

 **IMPORTANT INFORMATION**

Before investing, please read the Terms and Conditions of the Policy carefully to decide if the product meets your financial needs. Consider getting financial advice if you are not familiar with financial markets and products. View the factsheets for information about the objectives, risks and fees relevant to your investment choice.

The living annuity policy is underwritten by 27four Life.

The administration of the policy is performed by Prescient Fund Services "Administrator".

 **COMPLETE THE FORM AND SUBMIT DOCUMENTS**

Complete all relevant sections of this form and submit it, together with the documents listed below, to retirement@prescient.co.za or fax to 021 700 3700.

- A clear copy of your South African ID or Passport (if Foreign National)
- A document less than three months old containing your residential address
- A cancelled cheque or a copy of your bank statement
- Proof of your deposit or your electronic fund transfer
- If applicable, a completed "Acting on Behalf of the Investor form" plus the supporting documents referred to therein
- If applicable, a SARS tax directive

 **PRODUCT BANK ACCOUNT DETAILS**

Payment to be made into the following account:

Account Name	27four Living Annuity
Account Number	6211 833 7337
Bank	FNB
Branch	Corporate Account Services
Type of Account	Current
Reference Number	Your South African ID Number or Passport Number (if Foreign National) and Country of Issue

 **PRODUCT FEES**

An Administration Fee will be recovered through a sale of units in your Investment Account. The administration fees that apply when investing into a life-pooled portfolio are set out below.

Policy Administration Fee	R0-1m	R1-3m	R3-10m	>R10m
% of Investment Account	0.25%	0.20%	0.12%	0.08%

When selecting a collective investment scheme (also known as a unit trust) as your Investment Option, an additional 27four Life Licence fee of 0.13% will be added to the administration fee above and recovered through a sale of units in your Investment Account.

 **CUT OFF TIMES**

We will only process your instruction once we receive all the required documents and the investment amount reflects in our product bank account. Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next business day. Instructions in respect of a money market portfolio must be received by 11:00.



PROVIDE YOUR PERSONAL DETAILS

New Investor Existing Investor Client Number

Existing investors have to complete the section below only if their personal details have changed:

Title Surname

First Name(s) Male Female

Date of Birth Nationality

ID or Passport Number (if Foreign National)

Income Tax Number Marital Status Single Married Divorced

Street Address

c/o

Unit

Complex

Street Number

Street

Suburb

City

Postal Code

Country

Telephone (H)

Telephone (W)

Email Address

Postal Address

Same as Street Address Yes No

c/o

Line 1

Line 2

Line 3

Line 4

Postal Code

Country

Fax

Cell

Specify your preferred method of receiving correspondence* Email Postal Address Copy to Financial Advisor

* If no selection is made, correspondence will be sent to the email address provided. If no email address is provided, correspondence will be sent to your postal address.



SPECIFY YOUR SOURCE OF FUNDS

You may invest a minimum of R100 000 or any higher amount in the Living Annuity Policy by transferring a benefit from a retirement fund.

Amount R

Transferor 1 Pension Fund Provident Fund Retirement Annuity Fund Transfer from Living Annuity Policy

Name of Transferring Fund / Insurer			
FSB Registration Number		Contact Number	

Amount

Transferor 2 Pension Fund Provident Fund Retirement Annuity Fund Transfer from Living Annuity Policy

Name of Transferring Fund / Insurer			
FSB Registration Number		Contact Number	

PROVIDE YOUR BANK DETAILS

South African bank account in the name of the Investor:

Account Holder	<input type="text"/>	Bank	<input type="text"/>
Account Number	<input type="text"/>	Type of Account	<input type="text"/>
Name of Branch	<input type="text"/>	Branch Code	<input type="text"/>

SELECT YOUR INVESTMENT OPTIONS

Investment Portfolio	Investment Amount (%)
	%
	%
	%
	%
	100%

SELECT YOUR INCOME PAYMENT DETAILS

This section does not apply to transfers from existing annuities.

Your pre-tax annuity income may only be between a minimum of 2.5% p.a. and a maximum of 17.5% p.a.

