

Section 3: INVESTMENT SELECTION

Investment Manager	Investment Portfolio	% To Be Invested
		%
		%
		%
		%
		%
Total		100 %

Would you like to phase in your investment? Yes No

Please note that if you choose this option, your investment will initially be invested in a money market portfolio.

If yes, please indicate over which period you wish to do this: 3 months 6 months 9 months 12 months

Please note that the phasing in of your investment will be done as per your investment selection indicated above.

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:

Section 5: FEES

Administration Fees		
Initial fee	<input style="width: 50%;" type="text"/>	% of investment value
On-going annual fee	<input style="width: 50%;" type="text"/>	% of investment value

Please select one of the following options:

I acknowledge that I did not receive any financial advice from either the fund or a financial advisor and that I will be noted as an Acumen Preservation Provident Fund Direct Client.

I acknowledge that I received financial advice from the financial advisor whose details have been completed in Section 6 below and that he/she is my appointed financial advisor for the purposes of this fund. I agree to payment of fees as follows:

Advice Fees		
Initial fee	<input style="width: 50%;" type="text"/>	% of investment value
On-going annual fee	<input style="width: 50%;" type="text"/>	% of investment value

Notes:

- All fees set out above exclude VAT.
- On-going annual fees are deducted monthly at 1/12th of the rates set out above based on the current market value of the investment at the time.
- On-going administration fees include all operational fund expenses.
- Any review of on-going fees will be subject to 3 months' notice being given to the investor.
- The investment managers of the portfolios selected will also deduct their own investment managers' fee from the portfolio, as disclosed separately to you.

Signature of Investor

Section 6: FINANCIAL ADVISOR INFORMATION AND DECLARATION

Name of Financial Advisor:

Name of Brokerage:

Broker Code:

I confirm that:

- I am an authorised representative of , a licensed Financial Services Provider, and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002, to the investor.
- I have established and verified the identity of the investor in accordance with the Financial Intelligence Centre Act, No. 38 of 2001, and will keep records of such identification and verification according to the provisions of that Act.
- I have explained all fees that relate to this investment to the investor and I understand and accept that the investor may withdraw his/her authority for payment to me in writing to the fund.

Signature of Financial Advisor

Date

Section 7: DECLARATION BY INVESTOR

I understand and/or confirm that:

- The information given on this form is true and correct and that by submitting this form I am applying for membership of the fund.
- This application and any other related documents provided by me and accepted by the fund constitute the entire agreement between the fund and me.
- The investment selection is solely my choice and I will not hold the Trustees liable for the selection. I retain the risk of and remain responsible for the selection between the various portfolios at all times and have taken advice where I considered such advice necessary.
- I authorise the fund to make all reports and statements pertaining to my investment available to my appointed Financial Advisor on his/her request.
- The fund is hereby authorised to pay all fees and bank charges specified herein and deduct these from my investment.
- The investment into the selected investment portfolios normally takes place within 5 working days after receipt of all required documents and the payment reflecting in the fund's bank account.
- I have completed a Death Benefit Beneficiary Form and include it with the submission of this application form for the fund's records. I accept that the onus is on me to provide the fund with an updated form, which is available at www.robsav.com, should my wishes in this regard change.

Signature of Investor

Date

Section 8: ACUMEN PRESERVATION PROVIDENT FUND BANKING DETAILS

Please ensure that your unique reference number, as provided by the fund administrator, is used when making any payments into the fund's bank account.

Account name: Acumen Preservation Provident Fund
Bank: FNB
Branch: RMB Corporate Banking
Branch: 255005
Account number: 62663561241

Please e-mail proof of payment to yogitav@robsav.com or fax to 086 600 5171.

Section 9: SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

- Copy of ID
- Proof of banking details (e.g. cancelled cheque or bank statement less than 3 months old)
- Proof of SA income tax number
- Proof of residential address
- Completed Death Benefit Beneficiary Form (Please request a copy of this form from your financial advisor or visit the Resource Centre on our website www.robsav.com to download the form which is available under the Administration Documents.)

Notes

- Your application will be processed once all the fully completed forms and required documents have been received by the fund and, where applicable, your lump sum investment is reflecting in the fund's bank account.
- You will receive confirmation once your application has been processed which will include a membership certificate and details of how to access your membership record online.
- We look forward to welcoming you as a member of the Acumen Preservation Provident Fund.