

PRESCIENT PRESERVATION FUND
Application Form



IMPORTANT INFORMATION

Before investing, read the Terms and Conditions of the Fund 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.

- Your ID document. This is a clear copy of a green, bar coded ID book, both sides of a smart ID card, a passport or a valid driver's license on which the photo, ID number, name and surname and nationality of the person is visible.
- Proof of your residential address. This is a document that is no older than 3 months and which contains your residential address e.g. utility bill, bank statement or a rates account.
- Proof of your bank account details. This is a bank statement that is no older than 3 months and that clearly displays the investor's name and bank account number. Alternatively, a cancelled cheque may be provided.
- 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 (ID documents of both parties, proof of residential address, proof of authority to act and proof of bank account details



PRODUCT BANK ACCOUNT DETAILS

Payment to be made into the following account:

Account Name	Prescient Preservation Pension Fund	Prescient Preservation Provident Fund
Account Number	6213 1830 251	6213 1830 368
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%
One or more External Investment Options	0.34%	0.28%	0.25%



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.

i DETAILS OF THE FUND

Which Fund will you be joining?

Preservation Pension

Preservation Provident

Fund	FSB Registration Number	SARS Approval Number
Prescient Preservation Pension Fund	12/8/37745	18/20/4/41990
Prescient Preservation Provident Fund	12/8/37746	18/20/4/41991

u 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 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

Telephone (H) Fax

Telephone (W) Cell

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.



SPECIFY YOUR SOURCE OF FUNDS

You may invest a minimum of R100 000 or any higher amount in the Prescient Preservation Fund by transferring a benefit from another fund.

Amount

Transferor 1 Pension Fund Provident Fund Retirement Annuity Fund Another Preservation Fund

Name of Transferring Fund			
FSB Registration Number		Contact Number	

Amount

Transferor 2 Pension Fund Provident Fund Retirement Annuity Fund Another Preservation Fund

Name of Transferring Fund			
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	Investment Amount (%)
27four Asset Select Prescient Fund of Funds (A1)	%
27four Stable Prescient Fund of Funds (A7)	%
27four Balanced Prescient Fund of Funds (A7)	%
27four Money Market Fund (A2)	%
27four CPI +3 Fund (B1)	%
27four CPI +5 Fund (B1)	%
27four CPI +7 Fund (B1)	%
27four Shari'ah Income Prescient Fund (A1) **	%
27four Shari'ah Stable Fund (A1)	%
27four Shari'ah Multi-Managed Balanced Fund (A2)	%
27four Shari'ah Balanced Prescient Fund of Funds (A1)	%
27four Shari'ah Wealth Builder Fund (B1)	%
27four Diversified Prescient Fund of Funds (A1)	%
	100%



INDICATE YOUR BENEFICIARY NOMINATIONS

Should you die whilst a member of the Preservation Fund, Section 37C of the Pension Funds Act 24 of 1956 stipulates how your death benefit must be dealt with. In terms of Section 37C, the Trustees of the Fund are obliged to pay the death benefits firstly to your dependants, thereafter, the Trustees may consider paying benefits to persons who are not dependants but who have been nominated. Refer to the Terms and Conditions for more information on death benefits.

	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 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	
Full Name	
Signed at	
Date	