

Oasis House · 96 Upper Roodebloem Road · University Estate · 7925 P.O. Box 1217 · Cape Town · 8000 · South Africa Tel: +27-21-413 7860 • Fax: +27-21-413 7940

LOCAL RATE: 0860 100 786 Email: oci@za.oasiscrescent.com Website: www.oasiscrescent.com

OASIS CRESCENT PENSION ANNUITY

Company Reg. No. 2010/005698/06

INDIVIDUAL INVESTMENT

- 1. The Terms and Conditions (Policy Document) that apply to this product, must be read in conjunction with this form and is available on www.oasiscrescent.com.
 2. Kindly complete all fields in the form, using BLOCK CAPITALS.
 3. This completed form, and any supporting documentation, should be submitted to Oasis as per the contact details above.
 4. We will process this application once all duly completed documentation and funds are received.
 5. All portfolios are subject to availability.
 6. You cannot transfer from a Guaranteed Annuity to a Pension Apprilate.

5, Y	'ou canr	not transfe	r from a	Guaranteed	Annuity to	a Pension	Annuity
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POLICYHOLDER DETAILS	Title: Date: DDMMYYYYY										
Marital Status: Married Single	Divorced Widowed										
In community of property Antenuptual contract Antenup	otual contract, without accrual Married according to customary law										
First Name(s):											
Surname:											
Gender: Employer:	Date of Birth: DDMMYYYYY										
Occupation:											
Postal Address:											
	Postal Code:										
Telephone Number:	Mobile/Cell phone:										
Fax: Work Email:											
Residential Address:											
	Postal Code:										
Telephone Number:	Mobile/Cell phone:										
Fax: Home Email:											
Nationality:	Politically Exposed: Y N SA Resident: SA Non Resident:										
Preferred address for communication: Postal Ema	Statements by: Postal Email										
Marketing Source:											
Religion:	Identity No/ Passport:										
Income Tax No:	Tax Office:										
BANK DETAILS Account type: CURRENT SAVINGS TRANSMISSION (Payments will only be paid to the bank account specified hereunder. Payments will not be made into third party bank accounts)											
Name of bank:	electrical. Edyments will not be made into third party bank accounts)										
	unt number:										
Branch code: Name of account holder:											



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INDIVIDUAL INVESTMENT

INDIVIDUAL INVESTMENT														
PERSON ASSISTING IN OPERATING THE ACCOUNT (If applicable)														
Legal Capacity:														
Id. No/ Passport No:														
Title: First Name(s):														
Surname:														
Residential Address:														
Postal code:														
Telephone Number: Mobile/Cell phone: Mobile/Cell phone:														
Fax: Email:														
Either party can sign instructions: Both parties must sign ALL instructions:														
BENEFICIARY NOMINATION If marital status is "married in community of property" then the														
Spouses signature is required for approval of selected beneficiaries BENEFICIARY 1*: Signature of Spouse														
Title First Name(s):														
Surname:														
Date of Birth: D D M M Y Y Y Gender: M F ID No/ Passport No:														
Relationship to policyholder % of benefit														
Residential Address:														
Postal code:														
Telephone Number: Mobile/Cell phone: Mobile/Cell phone:														
Fax: Email: Email:														
BENEFICIARY 2*:														
Title First Name(s):														
Surname:														
Date of Birth: D D M M Y Y Y Y Gender: M F ID No/ Passport No:														
Relationship to policyholder % of benefit														
Residential Address:														
Postal code:														
Telephone Number: Mobile/Cell phone:														
Fax: Email: Email:														
* If you have more than two beneficiaries, please complete an additional Beneficiary Nomination form and attach it to the application form.														
AMOUNT TO BE INVESTED Minimum amount is R100,000.00														
SOURCE OF FUNDS														
Retirement Annuity: Living Annuity: Pension Fund: Provident Fund: Pres. Pension Fund: Pres. Provident Fund:														



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Company Reg. No. 2010/005698/06 INDIVIDUAL INVESTMENT														T															
Fund Name:		\top		\top																									
Fund Registration Nu	mber:									<u> </u>]								<u> </u>							
Postal Address:																													
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Telephone Number: Mobile/Cell phone:													_																
Fax:			$\frac{\perp}{\Box}$		누		<u> </u>	<u>E</u> m	ail:) p													\vdash
Contact Person:			$\frac{\perp}{\perp}$	<u> </u>	<u> </u>				J				<u> </u>	<u> </u>			<u> </u>	l	l			<u> </u>		<u> </u>		<u> </u>			
Have you had any withdrawals PRIOR to leaving the Fund																													
Do you intend taking a withdrawal BEFORE leaving the Fund and investing in this product YN														!															
If the investment is pr						Ü						,	·		L			urer	/Adr	ninis	trata	ors n	L	e pr	ovic	L le th	e fol	lowi	na:
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Calendar day on wh			-eive		•			men [:]	.	D	D		y of			l h			110	, 0	arry				Ü	1100	<i>u</i> ,		
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Tax Directive attached YN Standard PAYE rates will apply to the income annuity unless a SARS directive to the contrary is provided.																													
INVESTMENT SELECT		1100	Г		Dua		ا مانا	ا مسلط	ماند	l l a	IE A A .			٦.	ما بم ۵۱	ala Di	LE	li a	E. II		[,	ما مید	Day	.LE 1: .	Г	\neg	
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ANNUITY INCOME																													_
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Authorised Name

