

SYGNIA RETIREMENT ANNUITY 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.**
- 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.
- **Completed forms and required documentation must be emailed to 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. Please ensure that we receive a non-editable PDF version of the completed and signed form.

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 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)

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

CAPE TOWN: 7th Floor | The Foundry | Cardiff Street | Green Point | 8001 | T +27 21 446 4940

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

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

info@sygnia.co.za | 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: _____

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 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.

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

Estimated transfer value: Rands _____ Cents _____

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

R _____

NOTE: Your transfer will be allocated in the same proportions as per the two-pot allocation from the transferring fund.

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

Please note: From 1 September 2024, your contributions to the Sygnia Retirement Annuity will be split into two components. One-third (1/3) will be allocated to your savings component and the remaining two-thirds (2/3) to your retirement component. All components will be invested in the underlying funds you have selected for your Sygnia RA.

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"/> %
TOTAL				R	<input type="text"/>	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 received after the cut-off date will be scheduled to start the following month
- Only one phase-in will be allowed per account
- The phase-in will be applied to all components

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; 45% 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 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: 1st 15th

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"/> %
TOTAL					R <input type="text"/>	TOTAL	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 withdrawal form if not previously submitted. Payments will not be made to third party accounts, credit cards or money market accounts. 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 withdrawal form if not previously submitted. Payments will not be made to third party accounts, credit cards or money market accounts. 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
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.