

THE PRIME PRESERVATION PLAN

Prime Preservation Pension Fund

Prime Preservation Provident Fund

1. Member Details

Please provide us with your personal details/details of the Member (if applying on behalf of someone else).

Title First Names

Surname Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ID or Passport No. (if foreign national)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Physical Address

Postal Address

Tel (Home) Tel (Mobile)

Tel (Work) Fax

Email

Are you a South African Resident? Yes No

If "No" what is your country of residency?

South African Income Tax No.

2. Beneficiary/Dependant Details

- It is the responsibility of the Trustees to take into account the dependants and/or nominees selected, as per the Pension Fund Act, prior to deciding the share of benefits on the death of the Member. The Member's nomination will guide the Trustees' decision.
- Children of any age qualify as dependants, while nominees are those persons who the Member wishes to receive a portion of the benefit but are not financially dependant on the Member.
- Nominations will not be accepted where the ID/Passport number of the beneficiary/dependant has not been provided.
- Please ensure that the allocation of all the benefits add up to 100%.

Beneficiary Nominations

Title, Full Name and Surname	ID/Passport No.	Relationship to Member	Percentage (%)

Dependant Nominations

Title, Full Name and Surname	ID/Passport No.	Relationship to Member	Percentage (%)

3. Details of Person Acting on Behalf of the Member

Please provide full details of the person who is authorised to act on behalf of the Investor together with proof of the authority/appointment.

Capacity in which the person is authorised:

Discretionary Financial Advisor Guardian Power of Attorney

Title First Names

Surname

ID or Passport No. (if foreign national)

Physical Address

Code

Tel (Home) Tel (Mobile)

Tel (Work) Fax

Email

4. Transferor Fund Details

Please provide details of the Fund from where the Member is transferring.

Registered Name of Transferring Fund

FSCA Fund Reg. No.

SARS Fund Reg. No.

Name of Fund Administrator

Institution where Fund is currently held

Member No.

Product Details

1. Transfer from another Preservation Fund (Section 14) Preservation Pension Fund Preservation Provident Fund

2. Transfer from a Pension/Provident Fund Pension Fund Provident Fund

3. Divorce Settlement

5. Investment Details

- Please refer to the [Portfolio list](#) before confirming your investment selection below.
- Please refer to each [MDD](#), for all information pertaining to your selected portfolio(s), including fees, minimums, benchmarks and mandate details.

Minimum Investment Amounts

Lump Sum Amounts: R 50 000 in total across all Portfolios

Estimated Transfer Amount

Investment/Model Portfolio Choice

If you are investing via a Model Portfolio, please provide the Model Portfolio name in the table below (and not the names of the Investment Portfolios in which the Model Portfolio invests).

- You may invest into one or a combination of Investment Portfolio and/or Model Portfolios.
- Please include a copy of the signed Model Portfolio mandate when you submit this application form.

Investment Portfolio Name/Model Portfolio Name	Lump Sum
	%
	%
	%
	%
	%
	%
	100 %

Phase In's

Do you require a Phase-in? Yes No If "Yes" please complete the section below:

Please confirm from which Portfolio you will be Phasing out of (this will be referred to as the source portfolio)? Furthermore please ensure that the Portfolio you have selected reflects in your investment portfolio choice.

Portfolio Name Portfolio Class

Amount to be Phased-in from the source Portfolio

OR Phase-in total value within the source Portfolio

Phase in period: 3 months 6 months 9 months 12 months

Portfolio Name	Class	Lump Sum (%)

Expense Account Portfolio

You can choose to have your annual administration fee and Financial Advisor deduction from a nominated Expense Account Portfolio.

Should you elect a monthly/quarterly dealing portfolio it is **compulsory** for you to hold funds in a daily dealing Expense Account Portfolio from which all fees will be deducted.

Do you require an Expense account? Yes No

If "Yes", please confirm which Portfolio this will be?

Portfolio Name Portfolio Class

If the Expense Account does not have sufficient funds at the time that annual fees are deducted, **annual fees will be deducted proportionally from the remaining investment portfolios in the investment account.**

It is your responsibility to ensure that there is sufficient balance in your expense account at all times.

6. Member's Banking Details

Account Name
Account No. Bank
Branch Branch Code
Type of Account Current Savings Transmission

7. Fees

(a) Initial Fees (Excl. Vat) – These fees are deducted before the investment into your selected portfolios.

Financial Advisor Fee: Lump Sum Investments %

(b) Annual Fees (Excl. Vat) – These fees are deducted monthly, proportionately from your investment balance by selling units.

Financial Advisor Fee %

Annual Administration Fee levied on *Partner Portfolios 0.15 %

Annual Administration Fee levied on 3rd party Asset Manager Funds 0.30 %

**The range of Partner portfolios may change from time to time. Should the fund no longer be classified as a Partner Portfolio you will be informed of the fee change accordingly.*

8. Financial Advisor Details

Please only complete the section below if you have appointed an approved Financial Services Provider as your Financial Advisor?

The FSP is appointed by the Member with: No Discretion *Full Discretion

**If the FSP holds a 'Category II' licence with the Financial Sector Conduct Authority (FSCA), it is licensed to exercise discretion and submit instructions on your behalf. For a FSCA to act on your behalf you will be required to sign a FSCA approved mandate.*

Financial Advisor Name
Financial Advisor Code
Tel (Mobile) Tel (Work)
Tel (Fax)
Email

Declaration to be completed by the Financial Services Provider

1. I declare that all the information contained in this application was obtained from the Member and was completed in his/her presence.

2. I hereby confirm that I am appropriately and timeously registered in terms of the Financial Advisory and Intermediary Services Act No 37 of 2002 (FAIS) to act as the Member's Financial Advisor provider on record.
3. I warrant that I have either established and verified the identity of all Members in accordance with section 21 of the Financial Intelligence Centre Act No 38 of 2001 ("FICA"), or that in terms of my rules and procedures ordinarily applied in the course of establishing business relationships or concluding single transactions, I will have established and verified, in accordance with Section 21 and 21 A-H of FICA, the identity of every Member on whose behalf I will be establishing business relationships or conducting single transactions with the Administrator or that I have, where it has not established and verified the identity of any Member, been exempted from having to do so by another (the primary) accountable institution and that I will or have obtained a written undertaking from the primary accountable institution to this effect. I further warrant that I will keep records of such identification in accordance with Section 22 and 22A of FICA or, where it has not established and verified the identity of Members, another (the primary) accountable institution has provided me/us with an undertaking that it will keep the requisite records.
4. I authorise the Administrator to accept instructions by facsimile or e-mail and hereby waive any claim that I may have against the Administrator and indemnify the Administrator against any loss incurred as a result of the Administrator receiving and/or acting upon such communication. The Administrator will not be held responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of application and/or transactions. The Administrator will not be liable to make good or compensate any Member or third party for any damages (whether direct or consequential), losses, claims or expenses resulting there from. The Member or any third party indemnifies the Administrator accordingly.

Signature of Financial Advisor

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

9. Member/Authorised Party Declarations

1. I/We have read, understand and agree to be bound by the provisions of this application, **Product Information Document**, **Portfolio Supplement(s)** and **Minimum Disclosure Document(s)**.
2. You understand the purposes for which your personal information is required and for which it will be used and you expressly and voluntary consent to the use of your personal information and you give us permission to process your personal information as detailed further in the Information Document.

Signed at (Place)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Member

Full name of Authorised Representative

Signature of Authorised Representative