

Acumen Retirement Annuity Fund

Robson • Savage

FSB Registration Number: 12/8/36487 SARS Approval Number: 18/20/40/40752

DEBIT ORDER INSTRUCTION FORM

- Please assist us by completing all sections in full using CAPITAL letters.
- Indicate all option selected by means of a cross [X].
- Ensure that all information provided is accurate.
- Should you require any assistance with this form please contact Robson Savage (Pty) Ltd on 011 643 4520.

Section 1: INVESTOR DETAILS

| | | | |
|--------------------|----------------------|----------------|----------------------|
| Title: | <input type="text"/> | Surname: | <input type="text"/> |
| First Name(s): | <input type="text"/> | | |
| RSA ID Number: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Membership Number: | <input type="text"/> | | |

Section 2: INSTRUCTION OPTIONS (please tick the appropriate box and complete the sections as indicated)

- | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> I wish to start a new debit order | (Please complete Section 3 and 4 below) |
| <input type="checkbox"/> I wish to change my existing debit order | (Please complete Section 3 below) |
| <input type="checkbox"/> I wish to change the banking details for my existing debit order | (Please complete Section 4 below) |
| <input type="checkbox"/> I wish to cancel my existing debit order | (Please complete Section 5 below) |
| <input type="checkbox"/> I wish to cancel my existing annual increase | |

Section 3: MONTHLY DEBIT ORDER INSTRUCTION

I hereby instruct and authorise the fund to draw against my account (as per the bank account details provided in Section 4 of this form):

Monthly debit order amount: R .

With effect from: (month) (year)

Please confirm the source of these contributions? E.g. Salary, savings

Please note that this amount will be deducted from your account on the **last working day** of each month, until such time as we receive an instruction from you cancelling or changing this debit order instruction. Should the contribution for any month fail to be collected by the fund, the contribution for that month will be collected together with the following month's contribution. The administrator will notify you in any such instance.

Any banking charges relating to this debit order will be for your own account. Any banking charges relating to this debit order which are charged against the fund's bank account will be deducted as an expense from your investment.

These monthly contributions will be invested as per your current investment selection on record.

Would you like your debit order amount to increase automatically on an annual basis? Yes No

If yes, please confirm by what amount or % and in which month the increase should be applied:

R . or % Effective in each year

Section 4: BANKING DETAILS

The details given below must be for an account in the investor's name and will be used for all future banking transactions until such time as we are notified in writing of any changes.

Name of Account Holder:

Type of Account: Current Savings Transmission

Bank Name: Account Number:

If these banking details are being provided to replace current banking details for an existing debit order, please confirm the effective date from which these new banking details must be used:

(month) (year)

Section 5: INSTRUCTION TO CANCEL EXISTING DEBIT ORDER

I hereby instruct the fund to stop drawing against my account in respect of my existing debit order with effect from:

(month) (year)

Section 6: DECLARATION BY INVESTOR

I understand and/or confirm that:

- The information given on this form is true and correct.
- The fund is hereby authorised to pay all bank charges specified herein and deduct these from my investment.

Signature of Investor

Date

Section 7: SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

If this instruction is in respect of a new debit order or a request to change banking details on an existing debit order please provide us with proof of banking details (e.g. bank statement or cancelled cheque less than 3 months old).