# Acumen Retirement Annuity Fund

# Robson · Savage

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

# ANNUITY STRATEGY 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: SOURCE OF FUNDS

Please provide the name of the fund that will be purchasing the annuity on your behalf:

Section 2: PERSONAL DETAILS					
Title: Surname: Surname:					
First Names(s):					
RSA ID Number:         Date of Birth:         D         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: Street Name:					
Suburb:         Town:         Town:         Image: Comparison of the state of the sta					
Country: Postal Code:					
Postal Address: Same as Physical Address (If not, please provide details below)					
Postal Code:					
Contact Details					
Telephone Numbers:     or     or					
E-mail Address:					
Preferred Method of Communication: Post E-mail					

Section 3: ANNUITY PAYMENT OPTIONS				
Please indicate below your choice of payment frequency:				
Monthly in arrears Annually in advance Bi-annually in a	dvance			
Please indicate your income choice for the first 12 months either as a percentage of your cap	oital value <u>or</u> a Rand			
amount: (Please note that in terms of current regulatory requirements, the minimum annuity payment is 2.5% per ar annuity payment is 17.5% per annum)	num and the maximum			
% of capital value at inception.     or     R     .	before tax.			
Section 4: INVESTMENT SELECTION				
Investment Portfolio	% To Be Invested			
Adagio Fund	%			
Andante Fund	%			
Moderato Fund Vivace Fund	<u>%</u>			
Total	100 %			
If you have selected <u>more than one</u> investment portfolio, please indicate from which portfolio your income must be paid: From a specific portfolio, namely: Proportionately from all selected portfolios (Please note that fees will be deducted in the same manner as your income payment selection indicated above.)				
Section 5: BANKING DETAILS				
The details given below must be for an account in the applicant's name and will be used for all future banking transactions until such time as we are notified in writing of any changes.				
Bank Name: Account Number: Account Number:				
Type of Account: Current Savings Transmission				
Section 6: FINANCIAL ADVISOR INFORMATION AND DECLARATION (if applicable)				
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 and Intermediary Services Act, No. 37 of 2002, to the applicant.	he Financial Advisory			
• I have established and verified the identity of the applicant in accordance with FICA and will keep records of such				
<ul> <li>identification and verification according to the provisions of FICA.</li> <li>I have explained all fees that relate to this investment to the applicant and I understand and accept that the applicant may withdraw his/her authority for payment to me in writing to the fund.</li> </ul>				
Signature of Financial Advisor Date				

Section	7: FEES
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#### Administration Fees

On-going annual fee (deducted monthly) **0.4** % of investment value

#### **Advice Fees**

On-going annual fee (deducted monthly)	% of investment value

#### Note:

- No initial fees are charged.
- All fees quoted above include VAT.
- On-going fees are deducted monthly at 1/12<sup>th</sup> of the rate reflected above based on the current market value of the investment at the time.
- The on-going administration fee is capped at R685 per month. This cap will increase annually in January by the year-on-year increase in the Consumer Price Index.
- The investment managers of the portfolios selected will also deduct their own investment managers' fee from the portfolio, as disclosed separately to you.
- In addition to the on-going administration fee, you will be liable for your share of the fund expenses e.g. audit fees.

Signature of Applicant

## Section 8: DECLARATION BY APPLICANT

I understand and/or confirm that:

- The information given on this form is true and correct.
- This application and any other related documents provided by me and accepted by the fund constitute the entire agreement between the fund and me.
- I have read and understood the "Retirement Benefits Counselling Information" document provided to me.
- I take responsibility for and assume the risk associated with my drawdown percentage and my investment selection and confirm that I have taken advice where I considered such advice necessary.
- The underlying capital balance may be inadequate in future either due to investment returns or drawdown levels.
- The investment selection is solely my choice and I will not hold Robson Savage, the Trustees or the fund liable for the selection. I retain the risk of and remain responsible for the selection between the various portfolios at all times and will take advice where I consider 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, if applicable.
- The fund is hereby authorised to pay all fees and bank charges specified herein and deduct these from my investment.
- I have completed and attached a Death Benefit Expression of Wish Form and accept that the onus is on me to provide the fund with an updated form should my wishes in this regard change.
- If I have given an instruction to the fund stated in Section 1 of this document to pay any part of my benefit as a cash lump sum, the payment will be made by the Acumen Retirement Annuity Fund.
- The onus is on me to advise the fund administrators of any change to my contact details.

Signature of Applicant

Date

## Section 9: 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 Expression of Wish Form

# Notes

- Your application will be processed once all the fully completed forms and required documents have been received by the fund.
- You will receive confirmation once your application has been processed which will include details of your income and anniversary date, a pensioner card and details of how to access your membership record online.