

ENDOWMENT POLICY LEGAL ENTITY APPLICATION FORM

IMPORTANT INFORMATION

Before investing, 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 finalized.

COMPLETE THE FORM AND SUBMIT DOCUMENTS

- Founding documents of entity. (Refer to Annexure A hereto).
- A clear copy of your South African ID or Passport (if Foreign National) for all authorised signatories, trustees and trust beneficiaries
- A document less than three months old containing the entity's street address
- Proof of authority to act for the entity e.g. a resolution containing names and specimen signatures
- A cancelled cheque or a copy of the entity's bank statement
- Proof of your deposit or your electronic fund transfer

PRODUCT BANK ACCOUNT DETAILS

Payment to be made into the following account:

Account Name	Prescient Endowment
Account Number	6220 653 2477
Bank	FNB
Branch	Corporate Account Services
Type of Account	Current
Reference Number	Entity Name and Registration Number

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 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 +27 (0)11 442 2464 or email unitrust@27four.com between 08:00 - 17:00.

PROVIDE US WITH YOUR DETAILS

New Investor Existing Investor Client Number

Existing investors have to complete the section below only if there have been any changes to their details:

Registered Name

Trading Name

Registration Number Type of Entity

Income Tax Number VAT Number

Street Address Postal Address

c/o Same as Street Address Yes No

Unit c/o

Complex Line 1

Street Number Line 2

Street Line 3

Suburb Line 4

City Postal Code

Postal Code Country

Country

Contact Number Fax

Email Address

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.

PROVIDE DETAILS OF THE CONTACT PERSON

Title Surname

First Name(s) Male Female

Telephone Cell

Email Address Capacity

SELECT YOUR METHOD OF PAYMENT

1. You may invest a minimum lump sum of R10 000:

Amount

Please note that any bank charges associated with cash deposits will be recovered from your Investment Account.

Cheque Deposit All cheques need to be endorsed as "Non Transferable" and deposited directly into the product account. A 14 day clearing period will be in place for cheque deposits. Withdrawals will only be processed after 14 business days.

Electronic / Internet Transfer Electronic internet transfers may take up to two business days to appear in the bank account. An investment may only be made upon receipt of documentation and funds into the account.

Electronic Collection A once-off debit from your bank account is restricted to R1 million per day. A 32 day clearing period will be in place for electronic collections. Withdrawals will only be processed after 32 business days.

Collection Date (if Electronic Collection)

Specify the source of funds (e.g. salary, investment proceeds, sale of assets, inheritance, etc.). We reserve the right to request documentary proof (e.g. income statement, bank statement, etc.).

2. You may set a regular monthly debit order:

Monthly debit order amount to be collected on the 1st of the month **or** on the 15th of the month

If the debit order amount is below R500, the relevant bank charges will be deducted from the contribution prior to the investment being made. If the 1st or the 15th falls on a weekend or public holiday, the funds will be deducted on the first business day thereafter. Any debit order instruction / amendment must be received in writing at least five business days prior to the selected debit order date in order for it to be acted upon.

Commencement Date Annual Escalation %

PROVIDE BANKING DETAILS OF ENTITY

South African bank account in the name of the Entity:

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"/>
Authorised Signatory	<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 Shari'ah Wealth Builder Fund	B1	%	%
27four Shari'ah Global Flexible Fund	A1	%	%
27four Shari'ah Multi-Managed Balanced Fund	A2	%	%
27four Shari'ah Active Equity Prescient Fund	A1	%	%
27four Shari'ah Balanced Prescient Fund of Funds	A1	%	%
27four Shari'ah Income Prescient Fund	A1	%	%
		100%	100%

*In line with industry practice within this fund category, recommended advisor fees are 0% upfront and a maximum of 0.5% ongoing.

NOMINATE A LIFE ASSURED

At least one, but a maximum of two lives assured may be nominated below:

	Life Assured 1	Life Assured 2
Surname		
First Name(s)		
ID Number		
Relationship		
Contact Number		
Email Address		

COMPULSORY FOREIGN TAX DECLARATION AND SELF-CERTIFICATION

This section applies to all investors whether you are registered for tax or not.

If you have any questions about how to complete the below section, please contact your tax advisor.

Income Tax Number (Issued by SARS)

Do you have a Tax Identification Number (TIN) issued by another country? Yes No

If yes, please provide us with the list of countries, your tax ID number in those countries, and indicate whether or you are resident for tax purposes:

Country	Tax ID Number (TIN)	Resident for Tax Purposes (Please tick)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Note: Provision of a Tax ID number (TIN) is required unless you are tax resident in a jurisdiction that does not issue a TIN, in which case please indicate as such in the table above.

COMPLETE IF YOU HAVE A FINANCIAL ADVISOR

Name of Financial Services Provider (FSP)

FSP License 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 3.0% (excluding VAT) deducted prior to the investment being made. Where the annual fees are more than 0.5%, initial fees are capped at 1.5%. If it is agreed that no initial fee is payable, insert 0%. Initial fees are not allowed on transactions from one fund to another.

Annual Ongoing Fee % Maximum 1.0% (excluding VAT) of the investment account. Where the initial fee is more than 1.5%, the maximum annual fee is 0.5%. 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 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	<input type="text"/>
Full Name	<input type="text"/>
Signed at	<input type="text"/>
Date	<input type="text"/>