

LIVING ANNUITY POLICY APPLICATION FORM

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 Investment Option Brochure for information about the objectives, risks and fees relevant to your investment choice.

We will send you confirmation once the investment is finalised.

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.

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| ✓ | 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	Prescient 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 fees that apply are set out below. Please see the Terms and Conditions for a description of the Internal and External Investment Options and the applicability of Value Added Tax (VAT).

Administration Fee (% of Investment Account)	R0-5m	R5-10m	>R10m
Internal Investment Options	0.22%	0.17%	0.15%

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.

CONTACT US

If you need help with this form, contact us on 021 700 3600 or email retirement@prescient.co.za between 08:00 - 17:00.

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 Fund by transferring a benefit from another 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 R

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

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

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	<input type="text"/> %	or	Rand Amount	<input type="text"/> R
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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		

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 Prescient 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 Prescient 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 Prescient 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 Prescient or the Administrator and indemnify Prescient 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	<input type="text"/>
Full Name	<input type="text"/>
Signed at	<input type="text"/>
Date	<input type="text"/>