

## LIVING ANNUITY POLICY ADDITIONAL CONTRIBUTION FORM

### IMPORTANT INFORMATION

Complete all relevant sections of this form. If you need help with this form, contact us on +27 (0)11 442 2464 or email [retirement@prescient.co.za](mailto:retirement@prescient.co.za) between 08:00 - 17:00.

- When adding an additional amount into your existing living annuity, your policy anniversary date and the frequency of your income payments will remain the same.
- If you have selected a percentage level of income, we will adjust the percentage increase your income after the additional contribution has been made.
- You may only change you percentage and frequency of your income payments on your next policy anniversary date.

### 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 day. Instructions in respect of a money market portfolio must be received by 11:00.

### CONTACT US

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### PROVIDE US WITH YOUR DETAILS

Policy Number	<input type="text"/>
Full Name	<input type="text"/>
ID or Passport Number (if Foreign National)	<input type="text"/>
Nationality (if Foreign National)	<input type="text"/>
Name of Financial Advisor (if applicable)	<input type="text"/>

### ADDITIONAL CONTRIBUTION DETAILS

Estimated Transfer Amount

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

Name of Transferring Fund / Insurer	<input type="text"/>		
FSB Registration Number	<input type="text"/>	Contact Number	<input type="text"/>

Estimated Transfer Amount

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

Name of Transferring Fund / Insurer	<input type="text"/>		
FSB Registration Number	<input type="text"/>	Contact Number	<input type="text"/>

### SELECT YOUR INVESTMENT OPTION/S

Refer to the latest Investment Option Brochure and complete the table below:

Investment Portfolio	Fee Class	Investment Amount (%)	Debit Order (%)
27four Stable Prescient Fund of Funds	A7	%	%
27four Balanced Prescient Fund of Funds	A7	%	%
27four Asset Select Prescient Fund of Funds	A1	%	%
27four CPI + 3%	B1	%	%
27four CPI + 5%	B1	%	%
27four CPI + 7%	B1	%	%
27four Shari'ah Wealth Builder Fund	B1	%	%
27four Shari'ah Multi-Managed Balanced Fund	A2	%	%
27four Shari'ah Balanced Prescient Fund of Funds	A1	%	%
27four Shari'ah Income Prescient Fund	A1	%	%
27four Global Equity Prescient Feeder Fund	A1	%	%
27four Money Market Fund	A2	%	%
		100%	100%

### SELECT YOUR INCOME PAYMENT DETAILS

Select the 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	%

### COMPLETE IF YOU HAVE A FINANCIAL ADVISOR

Investor's fee payment instruction:

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.

### AUTHORISATION AND DECLARATION

1. I have read and fully understood all the pages of this application and agree to the Terms and Conditions of membership of the Fund.
2. I understand that this application and any further documents read with the terms and conditions constitute the entire agreement between the Fund 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 the Fund 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 the Fund 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 the Fund or the Administrator and indemnify the Fund 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.

Investor	
Signature	
Full Name	
Signed at	
Date	