

# SYGNIA RETIREMENT ANNUITY PLAN 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.**
- 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).
- **Completed forms and required documentation must be emailed to [instructions@sfs.sygnia.co.za](mailto:instructions@sfs.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)

## 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: \_\_\_\_\_

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

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

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

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

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[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]



## 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 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: \_\_\_\_\_

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

## ANNUAL ADMINISTRATION FEE

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

SYGNIA INVESTMENTS	ANNUAL ADMINISTRATION FEE (EXCL VAT)		
	SYGNIA UNIT TRUSTS AND UNITISED LIFE FUNDS	SYGNIA ETFS	EXTERNAL UNIT TRUSTS AND ETFS
VALUE OF ALL ACCOUNTS			
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: \_\_\_\_\_

## REASON FOR TRANSFER TO THE RETIREMENT ANNUITY FUND:

- Transfer from another Retirement Annuity
  Transfer from a Preservation Fund  
 Transfer from a Pension/Provident Fund
  Divorce order payment

Estimated transfer value: Rands \_\_\_\_\_ Cents \_\_\_\_\_

## MEMBER'S CONTRIBUTIONS TO THE FUND WHICH WERE NOT PREVIOUSLY TAX DEDUCTABLE.

R \_\_\_\_\_

# INVESTMENT DETAILS

## SOURCE OF FUNDS (COMPULSORY)

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

- Existing Sygnia account
  Salary
  Savings
  Bonus
  Inheritance
  Other

If other, please specify: \_\_\_\_\_

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

## LUMP SUM CONTRIBUTION - MINIMUM R20 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 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 R1 000 000 per day. Units bought with a direct debit can only be withdrawn after 32 business days.

Electronic collection to be collected from:  Investor's bank account  Third party bank account

## 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"/> %
<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 Retirement Annuity 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.

**DEBIT ORDER INVESTMENT:** Minimum R500 per month. Of this amount, the minimum investment amount in any ETF must be R250.

Rands: \_\_\_\_\_ Cents: \_\_\_\_\_ per month

Escalation rate per annum:     0%                     5%                     10%                     15%

Commencement month: \_\_\_\_\_ Collection date:     1<sup>st</sup>                     15<sup>th</sup>

Debit order to be collected from:     Investor's bank account                     Third party bank account

**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> %

**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: \_\_\_\_\_

Relationship to investor: \_\_\_\_\_ Third party ID/Registration number: \_\_\_\_\_

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: \_\_\_\_\_

# BENEFICIARY NOMINATIONS

**NOTE:** Section 37C of the Pension Funds Act, 24 of 1956 governs the distribution of benefits on a member'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 investment is made).

Initial advice fee: \_\_\_\_\_ % excluding VAT (Negotiable to maximum 3% exclusive of VAT. Applied to each debit order contribution and (Debit order) 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

**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 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 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.