We will send all communication via email.				
If you have a financial advisor, you may ch	loose to have your communic	cation sent to you, your financial advis	or or to both.	
Send communications to:				
Me My financial advisor Bo	:h			
If no selection is made we will send comm	nunication to you only.			
Please keep me informed of the latest nev on offer via my chosen communication m		events and any additional products o	r services	
Yes No				
Manage and view your investmen	nt on the Sygnia Online	Platform		
Once your funds have been invested and to view your personal and investment det		egister on the Sygnia Alchemy Online	Platform	
online.sygnia.com/Account/Login				

Within 5 business days of your investment being finalised, you will receive your log on details and Sygnia Welcome Pack. In order to grant you access to the platform and before registration can take place, an authentic email address will be required.



Details of Person Acting on Behalf of Investor

* Capacity:			
(* e.g. Guardians/Persons with Power of A	ttorney or mandate ac	ting on behalf of investor.)	
Title: First name(s):		Surname:	
Occupation:			
ID or Passport number (if foreign national):	:	Passport country:	
Residential address:			
			Code:
Postal address:			
			Code:
Home telephone number: ()		Work telephone number: ()
Cellphone number:	Em	nail:	
Annual Administration The following administration fee applies d Sygnia Investments	epending on the inves	tment funds that you have chosen: tion Fee (EXCL VAT)	
Value of all Accounts	Sygnia Unit Trusts	Sygnia ETFs	External Unit Trusts and ETFs
First R2 000 000	0.35%	0.35%	0.40%*
Between R2 000 000 - R10 000 000	0.15%	0.15%	0.20%**
Over R10 000 000	0.00%	0.00%	0.20%***
* 0.40% (excl VAT) is levied on the proportionat ** 0.20% (excl VAT) is levied on the proportiona *** 0.20% (excl VAT) is levied on the proportions	te value of the external-m	nanager funds above R2 million.	
A seperate safe custody fee of 0.03% (ex. VAT)	per annum applicable to [ETFs will be charged.	
Note: We consider all your investments funds. For fees relating to the underlying or online at www.sygnia.co.za.			
Transferring Fund Deta	ails		
Registered name of transferring fund:			
FSCA fund registration number:		SARS fund approval numb	per:
Name of administrator:		Contact telephone numbe	r:
Account number of transferring fund:			
Have you taken a once-off withdrawal fro			
Yes No			



Reason for transfer to the occupational/pension/preservation fund:
Resignation Retrenchment Dismissal Winding up/liquidation of fund Merger/ take-over employer
Transfer from another pension/provident preservation fund Divorce order payment
If any service was performed outside of the RSA, please state periods and territories of such service
From: / To: / Territory:
From:/ To:/ Territory:
Member's contributions to the fund which were not previously tax deductable
R:
Applicable for paragraph (a) or (b) funds i.e. public sector funds such as the government employees pension fund (GEPF)
Number of years membership prior to 1 March 1998:
Membership start date: Membership end date:
Transferring fund restrictions:
Please note
 If you are transferring from the GEPF you are only allowed to transfer into the Sygnia Pension Preservation Plan as the rules of the GEPF provides only for the preservation of pension benefits.
2. You will only be allowed to withdraw up to one third of your funds in cash for your once-off withdrawal or at retirement.
Investment Details
Transfer Contribution (minimum R50 000)
Will this be a unit transfer:
Yes No
Estimated investment amount:
Rands: Cents:
Date of deposit/transfer://

Note: Subject to Section 14 certificate clearance as issued by the Financial Service Board, where applicable.



Funds Selection

Funds	Unitised Life Fund	or or or or or or	Unit Trust	Class	R R R R R	or o	**************************************
		or or			R R		% %
		or			R		
Total					R	R Total 1 0	0 %
Phasing-In The minimum amount for a phase-in is R10 Phase-ins will be processed by the 7th of A new phase-in instruction must reach Sy Phase-ins recieved after the cut-off date of Only one phase-in will be allowed per according. Yes No If the answer is yes: over 3 months over 6 months of Default phase-in Money Market Fund: The information of the phase-in in the information of the phase-in in the information.	every month gnia by 14h0 will be sched ount	n 00 five b duled to	ousiness start the	days before	re th	the 7th of each month onth	
Note: The Preservation Fund requires that y Pension Funds Act: A maximum exposure of hedge funds. In order to assist you in detern compliance calculator on the Sygnia websit	f 75% to equ nining wheth	ity inve ner your	stments; investm	; 45% to intent compl	tern ies v	national investments; 25% to property and a with these limits, you can use the Regulation	0% to
Investor Banking Detai	ls						
The details specified below must be in the interest the investor must notify Sygnia in writing.	vestor's nam	ne and v	vill be us	ed for all fu	uture	ure banking transactions. Should any change	es occur,
Bank:							
Branch:				_ Branch c	ode	le:	
Type of account: Current Transmiss							
Name of account holder:							

Note: 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.



