

Sygnia ForLife Living Annuity 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 (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
Spouse's South African bar-coded ID or valid passport (if applicable)
Marriage certificate (if applicable)
Signed Sygnia Lifetime Income Portfolio Quote (if applicable)
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.

- The Sygnia Lifetime Income Portfolio is underwritten by Just Retirement Life (South Africa) Ltd, Registration Number 2014/099601/06.
- 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 yourfinancial advisor, or alternatively the Sygnia Client Service Centre on 0860 794 642 (0860 SYGNIA).



Sygnia Financial Services (Pty) Ltd Registration No. 2010/015491/07

Investor Details

Title: First name(s): Surname:	
ID or Passport number (if foreign national):	ort country:
Date of birth:South	African resident: Yes No
Gender: Male Female	
Are you a registered taxpayer? Yes No If yes, specify your SouthAfrican	n income tax number:
Marital status: Married Single Divorced Widowed	
Is your postal address the same as your residential address: Yes No	
Residential address:	
	Code:
Postal address:	
	Code:
Home telephone number: () Work telephone	number: ()
Cellphone number:Email:	
Communication Preference We will send all communication via email.	
If you have a financial advisor, you may choose to have your communication sent to yo	ou your financial advisor or to both
Send communications to:	you manetal advisor of to both.
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 on offer via my chosen communication method above:	additional products or services
Yes No	
Manage and view your investment on the sygnia Online Platform	
Once your funds have been invested and unitised, you will be able to register on the S to view your personal and investment detail:	ygnia 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.



Spouse Details

Title: First name(s):	Surname:	
ID or Passport number (if foreign national):	Passport country:	
Date of birth:	South African resident:	Yes No
Gender: Male Female		
Is your postal address the same as your residential address:	Yes No	
Residential address:		
		Code:
Postal address:		
		Code:
Home telephone number: ()	Work telephone number: ()	
Cellphone number:E	mail:	
* Capacity:		
(* e.g. Guardians/Persons with Power of Attorney or mandate act	ing 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: ()	
Collabora number:	ailt	

Annual Administration Fee

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

Sygnia Investments Annual Administration 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%***

 $^{^{\}star}$ 0.40% (excl VAT) is levied on the proportionate value of the external-manager funds below R2 million.

A seperate safe custody fee of 0.03% (ex. VAT) per annum applicable to ETFs will be charged.



 $^{^{\}star\star}$ 0.20% (excl VAT) is levied on the proportionate value of the external-manager funds above R2 million.

^{*** 0.20% (}excl VAT) is levied on the proportionate value of the external-manager funds above R10 million.

Note: We consider all your investments when assessing the R2 million and R10 million threshold, including your investments in Sygnia funds. For 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.

Transferring Fund Details

Transfer 1 Transfered from:
Pension/Provident Fund An existing Living Annuity (Directive 135) Preservation Fund Retirement Annuity
Was a cash portion taken at retirement:
Yes No
Registered name of transferring fund/insurer:
Postal address of transferring fund/insurer:
Postal code:
Contact telephone number: ()
*SARS fund approval number:
(*not required for Directive 135 transfers)
FSCA fund registration number:
Name of administrator:
Address of administrator:
Postal code:
Transfer 2 Transfered from: Pension/Provident Fund An existing Living Annuity (Directive 135) Preservation Fund Retirement Annuity Was a cash portion taken at retirement:
Yes No
Registered name of transferring fund/insurer:
Postal address of transferring fund/insurer:Postal code:
Contact telephone number: ()
*SARS fund approval number:
(*not required for Directive 135 transfers)
FSCA fund registration number:
Name of administrator:
Address of administrator:Postal code:
rostal code:



Investment Details (Minimum R200 000)

Transfer 1 Amount

Will this be a unit transfer:	
Yes No	
Estimated investment amount:	
Rands:	_ Cents:
Date of deposit/transfer://	
Transfer 2 Amount	
Will this be a unit transfer:	
Yes No	
Estimated investment amount:	
Rands:	_ Cents:
Date of deposit/transfer://	

Funds Selection

Sygnia Lifetime Income Portfolio (Minimum R50 000 per investment)

Please choose either the default or customised Sygnia Lifetime Income Portfolio allocation option.

Default Sygnia Lifetime Income Portfolio allocation:

Your default allocation to the Sygnia Lifetime Income Portfolio will be according to your age in years on initial investment and at Anniversary Month of the policy based on the table below. If your yearly allocation to the Sygnia Lifetime Income Portfolio is less than R50 000, the allocation will be carried forward to the following year. Once your cumulative yearly allocation exceeds R50 000, it will be allocated to the Sygnia Lifetime Income Portfolio.

