

# SYGNIA PRESERVATION FUND APPLICATION 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](mailto: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](http://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).

**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

- South African bar-coded ID, valid passport (if foreign national) or birth certificate (if minor)
- Proof of address (not older than 3 months)
- Proof of banking details (e.g. bank statement or cancelled cheque)
- 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)

## FUND SELECTION

Please select the Preservation Fund you would like to invest in below:

- Sygnia Pension Preservation Fund      OR       Sygnia Provident Preservation Fund

## 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 South African taxpayer?  Yes  No If yes, specify your South African income tax number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Is your postal address the same as your residential address:  Yes  No

Residential address: \_\_\_\_\_

Code: \_\_\_\_\_

Postal 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](mailto:info@sygnia.co.za) | [www.sygnia.co.za](http://www.sygnia.co.za)  
Sygnia Financial Services (Pty) Ltd is a licensed Financial Services Provider [FSP 44426]



Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Work telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellphone number: \_\_\_\_\_

Email: \_\_\_\_\_

### COMMUNICATION PREFERENCE

Please select only one of the following communication methods. If no selection is made, or if both are selected, communication will be made via email.

Communication method:  Post  Email

If you have a financial advisor, you may choose to have your communication sent to you, your financial advisor or to both.

Send communications to:  Me  My financial advisor  both

If no selection is made we will send communication to you only.

Please keep me informed of the latest news, exclusive Sygnia Investor events and any additional products or services on offer via my chosen communication method above:  Yes  No

### MANAGE AND VIEW YOUR INVESTMENT ON THE SYGNIA ALCHEMY ONLINE PLATFORM:

Once your funds have been invested and unitised, you will be able to register on the Sygnia Alchemy Online Platform:

<https://online.sygnia.com/Account/Login> to view your personal and investment details.

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 Attorney or mandate acting 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: \_\_\_\_\_

E-mail address: \_\_\_\_\_

# ANNUAL ADMINISTRATION FEE

The following administration fee applies depending on the investment funds that you have chosen:

| SYGNIA INVESTMENTS<br><br>VALUE OF ALL ACCOUNTS | ANNUAL ADMINISTRATION FEE (EXCL VAT)       |             |                               |
|-------------------------------------------------|--------------------------------------------|-------------|-------------------------------|
|                                                 | SYGNIA UNIT TRUSTS AND UNITISED LIFE FUNDS | SYGNIA ETFS | EXTERNAL UNIT TRUSTS AND ETFS |
| First R2 000 000                                | 0.00%                                      | 0.20%       | 0.40%*                        |
| Over R2 000 000                                 | 0.00%                                      | 0.10%       | 0.20%**                       |

\* 0.40% (excl VAT) is levied on the proportionate value of the external-manager funds below R2 million.

\*\* 0.20% (excl VAT) is levied on the proportionate value of the external-manager funds above R2 million.

**Please note:** While Sygnia does not charge any administration fees in respect of its own funds, Sygnia takes into account all your investments with us when assessing the R2 million threshold, including your investments in Sygnia funds. For the fees relating to the underlying investment managers please refer to the Sygnia Alchemy Funds document available on request or online at [www.sygnia.co.za](http://www.sygnia.co.za).

## TRANSFERRING FUND DETAILS

Registered name of transferring fund: \_\_\_\_\_

FSCA fund registration number: \_\_\_\_\_ SARS fund approval number: \_\_\_\_\_

Name of administrator: \_\_\_\_\_ Contact telephone number: \_\_\_\_\_

Account number of transferring fund: \_\_\_\_\_

Have you taken a once-off withdrawal from your existing preservation fund:  Yes  No

### REASON FOR TRANSFER TO THE OCCUPATIONAL / PENSION / PRESERVATION FUND:

- Resignation                       Retrenchment                       Dismissal                       Winding up/liquidation of fund  
 Merger/take-over of employer                       Transfer from another pension/provident preservation fund                       Divorce order payment

### IF ANY SERVICE WAS PERFORMED OUTSIDE THE RSA, PLEASE STATE PERIODS AND TERRITORY 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: \_\_\_\_\_

### NOTE:

1. If you are transferring from the GEPF you are only allowed to transfer into the Sygnia Pension Preservation Fund 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

Rands: \_\_\_\_\_ Cents: \_\_\_\_\_

\*Date of transfer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*These may be estimations.

