



Preferred address for communication: Postal  Email

Nationality:  SA Resident:  SA Non Resident:

Identification Type: ID  Passport  No:

Income Tax No:  Country of residence for Tax purposes:

SARS Tax Office:

**BANK DETAILS**

Account type: CURRENT  SAVINGS  TRANSMISSION

Name of bank:

Branch name:  Account number:

Branch code:  Name of account holder:

**RECURRING PREMIUM AMOUNT**

Amend  Cancel

The minimum recurring premium is R1,000. This application form must be received 2 weeks prior to the first working day of the month on which the recurring premium will commence.

Total Debit Order Amount: R  Fund  Amount

Fund  Amount

Optional annual increase: 10%  15%  20%  No optional increase

Debit order date: 1st  7th  15th  25th  Month to commence:

I hereby authorise the Administrator to deduct the amounts specified above from the bank account as per the Bank Details provided and any further amounts as may be agreed by me in this application form. I acknowledge and understand that the Administrator requires at least 30 days written notice of the termination of a debit order instruction. Provided that the Administrator acts within the scope of its authority to any applicable debit order instruction, I hereby hold harmless and indemnify the Administrator against any/all charges/expenses actually incurred by the Administrator relating to any payment transaction which is returned by my bank, and not given effect to. The Administrator will add any amount for which I am liable, under this indemnity, to any amount due to the Administrator or may cause the Administrator to deduct and pay over such amount to the Administrator from any payment due to me. My liability under this indemnity shall be limited to the amount in respect of any payment value and/or charges/expenses incurred by a transaction returned by my bank and not given effect to.

**Name of Bank Account Holder**

**Signature of Bank Account Holder**

Date:

**SPECIAL INSTRUCTIONS**

**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.

Fee Type	Financial Advisor	Agreed Fee
Initial	Maximum 3% (excl VAT) deducted prior to each investment being made. Where ongoing fee is greater than 0.5% (excl VAT), then initial fee is limited to 1.5%.	
Ongoing	Maximum 1% per annum (excl VAT) of the investment account. Where the initial fee is more than 1.5% (excl VAT). The maximum ongoing fee is 0.5%.	



I hereby indemnify the Administrator for acting on instructions provided by phone, fax or email.

Signature of Policyholder

Signature of Person Assisting

D D M M Y Y Y Y

D D M M Y Y Y Y

FOR OFFICIAL USE

Captured Name

Signature

D D M M Y Y Y Y

Authorised Name

Signature

D D M M Y Y Y Y

Investment Number: O C W

D D M M Y Y Y Y