

Investment Application

**STEP 1: Understanding your investment**

Before you invest:

- Read the applicable **Product Information Document**, **Minimum Disclosure Document(s)** and **Portfolio Supplement(s)** thus ensuring that you understand the benefits and terms of your investment. These documents are available on the website or from your Financial Advisor.
- Effective Annual Cost (EAC), is a measure which has been introduced to allow you to compare the costs that you incur when you invest in different financial products, and the impact it has on investment returns. It places you in a position to make informed decisions around retail savings and investment product choices. The EAC calculator and further information is available on the website or from your Financial Advisor.
- It is important to note that because the Administrator does not provide financial advice, you are able to appoint an approved and licensed Financial Advisor (provided they have a contract with us), should you require guidance with your Portfolio selection.

**STEP 3: Process payment**

The Product account details are as listed below:

<b>Account Name:</b>	Hollard Life - Prime
<b>Account Type:</b>	Current
<b>Bank:</b>	Standard Bank
<b>Branch:</b>	Sandton
<b>Branch Number:</b>	019205
<b>Account Number:</b>	610171194
<b>Reference Code:</b>	Investor ID No./Passport No.

**STEP 5: Look forward to your Investment Confirmation**

- Please take note of the processing timelines pertaining to your investment instruction/s as set out in the **Product Information Document** and the **Portfolio Supplement(s)** related to your chosen Portfolio.
- Please also be aware that we will only be able to process your investment once all related investment documents have been received and your investment contribution reflects in the Product's bank account
- You will receive a confirmation from us once we have received a complete set of investment documentation, as well as an investment confirmation once your initial contribution has been invested.



**STEP 2: Complete your application**

Please complete all fields to avoid delays in processing your investment.

**STEP 4: Send us your documents**

Email: [save@primeinvestments.co.za](mailto:save@primeinvestments.co.za)  
 or contact us on +27 (0) 10 594 2100  
[www.primeinvestments.co.za](http://www.primeinvestments.co.za)

Please include:

- A completed Living Annuity Plan Application
- A copy of a South African bar coded ID, valid passport (if foreign national), or birth certificate (if minor), for the Investor and authorised representative (where applicable)

*The Prime Living Annuity Plan is the name of the investment product and does not refer to any contracting party.*

**Hollard Life Assurance Company Limited**  
 Registration Number 1993/001405/06 is a registered Insurer and authorized Financial Services Provider

**Global Fund Administrators (Pty) Ltd** is the Administrator of your Living Annuity Plan and is an authorised Financial Services Provider (FSP No : 43521).

## THE PRIME LIVING ANNUITY PLAN

### 1. Investor Details

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

Title	<input type="text"/>	First Names	<input type="text"/>									
Surname	<input type="text"/>				Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or Passport No. (if foreign national)	<input type="text"/>											
Physical Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>										Code	<input type="text"/>
Postal Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>										Code	<input type="text"/>
Tel (Home)	<input type="text"/>				Tel (Mobile)	<input type="text"/>						
Tel (Work)	<input type="text"/>				Fax	<input type="text"/>						
Email	<input type="text"/>											
Are you a South African Resident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
If "No" what is your country of residency?	<input type="text"/>											
South African Income Tax No.	<input type="text"/>											

### 2. Investor's Banking Details

- This will be the account into which your annuity income will be paid.
- Please could you include proof of these banking details when you submit your application form. Please remember that these details cannot be older than 3 months.

Account Name	<input type="text"/>											
Account No.	<input type="text"/>				Bank	<input type="text"/>						
Branch	<input type="text"/>				Branch Code	<input type="text"/>						
Type of Account	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>						

### 3. Beneficiary Details

- 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%.
- You may elect one or more natural persons to receive the death benefit. In the event that no election has been made the death benefit will be paid to the estate.

### Primary Beneficiaries

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

### Secondary Beneficiaries

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

## 4. Details of Person Acting on Behalf of the Investor

Please provide full details of the person who is authorised to act on behalf of the Investor.

