

PRESERVATION APPLICATION

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

SUPPORTING DOCUMENTATION

(Copies of the supporting documentation are sufficient as long as all text and photographs are clear and legible).

- The following outlines the supporting documentation required in terms of the Financial Intelligence Centre Act, No.38 of 2001 (FICA) as well as other documents required by Acravest. This documentation is necessary in order for the relevant Fund to verify the details as provided in this application.

- Copy of ID or Passport (for foreign national) bearing ID or Passport number and photograph
- Proof of SA income tax number (e.g. any SARS issued document bearing name and tax number)
- Proof of residential address (e.g. bank statement, utility bill or telephone account less than three months old)
- Proof of banking details (e.g. bank statement or cancelled cheque less than three months old)
- Statement by transferring fund (complete section F)
- Recognition of transfer (or such other form or information as may be required by the South African Revenue Service)

FUND (TRANSFERRING TO)

- iRetire Pension Fund
- iRetire Provident Fund
- iRetire Retirement Annuity Fund

INVESTOR DETAILS

New investor Existing investor Investment number

Full names

Surname

ID or Passport number (if foreign national)

Date of birth South African resident: Yes No Gender: M F

Are you a registered taxpayer? Yes No If yes, specify income tax number

Physical address

Postal address Postal code

Telephone number Cellphone number

Fax number

E-mail address

Last day of employment (only complete if transfer is due to termination of employment, merger or takeover)

Reason for transfer: Resignation Retrenchment Dismissal Winding up of Fund
 Merger/take-over of employer Voluntary transfer (only applicable to preservation funds)

Source of income (compulsory)

ACTING ON BEHALF OF AN INVESTOR*

* e.g. Guardians/Persons with Power of Attorney or mandate acting on behalf of disabled or insolvent persons. Please forward proof of authorisation.

| | | | | |
|---|----------------------|------------------|----------------------|----------------------|
| Full names | <input type="text"/> | | | |
| Surname | <input type="text"/> | | | |
| ID or Passport number (if foreign national) | <input type="text"/> | | | |
| Physical address | <input type="text"/> | | Postal code | <input type="text"/> |
| Postal address | <input type="text"/> | | Postal code | <input type="text"/> |
| Telephone number | <input type="text"/> | Cellphone number | <input type="text"/> | |
| Fax number | <input type="text"/> | | | |
| E-mail | <input type="text"/> | | | |

TRANSFERRING FUND DETAILS

Please ensure that a copy of this completed application form is forwarded to the administrator of your current fund before sending it to iRetire.

| | | | |
|--------------------------------------|---------------------------------------|---|----------------------|
| Registered name of transferring fund | <input type="text"/> | | |
| SARS Fund number | <input type="text"/> | | |
| FSCA Fund number | <input type="text"/> | | |
| Fund Type: | Pension Fund <input type="checkbox"/> | Provident Fund <input type="checkbox"/> | |
| Name of administrator | <input type="text"/> | | |
| Contact person | <input type="text"/> | | |
| Telephone number | <input type="text"/> | Fax number | <input type="text"/> |
| E-mail | <input type="text"/> | | |

STATEMENT BY TRANSFERRING FUND

| | | | |
|------------------------|---|---|--|
| Transferring funds to: | iRetire Pension Fund <input type="checkbox"/> | iRetire Provident Fund <input type="checkbox"/> | iRetire Retirement Annuity Fund <input type="checkbox"/> |
| Name of administrator | <input type="text"/> | | |
| Contact person | <input type="text"/> | | |
| Telephone number | <input type="text"/> | | |
| E-mail | <input type="text"/> | | |

Please note: Kindly forward this document together with the Recognition of Transfer form or form J and confirmation of deposit into the relevant Fund bank account.

Details of transferring fund:

| | | | | |
|--------------------------------------|---|---|---|---|
| Registered name of transferring fund | <input type="text"/> | | | |
| Fund registration number | <input type="text"/> | | | |
| This fund is: | Provident Fund <input type="checkbox"/> | OR | a Pension Fund <input type="checkbox"/> | |
| Date of withdrawal | <input type="text"/> | | | |
| Reason for transfer | Resignation <input type="checkbox"/> | Retrenchment <input type="checkbox"/> | Dismissal <input type="checkbox"/> | Winding up of Fund <input type="checkbox"/> |
| | Merger/take-over of employer <input type="checkbox"/> | Voluntary transfer (only applicable to preservation funds) <input type="checkbox"/> | | |



STATEMENT BY TRANSFERRING FUND (CONTINUED)

Was any past or current service outside SA? Yes No

If yes, state territory and period

Gross benefit due RANDS CENTS
Less orders noted RANDS CENTS
Less housing loan settlement RANDS CENTS
Less other (please specify) RANDS CENTS

Please note: Only amounts in terms of Section 37D of the Pension Funds Act, divorce orders and transfers to retirement annuity funds may be deducted. Such deductions from The benefit will be treated by the South African Revenue Service as one withdrawal from the preservation fund and no further withdrawals may be made prior to retirement.