Age	Allocation to Market Investments	Allocation to Sygnia Lifetime Income Portfolio
55 - 65	100%	0%
66	90%	10%
67	80%	20%
68	70%	30%
69	60%	40%
70	50%	50%
71	40%	60%
72	30%	70%
73	20%	80%
74	10%	90%
75 onwards	0%	100%



If you are 66 years or older, plea allocated.	se complete the followir	ng Sygnia L	ifetime Ir	ncome Port	tfolio	o optid	ons in	order	for yo	ur inv	estmer	nt to be		
Do you require a Spouse's Life	time Income?													
Yes	No													
If yes, please select a percenta	age:													
	100%													
Note: The Spouse's Lifetime II commence the first month aft											me Inco	ome will		
Do you require a Minimum Pay	ment Period?													
Yes	No													
If yes, please select a period:														
5 years	10 years 15	years	2	0 years										
Note: The Minimum Payment F before the end of the Minimum beneficiaries.													е	
Customised Sygnia Lifetim	ne Income Portfolio Alla	ocation:												
Your allocation to the Sygnia L attach a signed copy of the Syg							comme	endec	d by yo	our Fi	inancia	l Adviso	r. Ple	∍as∈
Sygnia Lifetime Income Portfolio	o Quote number accept	ed:												
Purchase amount:														
Rands:		Cents	S:											
Note: If the implementation da matically be generated. If the starting Lifetime will only be implemented once	tarting Lifetime Income Income has decreased	amount inc	reases o	r decreases	s by	less t	han 59	% the	updat	ed qu	ote will	be impl	e-	
Market Investments							-							
The remaining transfer value, af	ter investing the purcha	ise amount	for the S	sygnia Litet	ime	Incor	ne Poi	rttollo	, snou	на ре	allocat	ed as to	llow	S:
Funds	Unitised Life Fun		Unit Trust	Class		Pane	d Amo	unt				Percer	ntag	
Tulius	Life Full		IIust	Class	_	Nanc						reicei	Trag	
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		or			R						or		\exists	%
		or			R R						or		\exists	%
		or			R						or		\exists	%
		or			R						or		\exists	%
		or or			R				+	$\frac{1}{1}$	or		\dashv	%
		or			R	\vdash			$\frac{1}{1}$	\dashv	or		\dashv	%
		or			R	\Box			+	\dashv	or		\exists	%
		or			R				$\overline{\top}$	$\overrightarrow{\sqcap}$	or		\exists	%
		٥.				\vdash				\dashv	OI.		\dashv	70



Total

Total 1 0 0 %

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 recieved 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 the answer is 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.
Annuity Income Options
Specify your pre-tax annuity income amount per annum
Note: In terms of current regulatory requirements, the minimum annuity payment is 2.5% per annum and the maximum annuity payment is 17.5% per annum.
If you are transferring from an existing living annuity, the annuity income option from your existing living annuity will be applied. Percentage %
or
Rand: per annum (selected rand value is gross of tax per annum)
Select the payment frequency of your annuity income payments
Monthly (monthly annuity payments will only be paid in arrears) Quarterly in advance
Half yearly in advance Yearly in advance
Apply a specific tax rate:
The income tax on your living annuity income is calculated in terms of the current legislated income tax tables, assuming you have no other sources of income. Please specify if you would like to apply a specific tax rate to your living annuity income.
Apply a specific tax rate:
Yes No
If yes, specify rate
A tax directive will be required annually if a rate lower that the legislated rate is applied for. The directive must be submitted by the



investor to Sygnia prior to the specific rate being implemented.

Investment from which to deduct your income if the Sygnia Lifetime Income Portfolio payment is less than the pre-tax annuity income selected

Select one of the following options:															
Income is withdrawn proportionally ac	cross all market	investr	ments.												
or															
Income is withdrawn from the market	investments se	lected	below:												
Note: If at any stage there is an insufficient other available funds.	ent balance ava	ilable i	n the sele	cted fund/	s, th	ie wit	hdra	wal	will	be r	nade p	proportion	onally	from	the
Funds Selection															
	Unitised		Unit												
Funds	Life Fund		Trust	Class		Ran	d An	nou	nt			ı	Perc	entag	ge
	_	or			R	Щ		Щ				or		\perp	%
	_	or			R	Щ	\perp	Щ	<u> </u>	<u> </u>		or	4	\perp	%
	_	or			R			Щ	<u> </u>	<u> </u>		or		\coprod	%
		or			R			Щ				or		\coprod	%
	_	or			R			Щ	+			or		\coprod	%
	_	or			R			Щ	+			or		\coprod	%
	_	or			R		<u> </u>	Щ	<u> </u>			or	\perp	#	%
	_	or			R			Ш	<u> </u>			or		\coprod	%
	_	or			R			Щ	_	<u> </u>		or		\coprod	%
		or			R			Щ	<u> </u>	<u> </u>		or		\coprod	%
		or			R			Щ	_			or		\coprod	%
Total					R							Total	1 0	0	%
Investments to select into if the S	Svania Lifeti	me In	come Po	ortfolio r	oav	mer	nt is	mc	ore t	tha	n the	pre-ta	ax an	nuit	V
income selected	.,,,				,										,
income selected															
Funds	Unitised Life Fund		Unit Trust	Class		Don	d An	2011	nŧ				Perc	ontor	70
Tulius	Life Fullu		Tust	Olass	_	Nan			111						-
		or			R							or		\pm	%
		or			R R			П	\pm			or	\vdash	\pm	%
		or or			R							or or		Ħ	%
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		or or			R		$\overline{\Box}$		$\frac{1}{1}$			or		\forall	%
		or			R	\Box						or or		一	%
		or			R	\Box			$\overline{}$			or		\pm	%
Total		٥.			R	\Box						Total	1 0	0 0	%
															-