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

**FUND SELECTION:**

| FUNDS        | UNITISED LIFE FUND       | OR | UNIT TRUST               | CLASS | RAND AMOUNT            | OR           | PERCENTAGE             |
|--------------|--------------------------|----|--------------------------|-------|------------------------|--------------|------------------------|
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| _____        | <input type="checkbox"/> | OR | <input type="checkbox"/> | _____ | R <input type="text"/> | OR           | <input type="text"/> % |
| <b>TOTAL</b> |                          |    |                          |       | R <input type="text"/> | <b>TOTAL</b> | <b>1 0 0</b> %         |

**PHASING-IN:**

- The minimum amount for a phase-in is R100 000 and can only take place from the Sygnia Money Market Fund
- Phase-ins will be processed by the 7th of every month
- A new phase-in instruction must reach Sygnia by 14h00 five business days before the 7th of each month
- Phase-ins received after the cut-off date will be scheduled to start the following month
- Only one phase-in will be allowed per account

**DO YOU REQUIRE A PHASE-IN:**  Yes  No

If yes:  over 3 months  over 6 months  over 12 months

**Default Phase-In Money Market Fund:** The investment will be phased-in from the Sygnia Money Market Fund Class A.

**NOTE:** The Preservation Fund requires that your investment adheres to the following investment limits in terms of Regulation 28 of the Pension Funds Act: A maximum exposure of 75% to equity investments; 30% to international investments; 25% to property and 10% to hedge funds. In order to assist you in determining whether your investment complies with these limits, you can use the Regulation 28 compliance calculator on the Sygnia website [www.sygnia.co.za](http://www.sygnia.co.za) or call the Sygnia Client Service Centre on 0860 794 642.

# 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.

# BENEFICIARY NOMINATIONS

**NOTE:** Section 37C of the Pension Funds Act, 24 of 1956 governs the distribution of benefits on a investor's death. In terms of this section, the board of trustees have a duty to apportion the benefits equitably between dependants and/or nominees. Your nomination will assist the board of trustees in making their decision, however, payment to your nominated beneficiary(ies) is not guaranteed.

|                     | 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:         | _____         | _____         |

# 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 SERVICES PROVIDER DETAILS

Financial advisor full name and surname: \_\_\_\_\_

Financial Service Provider (FSP) name: \_\_\_\_\_

FSP registration number: \_\_\_\_\_ 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: \_\_\_\_\_

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

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

**NOTE**

- 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 \_\_\_\_\_ year \_\_\_\_\_

Signature of investor: \_\_\_\_\_

**FINANCIAL ADVICE FEES**

I hereby confirm that the Financial Advisor whose details are completed in the “Financial Services Provider Details and Declaration” section above, 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).

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**

**PRIVACY CONDITIONS:**

- I/We acknowledge, understand and accept the Sygnia Terms and Information document.
- I/We consent to the processing of my/our personal information by Sygnia.
- I/We acknowledge that Sygnia requires my/our personal information and any authorised signatories in order for Sygnia to perform its obligations fairly, competently, and in accordance with the law with personal information as defined in the Protection of Personal Information Act No. 4 of 2013 (“POPIA”).
- I/We further acknowledge that providing the personal information (“PI”) is mandatory (unless otherwise indicated) and that a failure to provide complete and accurate PI, and/or any other information/document requested in the normal course of business may lead to Sygnia being unable to proceed or continue with our relationship.
- I/We acknowledge that Sygnia processes PI, as well as any other information disclosed to Sygnia, for the purposes set out in Sygnia’s Privacy Notice. A detailed list of records and how to request access to them can also be found in Sygnia’s Access to Information Manual.
- I/We consent to the transfer of such PI to other companies or entities within the Sygnia Group and outside of the Sygnia Group and to the transfer of such PI outside of South Africa where such transfer is necessary for the performance of the business relationship between us.
- I/we confirm that I/we was/were provided with the Minimum Disclosure Document prior to transacting.
- 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 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        |
|-------------------------------------------------------------------------------------------------------------|------------------------|
| <b>GENERAL ACCOUNT:</b>                                                                                     |                        |
| 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   |
| <b>GOVERNMENT ISSUED DOCUMENTS:</b>                                                                         |                        |
| 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 |
| <b>INSURANCE AND INVESTMENT DOCUMENT:</b>                                                                   |                        |
| 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   |
| <b>LEASE/ RENTAL / FRANCHISE AGREEMENT:</b>                                                                 |                        |
| Valid Agreement                                                                                             |                        |
| <b>OTHER</b>                                                                                                |                        |
| 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](http://www.sygnia.co.za)
- Affidavit from your spouse, partner or parent duly dated and commissioned accordingly.