Transfer amount RANDS CENTS
In the case of contributory Provident Funds, total employee contributions RANDS CENTS
Amount not permitted to be paid to member prior to retirement, death or disability RANDS CENTS
Has the transferring fund issued a guarantee for housing purposes? Yes No

Please note: Any guarantee issued by the transferring fund for housing purposes will not be taken over by the iRetire Pension or Provident Funds.

If yes, provide details

Has there been a withdrawal from the fund? Yes No

Other conditions placed on the benefits by the transferring fund (please state rule number and attach a copy of the text of the relevant rule)

I, the undersigned, declare on behalf of the transferring fund that:

- (a) all the information is correct;
- (b) in the case of divorced members, no part of the amount transferred is, or was, subject to any order of court in respect of the member's divorce prior to the transfer into the transferee fund.

First name and surname of authorised representative
Designation (administrator, principal officer, trustee)
Signature of authorised representative Date

Please note: "Gross benefit due" – important in determining if a withdrawal has taken place prior to the funds being invested.

INVESTMENT DETAILS

*Transfer contribution
RANDS CENTS OR Units

*Date of transfer *These may be estimations

(Subject to section 14 certificate clearance as issued by the Financial Service Conduct Authority, where applicable)

If this transfer is an additional contribution to your existing Preservation Fund, we require proof that it originates from the same source fund as the initial transfer.

Intended retirement date (after age 55) or intended retirement age

Intended retirement date *The retirement benefit becomes payable when the member reaches the age of 55 (after age 55)*



INVESTMENT OPTIONS

Lump sum investment options will be made directly into the investment option of your choice

The relevant Fund requires that your investment adheres to the following limits: a maximum exposure of 75% of the investment amount to equity investments; 25% to international investments; 25% to property. Please refer to the supporting documents for available investment options. The available investment options may change from time to time.

In order to assist you to determine whether your selection of investment options complies with the above-stated limits, contact our client portfolio managers at (012) 941 9927, or email us at admin@iretire.co.za.

| NAME OF PORTFOLIO | FEE % | % ALLOCATION (MUST TOTAL 100%) |
|-------------------|-------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | 100% |

NOTE: For private share portfolio, please complete the relevant portfolio application forms that will be provided by your financial advisor/product provider.

*All investments must be Regulation 28 compliant.

INVESTOR BANKING DETAILS

The details specified below must be in the investor's name and will be used for all future banking transactions until such time as the Fund is notified in writing of any changes.

| | | | |
|--|----------------------------------|---------------------------------------|----------------------------------|
| Account holder | <input type="text"/> | | |
| Name of bank | <input type="text"/> | Branch | <input type="text"/> |
| Account number | <input type="text"/> | Branch code | <input type="text"/> |
| Type of account: | Current <input type="checkbox"/> | Transmission <input type="checkbox"/> | Savings <input type="checkbox"/> |
| Signature of account holder/authorised person | <input type="text"/> | | |
| Name of authorised person, if account holder is a non-natural person | <input type="text"/> | | |
| Capacity of authorised person, if account holder is a non-natural person | <input type="text"/> | | |

Please note: A cancelled cheque or recent bank statement must accompany this application.

Any changes to the banking details must be forwarded in writing to the relevant Fund, together with proof thereof. Payments will not be made to third-party accounts, including credit cards and money market accounts.

Collection requests from a third-party legal entity account must be accompanied by a resolution, copies of the ID documents and signatures of the signatories of the third-party. In the case of the third-party individual account the request must be accompanied by a copy of the ID document and three specimen signatures of the third-party.

BENEFICIARY NOMINATIONS

You may only nominate beneficiaries who are natural persons to receive a benefit in the event of your death before retirement from the relevant Fund. Please note that the allocation to the beneficiaries is at the discretion of the Trustees, based on the provisions of Section 37C of the Pension Funds Act, No. 24 of 1956. Your nomination will serve to assist the Trustees in making these decisions although it may not be binding on them. You may alter your nomination at any time by notifying the relevant Fund in writing by completing a Beneficiary Nomination Form which must be received by the relevant Fund before your death.

| | Beneficiary 1 | Beneficiary 2 | Beneficiary 3 |
|--------------------|----------------------|----------------------|----------------------|
| Surname | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First name(s) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ID/Passport number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Percentage | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal address | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Contact number | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Beneficiary 4

Beneficiary 5

Beneficiary 6

| | Beneficiary 4 | Beneficiary 5 | Beneficiary 6 |
|--------------------|---------------|---------------|---------------|
| Surname | | | |
| First name(s) | | | |
| Relationship | | | |
| ID/Passport number | | | |
| Percentage | | | |
| Postal address | | | |
| Contact number | | | |

Capacity of authorised person, if account holder is a non-natural person

DECLARATION BY INVESTOR

I understand and agree to be bound by the provisions of this application form.

