

# Annual Financial Advisor Fee Renewal

## Retirement Fund (Invested via Section 14 Transfer)



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. Financial Advisor details

Name:	<input type="text"/>
Surname:	<input type="text"/>
ID number:	<input type="text"/>
FSP Name:	<input type="text"/>
FSP license no:	<input type="text"/>

### 3. Renewal of Financial Advisor Annual fee

Please indicate the annual Financial Advisor fee to be applied on the specified Retirement Fund portfolio. This fee will be effective from the expiry date of the current agreed fee and will be valid for 12 months after which it must be renewed.

Annual Financial Advisor fee (excl. VAT):  % (Maximum fee: 1.5%)

### 4. 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 understand that I will be required annually to confirm this fee or any changes thereto prior to the expiry date of the current fee agreement.
- I understand that any debit order or additional investment added to the specified Retirement Fund portfolio will be subject to the same annual financial advisor fee as specified above.

Member signature:

Date:  /  /

Financial Advisor signature:

Date:  /  /