



## Product fees

An Administration Fee will be recovered through a sale of units in your Investment Account. The administration fees that apply when investing into a life-pooled portfolio are set out below.

Policy administration fee	R0 - 1m	R1 - 3m	R3 - 10m	> R10m
% of investment account	0.35%	0.30%	0.25%	0.20%

When selecting a collective investment scheme (also known as a unit trust) as your Investment Option, an additional 27four Life licence fee of 0.13% will be added to the administration fee above and recovered through a sale of units in your Investment Account.

## Provide your personal details

New investor	<input type="checkbox"/>	Existing investor	<input type="checkbox"/>	Client number	<input type="text"/>			
Title	<input type="text"/>			Surname	<input type="text"/>			
First name(s)	<input type="text"/>			Gender	<input type="text"/>			
Date of birth	<input type="text"/>			Nationality	<input type="text"/>			
ID or Passport number (if foreign national)	<input type="text"/>							
Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Income Tax number	<input type="text"/>
Street address	<input type="text"/>			Postal address	<input type="text"/>			
C / O	<input type="text"/>			Same as street address	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Unit	<input type="text"/>			C / O	<input type="text"/>			
Complex	<input type="text"/>			Line 1	<input type="text"/>			
Street number	<input type="text"/>			Line 2	<input type="text"/>			
Street	<input type="text"/>			Line 3	<input type="text"/>			
Suburb	<input type="text"/>			Line 4	<input type="text"/>			
City	<input type="text"/>			Postal code	<input type="text"/>			
Postal code	<input type="text"/>			Fax	<input type="text"/>			
Telephone (H)	<input type="text"/>			Cell	<input type="text"/>			
Telephone (W)	<input type="text"/>			Email address	<input type="text"/>			

Specify your preferred method of receiving correspondence\*

Email

Copy to financial advisor

By post

\*Consider going paperless by selecting the email option. 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 R 10,000 or any higher amount in the Living Annuity Policy by transferring a benefit from a retirement fund.

Amount R

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

Name of Transferring Fund / Insurer

FSCA 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

FSCA Registration Number

Contact number

## Provide your banking details

South African bank account in the name of the investor:

Account holder

Bank

Account number

Type of account

Name of branch

Branch code

Note: The account holder must have a South African bank account.

## Investment options

Select your investment options below:

Investment portfolio	Investment portfolio class	Investment amount (in Rands)	Investment amount (in percentage)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

## Select your income payment details

This section does not apply to transfers from existing living 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.

Living Annuity payments are scheduled for the 25th of each month. The cut-off for processing Living Annuity payments is for the completed instruction to reach our offices by the 15th of the month in order for the scheduled payment.

Select an income percentage or Rand amount of income:

Income percentage  % Or Rand amount R

Select the frequency of your income payments:

Monthly in Arrears  Quarterly in Advance  Bi-annually in Advance  Annually in Advance

(Monthly annuity payments are paid in arrears, whereas quarterly, biannual and annual annuity payments are paid 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.

If you would like to specify an income tax rate for the tax period that is different to the one calculated using the income tax tables, please provide us with that rate:

%

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. Portfolio you would like to withdraw your income from:

Investment portfolio	Percentage (%)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Indicate your beneficiary nominations

- If no beneficiary is nominated, Policy benefits will be paid to your estate.
- You may nominate one or more parties as primary beneficiaries to receive a benefit at your death.
- You may also nominate secondary beneficiaries below. Proceeds will be paid to secondary beneficiaries, if there are no surviving primary beneficiaries.
- If there are more beneficiaries, please attach a signed copy of this section to the application form.
- Beneficiary nominations share % must total 100%.
- 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.

Married in community of property:  Yes  No

I hereby agree to the nominations below:

Full name of spouse

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**Signature of spouse**

**Primary beneficiaries**

	<b>Beneficiary 1</b>	<b>Beneficiary 2</b>
Surname	<input type="text"/>	<input type="text"/>
Full name(s)	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Share %	<input type="text"/>	<input type="text"/>
Contact number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
	<b>Beneficiary 3</b>	<b>Beneficiary 4</b>
Surname	<input type="text"/>	<input type="text"/>
Full name(s)	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Share %	<input type="text"/>	<input type="text"/>
Contact number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

	Beneficiary 5	Beneficiary 6
Surname	<input type="text"/>	<input type="text"/>
Full name(s)	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Share %	<input type="text"/>	<input type="text"/>
Contact number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

**Secondary beneficiaries**

	Beneficiary 7	Beneficiary 8
Surname	<input type="text"/>	<input type="text"/>
Full name(s)	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Share %	<input type="text"/>	<input type="text"/>
Contact number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

**Complete if you have a financial advisor**

Name of financial services provider (FSP)	<input type="text"/>		
FSP license number	<input type="text"/>	Name of financial advisor	<input type="text"/>
Contact number	<input type="text"/>	Email address	<input type="text"/>

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.

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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 27four Life Limited 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 27four Life 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 27four Life 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 e-mail and hereby waive any claim that I have against 27four Life or the Administrator and indemnify 27four Life 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 my personal information being processed in accordance with the **Terms and Conditions**.
9. 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.
10. I confirm that I have noted and understood the following information:
  - The Minimum Disclosure Document;
  - Effective Annual Cost (can be obtained on request from retirement@prescient.co.za);
  - Investment objectives and risk factors;
  - The calculation of the NAV, dealing prices and distribution of income accruals.

Full name

Signed at

Date

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Signature of investor