Investor Banking Details

The details specified below must be in the the investor must notify Sygnia in writing.	investor's name and will be used for all future b	anking transactions. Should any changes occur,
Bank:	Account numbe	er:
Branch:	Branch code:	
Type of account: Current Transmis	sion Savings	
Name of account holder:		
A recent bank statement must accompany	this application form as confirmation of proof c	of bank details.
be made to third parties (i.e. payments to credit cards or market-linked account	company this application form as confirmation of will only be made to the bank account in the ns are not permitted. The Administrator execute of the investor. No payment will be made by ch	ame of the registered investor). Payments as all payment instructions electronically to a
Beneficiary Nominatio	ons	
	his application form supersede the beneficiary n e the investor and not be replaced, the deceased s.	
	Please note:	
Sygnia Lifetime Income Portfolio (guarantee period selected and no spo	usal lifetime income selected
Upon death, if the guarantee period has no paid out as a lump sum to the nominated b	t lapsed, the remaining value of the Sygnia Lifetir eneficiaries below.	me Income Portfolio will be capitalised and
Sygnia Lifetime Income Portfolio s	spousal lifetime income selected	
	ortfolio will be transferred to your nominated spouning value of the Sygnia ForLife Living Annuity wi	*
Sygnia Lifetime Income Portfolio 🤉	guarantee period selected and spousa	al lifetime income selected
Lifetime Income payments until the end of the	folio will be transferred to your nominated spouse. e guarantee period and thereafter will receive the S be allocated according to the nominated beneficia	Spousal Lifetime Income for life. The remaining
	Beneficiary 1	Beneficiary 2
First name(s):		
Surname:		
Relationship:		
ID/Passport number:		
Percentage:		
Postal address:		
Contact number:		



Occupation:

	he primary beneficiaries predecease the investor and ill be paid to the alternative beneficiary/beneficiaries.
5 " · · ·	
Beneficiary 1	Beneficiary 2
k	

If you prefer to do an electronic/internet transfer, we will provide our banking details once your application has been sucessfully 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 a	applicable where an FSI	holds a category II disc	retionary license)
I/we confirm that:			
I/we have entered into a mandate with the FSI	P Yes No		
The mandate gives the FSP discretion to act or	n my/your behalf	Yes No	
Signature of investor:			
Note: A copy of the signed mandate must acco	mpany this application	form	
FSP Declaration			
I/We			
 declare that I/we am/are a licensed Financial Se and Intermediary Services Act, No. 37 of 2002 	, ,		•
 warrant what I/we have established and ve accordance with the Financial Intelligence Corecords of such identification and verification 	entre Act, No. 38 of 2001	("FICA") and subordinate	,
are not aware of any activities in which the inv or may be involved in any unlawful activities o we shall immediately inform Sygnia Financial	r money laundering. Sho		· ·
I warrant and declare that I will not transact transaction will be in line with my client's inst			onsent and authorisation and that all
Signed at:	on this	day of	year
Signature if 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

by written notice to the Fund.

• 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

collection or fund alloca	ation			
		Please no	te	
All once-off withdrawa	ls and regular withdrawal a	amounts will be paid ir	nto your bank accou	nt on record.
Any changes in bank ac	count details for once-off	withdrawals and regul	ar withdrawals, will a	always require your authorisation and signature.
Do you authorise your fin	ancial advisor to submit t	ransaction on your be	ehalf via Sygnia On	line?
Yes	No			
Please indicate the invest	tment account(s) you autl	horise your Financial	Advisor to transact	on, on your behalf.
This account only	All accounts	Accounts	specified below on	ly
Account code	Accou	unt code		Account code
Signed at:		on this	day of	year
Signature of investor:				
	:: -			
Financial Adv	rice rees			
I hereby confirm that the is my appointed Financia				ervices Advisor Details" section above,
Initial advice fee:and (Lump sum) deducte			m 3% exclusive of \	/AT. Applied to each lump sum contribution
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:	charged by way of ur	nit reduction and paid	to the Financial Adv	of the market value of the investment portfolio, isor monthly in arrears (If an initial fee in excess oper annum.) This authority may be withdrawn



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.