Capacity in which the person is authorised (please provide proof of this authority when you submit your investment documentation)

Discretionary Financial Advisor	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>
Title	<input type="text"/>	First Names	<input type="text"/>		
Surname	<input type="text"/>				
ID or Passport No. (if foreign national)	<input type="text"/>				
Physical Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>	Code	<input type="text"/>		
Tel (Home)	<input type="text"/>	Tel (Mobile)	<input type="text"/>		
Tel (Work)	<input type="text"/>	Fax	<input type="text"/>		
Email	<input type="text"/>				

## 5. Investment Details

Please ensure that the Portfolio(s) you select is available at the time of investment.

### Minimum Investment Amounts

Lump Sum Amounts: R 75 000 in total across all Portfolios

Please refer to each Minimum Disclosure Document(s), for all information pertaining to your selected portfolio(s), including fees, minimums, benchmarks and mandate details.

Total Investment Amount R

**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 Portfolio(s) 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	Once-off investment %
	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	Phase-in Percentage (%)

**Expense Account Portfolio**

You can choose to have your annual administration fee, Financial Advisor and Annuity Income 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 and Annuity Income payments are deducted, **annual fees and Annuity Income 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. Transfer Details

- In the event of multiple transfers, amounts will be invested as and when they are received by the Administrator, provided all requirements have been met.

Registered name of source fund/insurer	Contact Telephone Number	Policy Number

## 7. Annuity Income Details

- Please note that this section does not apply to transfers from existing annuities.
- The pre-tax annuity income is subject to a minimum of 2.5% per year and maximum of 17.5% per year. These limits are determined by legislation and are subject to change.
- Annuity Income payments are released on the 1st and the 20th of each month. The proceeds may however take 48 hours to reflect in your bank account.
- In order for the annuity income to be released on the 1st and the 20th, we must receive this application and all supporting documentation by 14h00 on the 10th and the 20th of the month respectively.

### (a) Annuity Payment Date

1st  20th

### (b) Annuity Income Payment Frequency

Please select the required payment frequency

Monthly  Quarterly  Bi Annually  Annually

### (c) Annual Annuity Income

Please indicate the level of annual income required by completing one option below (This should be a minimum of 2.5% and 17.5% of the investment value).

Percentage Income required:  % OR  R

### (d) Annuity Income Tax Rate

By default, tax will be deducted according to the relevant SARS PAYE tax scales by default. You may however:

- (i) Supply a tax directive from SARS to this effect. Please note that you will be required to apply for and provide a new directive for each tax year, running from March to February annually. Should you fail to do so, the normal tax table rates will be applied to any Annuity Income payment going forward.

OR

- (ii) You may elect a particular tax amount or rate, so long as this value is higher than the tax values prescribed by the prevailing tax tables. It is important to note that if you do this this value will remain in place until such a time that you instruct us differently or if the value you have elected falls below the prescribed tax tables limits at which point the tax deducted from your Annuity Income will default to the tax tables.

Do you want to specify an income tax rate and/or amount?  No  Yes

if "Yes", please specify the percentage and/or amount to be deducted.  % OR  R

## 8. 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 %

## 9. 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 Investor with: No Discretion  \*Full Discretion

*\*If the FSP holds a 'Category II' licence with the Financial Services Board (FSCA), it is licensed to exercise discretion and submit instructions on your behalf. For a FSP 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

### FAIS Declaration

Policyholder Insurance Replacement Details and FSP Declaration:

- a. Is this application to replace the whole or any part of your existing insurance with any assurer, whether the replacement is to occur immediately or to replace insurance discontinued within the past four months?  
Yes  If **"Yes"** the FSP must discuss this with you and complete a Replacement Policy Advice Record.
1. I declare that all the information contained in this application was obtained from the Investor 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 Investors 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 Investor 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 identify of any Investor, 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 Investors, 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 Investor or third party for any damages (whether direct or consequential), losses, claims or expenses resulting there from. The Investor or any third party indemnifies the Administrator accordingly.

Signature of Financial Advisor

## 10. Investor/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 voluntarily 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.
3. Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction, I have obtained the consent of my spouse to use the monies to facilitate this investment.
4. I confirm that the residential address provided will be the Domicilium Citandi et Executandi, all letters and notices served on this address will be deemed to have been received by me, and accept that I am responsible for updating this address to ensure I receive all notifications as and when they are issued by the Insurer and/or the administrator. I may change my residential address by providing written notice to the Administrator

Signed at (Place)

 D  D M  M Y  Y  Y  Y

Signature of Investor

Full name of Authorised Representative

Signature of Authorised Representative