Signature

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Company Reg. No. 2010/005698/06 INDIVIDUAL INVESTMENT FINANCIAL ADVISORS DETAILS AND DECLARATIONS **FSP Name** Oasis Broker code FSP No: Representative Name: The IFA undertakes to ensure that when dealing with the Policyholder/ Administrator all requirements of the Administrator shall be adhered to and the IFA accepts that he has complied with such requirements in relation to this transaction. This includes the provision of documentation relating to the registration of the IFA, the authorisation of the IFA to advise on the selected products and documentation required pertaining to the respective products. The IFA confirm that the necessary Needs Analysis has been done and the selected product meets the financial objectives of the Policyholder and that a record of such advice has been undertaken and such records are maintained by the IFA. The IFA confirms that he/she has made the disclosures required in terms of the FAIS Act with the Administrator to the Policyholder; and that all fees that relate to this investment have been disclosed and explained to the Policyholder; and accepts and understands that the Policyholder may instruct the Administrator to cancel or amend such fees at any time. The IFA accepts that the latest instruction of the client will supersede previous instructions of the client. The IFA confirms that as an accountable institution in terms of Financial Intelligence Centre Act it has accordingly identified all the parties to this transaction and shall maintain all records relating thereto which records shall be updated upon any changes occurring. The IFA undertakes to keep the Policyholder informed of the process and status of this transaction. M Signature of Financial Advisor POLICYHOLDER DECLARATIONS (Investor to specify the agreed to PERCENTAGE fee, excluding VAT) The initial advice fees are payable to the IFA by the Administrator on behalf of the Policyholder. The Administrator will ensure that the initial advice fee is paid when the initial investment or transfer amount in respect of the Policy is received by the Administrator, and thereafter the annual advice fee will be paid by the way of realizing units from the investment portfolio of the Policyholder. I confirm that the Financial Advisor is my nominated IFA and agree that the following fee is payable. Initial Maximum 1.5% deducted prior to investment being made. Maximum 0.5% per annum of the investment account. Ongoing Υ N I hereby indemnify the Administrator for acting on instructions provided by phone, fax or email: I confirm that the Financial Advisor has been appointed by me.

I warrant that the information contained herein is true, correct and complete;

I have attained the age of majority in terms of the law applicable to me and that there are no legal restrictions preventing me from entering into this agreement without the consent of my parent/legal guardian;

I have the necessary authority to sign this application in a principal capacity, or a representative capacity and do so within my power granted by my principal;

I hereby permit the Administrator to conduct any investigation to verify that the information and documentation included in/with this application is correct, and if the case where such investigation results in conflicting information, that the Administrator is obliged to report the transaction as a suspicious transaction to the the case where such investigation results in conflicting information, that the Administrator is obliged to report the transaction as a suspicious transaction to the relevant authorities;

6. I understand that it is my obligation to familiarise myself with, and accept the risks associated with this policy;

7. I confirm that the information about the product, investment objective and risk factors have been provided and disclosed to me by my Financial Advisor and that any other additional information that I have required, has been provided;

8. I have read, understood and agreed to the Terms and Conditions (Policy Document) constitutes the entire, and binding, agreement with the Administrator and myself; and can be amended from time to time on receipt and acceptance by the Administrator, of further instruction duly completed by the Policyholder;

10. I hereby acknowledge that I have fully acquainted myself with and I have read, understood and accepted the fees, charges and expenses that are to be levied, in terms of this application;

11. I hereby confirm that the details contained in this application, are those of my appointed Financial Advisor, and agreement has been reached for payment of the fees as set out in this application;

12. I understand that the Administrator will only accept instructions, from a Financial Advisor or Third Party, if authorised by myself in writing;

13. I confirm that the information pertaining to my account (including duplicate statements, valuations and other information that may be required from time to time) may be released, electronically or in hard copy, to the Financial Advisor appointed to this investment;

14. I have not received advice from the Administrator or Insurer;

15. I warrant that in respect of this investment I have not contravened any anti-money laundering legislation and regulations applicable to me;

16. I permit the Administrator to pass on my information to a third party, for marketing and market research purposes;

17. I permit the Administrator to exercise relevant authorities: FICA documents for all persons/signatories in this application form. **Check List** YN YN Clear copy of bar coded identity document certified by a Commissioner of Oaths. Fully completed application form. YN Ν Proof of residential address (utility bill, bank statement) not more than 3 months old. FICA of principle investor / joint investor/ person assisting/ beneficiaries. Copy of bank statement/cancelled cheques (for proof of bank account). YN Proof of deposit of any lump sum investments. Ν Proof of tax registration (front page of tax return or correspondence with SARS) Power of attorney - if applicable Y N D M Signature of Policyholder Signature of Person Assisting FOR OFFICIAL USE D Υ Υ Υ M M **Captured Name** Signature

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