# Acumen Retirement Annuity Fund

# Robson · Savage

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

# **APPLICATION FORM**

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

Section 1: INVESTOR DETAILS
Title: Surname: Surname:
First Name(s):
RSA ID Number:     D     M     M     Y     Y     Y
If no RSA ID Number, Passport Number:
Country of Issue:
Income Tax Number:
Residential Address
Unit Number:
Street Number: Street Name:
Suburb:     Town:     Town:
Country: Postal Code:
Postal Address
Postal Code:
Contact Details
Telephone Numbers: or Image: Constraint of the second sec
E-mail Address:
Preferred Method of Communication: Post: E-mail:
Section 2: SOURCE OF FUNDS

Will you be making a lump sum investment into the fund?Yes								
If yes, please confirm the source of this lump sum? E.g. Previous employer's fund, other RA fund, savings								
Will you be making valuatory monthly contributions to the fund?	Vac	No						
Will you be making voluntary monthly contributions to the fund? Yes No								
If yes, please confirm the source of these contributions? E.g. Salary, savings								

Section 3: MONTHLY DEBIT ORDER INST	<b>RUCTION</b> (Put a line through this section if	not applicable)
I hereby instruct and authorise the fund to dra Section 5 of this form):	w against my account (as per the bank accour	t details provided in
Monthly debit order amount: R	. With effect from:	M Y Y Y Y
Please note that this amount will be deducted find time as we receive an instruction from you cance	rom your account on the <b>last working day</b> of ea elling or changing this debit order instruction.	ach month, until such
Any banking charges relating to this debit order v an expense from your contribution.	which are charged against the fund's bank accour	nt will be deducted as
These monthly contributions will be invested as p	per your selection indicated in Section 4 below.	
Would you like your debit order amount to increa	se automatically on an annual basis?	Yes No
If yes, please confirm by what amount or % and i	in which month the increase should be applied:	
R or %	Effective in	each year
Section 4: INVESTMENT SELECTION		
Investment Manager	Investment Portfolio	% To Be Invested
		%
		%
		<u>%</u>
		%
	Total	100 %
If you are making a lump sum investment, would	you like to phase in your investment?	Yes No
Please note that if you choose this option, your ir	nvestment will initially be invested in a money mar	ket portfolio.
If yes, please indicate over which period you wisl	h to do this: 3 months 6 months 9	months 12 months
	nt will be done as per your investment selection in	I I
Section 5: BANKING DETAILS		
The details given below must be for an acco transactions until such time as we are notified in	unt in the investor's name and will be used for writing of any changes.	or all future banking
Name of Account Holder:		
Type of Account: Current	Savings Transmission	
Bank Name:	Account Number:	
Section 6: FEES		
Administration Fees		
Initial fee	% of investment value	
On-going annual fee	% of investment value	
Please select one of the following options:		
I acknowledge that I did not receive that I will be noted as an Acumen Re	e any financial advice from either the fund or a set irement Annuity Direct Client.	financial advisor and
	ancial advice from the financial advisor whose that he/she is my appointed financial advisor for follows:	

Advice Fees		
Initial fee	% of investment value	
On-going annual fee	% of investment value	

- On-going annual fees are deducted monthly at 1/12<sup>th</sup> of the rate prescribed 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 7: FINANCIAL ADVISOR INFORMATION AND DECLARATION

Name of Financial Advisor:																									
Name of Brokerage:																									
Broker Code:																									
I confirm that:																									
• I am an authorised representa	ative	of																							
																									,
a licensed Financial Services	Prov	vide	r, an	d ha	ive	ma	de 1	the	dis	clos	sure	es r	equ	ire	d in	ter	ms	of	the	Fin	and	ial	Adv	viso	rý
and Intermediary Services Ac	t, No	. 37	' of 2	002	, to	the	inv	est	or.																-
I have established and verifie											rda	nce	wi	th F	FIC	۹ a	nd	will	ke	ер	reco	ords	s of	suc	:h
identification and verification a			•																						
I have explained all fees that													Ιu	nde	ersta	and	an	d a	cce	pt t	hat	the	inv	est	or
may withdraw his/her authority	y for	рау	/men	t to I	me	in v	vriti	ng	to t	he f	unc	1.													
																					_				
Signature of Financial Advis	sor							D	ate																

## Section 8: 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 should my wishes in this regard change.

Signature of Investor

Date

## Section 9: ACUMEN RETIREMENT ANNUITY FUND BANKING DETAILS

All deposits relating to lump sum or monthly contributions to the fund must be made into the following bank account:

Acumen Retirement Annuity Fund
Nedbank
Corporate Client Services Jhb
145405
1454026081

Please use your 13 digit SA ID number as a payment reference for all payments to this bank account and e-mail proof of payment to <u>sharong@robsav.com</u> or fax to 086 531 5654.

### Section 10: SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

- Copy of ID
- Proof of banking details (e.g. bank statement or cancelled cheque 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 <u>www.robsav.com</u> 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 Retirement Annuity Fund.