Select an income percentage or Rand amount of income:

Income Percentage or Rand Amount

Select the frequency of your income payments:

Monthly in Arrears Quarterly in Advance Bi-annually in Advance Annually in Advance

Do you want to specify an income tax rate? Yes No

Your tax on your income is calculated based on the SARS income tax tables. A SARS tax directive is required if the tax rate specified is lower than that calculated from the income tax tables.

Portfolio you would like to withdraw your income from:

Withdraw income proportionately Withdraw from the investment portfolio(s) selected below

If there is insufficient money in the selected portfolios below, we will withdraw your income proportionately.

Investment Portfolio	Amount (R)	Percentage
	R	%
	R	%
	R	%
	R	%



INDICATE YOUR BENEFICIARY NOMINATIONS

If no beneficiary is nominated, Policy benefits will be paid to your estate.

The signature of the investor's spouse is required if the investor is married in community of property and nominates a beneficiary other than the investor's spouse.

Marital Contract: Community of Property Ante-nuptial Contract

I hereby agree to the nominations below:

Full Name of Spouse Signature of Spouse

	Beneficiary 1	Beneficiary 2
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		
	Beneficiary 3	Beneficiary 4
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		
	Beneficiary 5	Beneficiary 6
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		



COMPLETE IF YOU HAVE A FINANCIAL ADVISOR

Name of Financial Services Provider (FSP)

FSP Licence Number

Name of Financial Advisor

Contact Number

Email Address

Indicate the negotiable fee that you would like us to pay to your advisor for this investment:

Initial Fee

%

Maximum 1.5% (excluding VAT) deducted prior to the investment being made. If it is agreed that no initial fee is payable, insert 0%.

Annual Ongoing Fee

%

Maximum 1.0% (excluding VAT) of the investment account. If no annual fee is payable, insert 0%.

I, the appointed Financial Advisor for this investment application, declare that:

1. I have established and verified the identity of the investor/s (and persons acting on behalf of the investor/s) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA). I will keep records of such identification and verification.
2. I am licensed in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) to provide financial services in respect of this investment.
3. I have read and understand the most recent terms and conditions of this investment and have explained them to the investor/s.
4. I have made the disclosures required under the FAIS Act to the investor/s, and have explained all the fees and charges that are payable.
5. I will periodically review the investor/s' investment/s in return for the annual advisor fee.
6. I am aware that the investor/s may instruct the Administrator at any time in writing to cancel the fee payment to me.

Signature of Financial Advisor

Date



AUTHORISATION AND DECLARATION

1. I have read and fully understood all the pages of this application and agree to the Terms and Conditions of the Living Annuity Policy.
2. I understand that this application and any further documents read with the Policy document constitute the entire agreement between 27four Life Limited and me.
3. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
4. I have not received any advice, guidance or recommendation regarding this investment from 27four Life or the Administrator.
5. I authorise the Administrator to deduct any electronic collections from the specified bank account, and to pay any applicable fees and charges, including negotiated fees to a Financial Advisor (if relevant).
6. I authorise the Administrator to accept instructions from persons duly appointed and authorised by me in writing, e.g. my Financial Advisor. I will not hold 27four Life or the Administrator liable for any losses that may result from unauthorised instructions given to them.
7. I authorise the Administrator to accept and act upon instructions in the prescribed format by facsimile or e-mail and hereby waive any claim that I have against 27four Life or the Administrator and indemnify 27four Life and the Administrator against any loss incurred as a result of the Administrator receiving and acting on such communication or instruction.
8. I consent to the Administrator making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the Administrator obtaining any other information concerning me from any source whatsoever to enable the Administrator to process this application.
9. I confirm that I have noted and understood the following information:
 - The Minimum Disclosure Document;
 - Effective Annual Cost (can be obtained on request from retirement@prescient.co.za;
 - Investment objectives and risk factors;
 - The calculation of the NAV, dealing prices and distribution of income accruals.

Investor	
Signature	
Full Name	
Signed at	
Date	