Beneficiary Nominations

The beneficiary nominations contained in this application form supersede the beneficiary nominations in the policyholder's will. Should one of the primary beneficiaries predecease the investor and not be replaced, the deceased beneficiary's share will be divided equally between the surviving primary beneficiaries.

	Beneficiary 1	Beneficiary 2
First name(s):		
Surname:		
Relationship:		
ID/Passport number:		
Percentage:		
Postal address:		
Contact number:		
Occupation:		
	Beneficiary 3	Beneficiary 4
First name(s):		
Surname:		
Relationship:		
ID/Passport number:		
Percentage:		
Postal address:		
Contact number:		
Occupation:		
verified. Proof of payment will be require Financial Services Pro	transfer, we will provide our banking details onc d.	
FSP registration number:	FSP code:	



/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
Signature of investor:
Note: A copy of the signed mandate must accompany this application form

Investor declaration (only applicable where an FSP holds a category II discretionary license)

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.
- I warrant and declare that I will not transact on my client's behalf without my client's prior consent and authorisation and that all transaction will be in line with my client's instructions and Record of Advice.

Signed at:	on this	day of	year
Signature of financial advisor:			

Investor declaration (only applicable where an FSP holds a category II discretionary license)

If your financial advisor holds a Category I licence with the FSCA, they are not licenced to exercise discretion and submit instructions on your behalf. However, you may authorise them to submit the following online instructions on your behalf:

- · Once-off withdrawal instructions
- · Set-up new regular withdrawals and changes to existing regular withdrawals on my behalf, including amount, frequency, or fund allocation
- Changes to beneficiaries where applicable
- · Additions to existing investment accounts
- · Switches between the investment allocation of existing investment accounts
- Set-up of new debit order details or change to existing debit order details, including the amount, frequency, escalation rate, date of collection or fund allocation



Please not	e
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All once-off withdrawals and regular withdrawal amounts will be paid into your bank account on record.

Any changes in bank account details for once-off withdrawals and regular withdrawals, will always require your authorisation and signature. Do you authorise your financial advisor to submit transaction on your behalf via Sygnia Online? Yes No Please indicate the investment account(s) you authorise your Financial Advisor to transact on, on your behalf. This account only All accounts Accounts specified below only Account code Account code Account code Signed at: _ _____ on this _____ day of ___ Signature of investor: ___ Financial Advice Fees

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

 $_{-}$ % excluding VAT (Negotiable to maximum 3% exclusive of VAT. Applied to each lump sum contribution and (Lump sum) deducted before investment is made).

Initial advice fee: _ (Debit order)

. % excluding VAT (Negotiable to maximum 3% exclusive of VAT. Applied to each debit order contribution and deducted before investment is made).

Annual advice fee: ___

__% excluding VAT (Negotiable to a maximum of 1%) per annum of the market value of the investment portfolio, charged by way of unit reduction and paid to the Financial Advisor monthly in arrears (If an initial fee in excess of 1.50% has been deducted the annual fee is limited to 0.50% per annum.) This authority may be withdrawn by written notice to the Fund.



Declaration by Investor

- · I/We acknowledge, understand and accept the Sygnia Terms and Information document.
- I/We consent to Sygnia processing my/our personal information as described in the Sygnia Terms and Information document. I/We further confirm that the information provided by me/us is true and correct and undertake to notify Sygnia should any of the information change.
- 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.
- I/We hereby instruct and authorise Sygnia or its assignees to draw against my account the lump sum electronic collection or debit order instruction, if applicable, from the bank account noted in this form (or any other bank or branch to which I may transfer my account).
- I/We hereby confirm that the Financial Advisor whose details are completed in the "Financial Advisor Details" section above, is my appointed Financial Advisor and agree to payment of fees per the "Financial Advisor Fees" section above.

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 residence / 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 Investments Documents:	
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 addresss 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.

