

# Additional Contribution: Once-off and/or Debit order

## Retirement Annuity Fund

Wealthport (Pty) Ltd (2012/025878/07)

Wealthport (Pty) Ltd ("Wealthport") is an Authorised Financial Services Provider (FSP No. 44158)

Ballyoaks Office Park, 35 Ballyclare Drive, Bryanston Johannesburg • Postal address: Postnet Suite 451, Private Bag X51, Bryanston, 2021

Contact number: 010 593 3103 • Facsimile: 087 231 6972 • Email: [admin@wealthport.co.za](mailto:admin@wealthport.co.za)



### Important Information:

- Please read the latest Terms and Conditions applicable to this investment. This is available from your Financial Advisor, the Client Services Centre at 010 593 3103 or at [www.wealthport.co.za](http://www.wealthport.co.za)
- Please submit applications for processing to [admin@wealthport.co.za](mailto:admin@wealthport.co.za) or fax to 087 231 6972.

### 1. Member details

First name:	<input type="text"/>
Surname:	<input type="text"/>
ID number:	<input type="text"/>
Email address:	<input type="text"/>
Cell phone number:	<input type="text"/>
Portfolio number:	<input type="text"/>
Portfolio name:	<input type="text"/>

### 2. Investment details

Source of funds:  Salary  Bonus  Savings  Inheritance  Other

The minimum initial investment amount is **R50,000**. The minimum debit order amount is **R2,000**.

#### Once off investment:

Investment amount: R

Payment method (once off investment):

Electronic transfer / Deposit (Please use your ID number or portfolio number as the deposit reference)

Collect from my bank account. Collection date:

The maximum collection amount per instruction is R50 000.

Transfer from another retirement fund (Please complete the "Transferring fund details" below)

**Note: Transfers from other retirement funds will be facilitated in cash only. Unit transfer requests cannot be accommodated.**

#### Transferring fund details:

Retirement Annuity  Pension Fund  Provident Fund

Estimated amount to be transferred: R

Registered fund name:

Fund registration number:

Member account number:

Contact person:  Tel number:

**Debit order investment:**

 Frequency:       Monthly     Quarterly     Half Yearly     Yearly

 Debit order amount:                      R            

 Debit order start date:     /   /  

Please note that the start date is the date on which the bank account will be debited and not the date on which investment will take place. If the selected debit date falls on a weekend or public holiday, it will be processed the following business day.

**Fund Selection:**

Your retirement fund investment must comply with Regulation 28 of the Pension Funds Act, which are guidelines that set, amongst other things, the maximum percentages that a retirement fund investment may be exposed to in various asset classes, for example: maximums of 75% in equities and 25% in foreign assets.

To check whether your investment selection is Regulation 28 compliant, please contact your Financial Advisor or our Client Services Centre at 010 593 3103 or email [admin@wealthport.co.za](mailto:admin@wealthport.co.za).

Fund name	Fund class	Once off investment split %	Debit order investment split %
		%	%
		%	%
		%	%
		%	%
	<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

**3. Bank Account details for collection**

Please attach a cancelled cheque or recent bank statement for the bank account specified, as proof of banking details.

 Bank:                     

 Branch:                     

 Branch code:                     

 Account holder:                     

 Account number:                     

 Account type:     Current                       Savings                       Transmission

**4. Debit authority**

- I, the undersigned account holder, hereby authorise Wealthport to debit the bank account as indicated above, unless otherwise changed by me from time to time in writing.
- I acknowledge that such debits made from my bank account by Wealthport shall be treated by my bank as if it had been issued by me personally.
- I understand that details of each debit will be printed on my bank statement and that a bank approved and registered abbreviated name (Wealthport) will reflect against all debits.
- I agree to pay any fees relating to this debit order that may be levied by my bank as well as debit order rejection fees charged to a Wealthport bank account.
- I shall not be entitled to any refund of amounts debited from the bank account and invested while this authority was in force. I further understand that should I change my bank account details that Wealthport will require authority to issue and deliver payment instructions for collection against the new bank account.
- The instruction shall commence on the date as specified in this application form, provided that all required documentation has been received by Wealthport, and continue until this Authority and Mandate is terminated by me by giving Wealthport written notice at [admin@wealthport.co.za](mailto:admin@wealthport.co.za) or via 010 593 3103. The termination will be effective from the date of receipt of confirmation of termination from Wealthport.

- I understand that Wealthport will cancel my recurring debit order instruction after two consecutive failed collection requests. The debit order may be reinstated by submitting a new instruction to Wealthport.
- I understand that this Authority and Mandate cannot be assigned or ceded to any third party.

Signature of bank account holder:

Date:     /   /

\* Please supply FICA documents for the bank account holder if the bank account holder is a third party

### 5. Financial Advisor details

If you have appointed a Financial Advisor, please indicate the initial Financial Advisor fee which must apply to the investment.

Initial fee as currently loaded for the portfolio       Fee as specified below:

Initial fee (excl. VAT):    % (Maximum fee: 3%)

### 6. Member declaration

- I have read, understand and agree to the latest Terms and Conditions AND latest Conditions of Membership governing this agreement, as published on the Wealthport website.
- I confirm that all information provided herein is true and correct and I will advise Wealthport in writing should any of the details change subsequent to signature hereof.
- I confirm that Wealthport may accept all instructions signed by me, including instructions submitted via electronic means.
- I confirm that the Financial Advisor signature below is that of my appointed Financial Advisor.
- I hereby declare that I am the legal owner of the funds and/or investments which are to be utilised to facilitate this investment or have gained the signed permission of the third party bank account holder as included in this application.
- I understand that this application will only be finalised once Wealthport has received and verified all required documentation.

Member signature:

Date:     /   /

Financial Advisor signature:

Date:     /   /

### 7. Wealthport Retirement Annuity Fund details

<b>FSB Registration Number</b>	38096
<b>PAYE Reference Number</b>	

<b>Account holder</b>	<b>Wealthport Retirement Annuity Fund</b>
Bank	FNB
Branch	Wierda Valley
Branch code	260 950
Account number	624 9775 2933
Account type	Current Account