Additional Contribution Form: Once off

Retirement Annuity Fund

Wealthport (Pty) Ltd (2012/025878/07)
Wealthport (Pty) Ltd ("Wealthport") is an Authorised Financial Services Provider (FSP No. 44158)
Block A, Capital Park, Erling Road, Riverglen, Dainfern, 2191 • Postal address: Postnet Suite 451, Private Bag X51, Bryanston, 2021
Contact number: 010 593 3103 • Facsimile: 087 231 6972 • Email: 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
- Please submit applications for processing to admin@wealthport.co.za or fax to 087 231 6972.

1. Member details

First name:

Surname:

ID number:

Email address:

Cell phone number:

Portfolio number:

Portfolio name:

2. Source of Funds

Please specify the source of funds for this investment **(compulsory)***:*

☐ Salary ☐ Bonus ☐ Savings ☐ Inheritance ☐ Retirement Fund lump sum ☐ Wealthport policy ☐ Other

If "Other", please specify:

3. Investment details

The minimum additional investment amount is **R2,000**

Investment amount: **R**

Payment method:

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

☐ Collect from my bank account. The maximum collection amount per instruction is R 150 000.

Collection date: Y Y Y Y / M M / D D

☐ Transfer from another retirement fund (Please complete the **"Transferring fund details" – Section 5** below)

Investment 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. 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.

ETF Investments:

If an Exchange Traded Fund ('ETF') forms part of your investment selection you are required to allocate a portion of your investment selection to a money market fund for the purpose of deducting ongoing administration fees. Currently the default money market fund is the Prescient Money Market Fund. The fee portion of your portfolio will be topped-up as and when required by means of selling units proportionally across your portfolio. Please indicate a percentage to allocate to the Prescient Money Market Fund in the investment split table below.

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Fund/Model Portfolio name	Fund class	Once off investment split %
		%
		%
		%
		%
		%
		%
	TOTAL	100%

4. Phase-In

Please indicate whether the once-off investment must be phased in? ☐ **Yes** ☐ **No**

If "Yes", please complete the following details:

Amount to be phased in: **R** ____________

Frequency: ☐ Daily ☐ Weekly ☐ Monthly

Number of phase-ins: ____

Phase in start date: Y Y Y Y / M M / D D

Please note that phasing in is only allowed from the **Stanlib Money Market Fund B13**. The phase-in will be processed on the date requested. If the selected date falls on a weekend or public holiday, it will be processed the following business day. Please note that a phase-in can only be processed 10 working days after processing of the original once-off investment.

5. Transferring Fund Details

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

☐ Retirement Annuity ☐ Pension Preservation Fund ☐ Provident Preservation Fund

☐ Pension Fund ☐ Provident Fund

Estimated amount to be transferred: **R** ____________

Registered fund name: ____________

Fund registration number: ____________

Member account number: ____________

Contact person: ____________ Tel number: ____________

6. Bank Account details for collection

Please attach a 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

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7. 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 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: Y Y Y Y / M M / D D

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

8. 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 (excl. VAT): ____ **%** (Maximum fee: 3%)

9. Member declaration

- I have read, understand and agree to the latest Wealthport 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: Y Y Y Y / M M / D D

Financial Advisor signature: ____________ Date: Y Y Y Y / M M / D D

10. Wealthport Retirement Annuity Fund details

FSCA Registration Number	38096
PAYE Reference Number	Not applicable
Bank account details	Please refer to the separate document provided, confirming the bank account details to be used for this product. Kindly use Member ID number or portfolio number as reference.