I understand and /or confirm that:

- I understand and agree that this application, the membership information summary and the rules of the relevant Fund (both as amended from the time to time) and any other related documents provided by me and accepted by the relevant Fund, constitute the entire agreement between the relevant Fund and myself.
- I understand that the choice of the investment options is solely mine and I will not hold the Trustees liable for the choice. I retain the risk of and remain responsible for the selection of the investment options at all times. I have taken advice where I considered myself requiring such advice.
- I authorise the relevant Fund to make all reports and statements pertaining to my investment available, in whatever format, to my appointed Financial Advisor, on his/her request.
- I hereby consent to the relevant Fund making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the relevant Fund obtaining any other information concerning me from any source whatsoever to enable the relevant Fund to process this application.
- I authorise the relevant Fund to accept instructions by facsimile or such other electronic means provided and hereby waive any claim that I may have against the relevant Fund and indemnify the relevant Fund against any loss incurred as a result of the relevant Fund receiving and/or acting upon such communication. I accept the risk of the communication method selected and understand that the Fund shall not be liable in the event that the Fund has not received the a communication whether due to the failure, malfunction or delay of any networks or electronic or mechanical device or otherwise.
- Provided that the Administrator and/or the relevant Fund and/or any of their officers and employees exercise reasonable care and diligence in the management of my investments, the Administrator and/or the relevant Fund and/or their officers and employees shall not be liable to me or any third party for any loss sustained by me in terms of this agreement. Specifically, the Administrator and/or the relevant Fund cannot be held responsible for any acts or errors of commission or omission by third parties, or the timing standards, practices and procedures of third parties.
- I warrant that all the statements given in this application form, and in all documents which have been or will be signed by me in connection with this application, whether in my handwriting or not, are true and correct and shall form the basis of my agreement with the relevant Fund.
- I confirm to the relevant Fund that I am acting on my own account and that this investment is my own independent decision. I understand that information, opinions and any communication from the relevant Fund, whether written, oral or implied are expressed in good faith and not intended as investment advice. I have not received any assurance or guarantees from the relevant Fund as to the expected benefits, except that the benefits will be determined by reference to the value of the investment portfolio.
- I understand that the amount that is available to me on withdrawal prior to retirement from the relevant Fund may be restricted in terms of any benefits paid on leaving the transferring fund or restrictions imposed by the transferring fund, in terms of the rules of the relevant Fund and that these conditions will apply.

Signed at on this day of 20

Signature of authorised person*

* Please forward proof of authorisation.

Name of authorized person if account holder is a non-natural person Capacity of authorized person if account holder is a non-natural person

FINANCIAL ADVICE FEES

Advisory fees will be agreed upon between the Investor and the appointed Financial Advisor for each advice event. Both the Advisor and the Investor need to sign off on the advisory fees, which signatories will authorize the Fund to recover the fee from the capital invested on behalf of the Investor, and pay the fees to the advisor.

 - I acknowledge the I did not receive financial advice from either the relevant Fund or financial advisor. I will be noted as a Acravest Direct Client.

OR

 - I acknowledge the I have received financial advice from the Financial Advisor whose details are completed in the "Financial Advisor Detail and Declaration" section below, who is my appointed Financial Advisor and I agree to payment of fees as follows:

Complete A or B

A I confirm that I agree to the amount of advisory fees payable to the financial advisor and authorize the fund to recover the amount stated below from my investment portfolio in the fund and pay that amount to the financial advisor.

Advisory Fee payable to the Financial Advisor: R _____

Please indicate amount in own words:

(_____)

B

Initial advice fee: . % (Applied to each transfer contribution and deducted before investment is made). No initial fees are payable in respect of a transfer from another Preservation Fund.

Annual advice fee: . of AUM per annum charged and paid monthly in arrears.

This authority may be withdrawn by written notice to the relevant Fund.
The initial and annual advice fees will accrue to the Financial Advisor.

Signature of investor or authorised representative

FINANCIAL ADVISOR BANKING DETAILS

The details specified below must be in the Advisor's name and will be used for all future banking transactions until such time as the Fund is notified in writing of any changes.

Account holder

Name of bank Branch

Account number Branch code

Type of account: Current Transmission Savings

Signature of account holder/authorised person

Name of authorised person, if account holder is a non-natural person

Capacity of authorised person, if account holder is a non-natural person

Please note: A cancelled cheque or recent bank statement must accompany this application.
 Any changes to the banking details must be forwarded in writing to the relevant Fund, together with proof thereof. Payments will not be made to third-party accounts, including credit cards and money market accounts.
 Collection requests from a third-party legal entity account must be accompanied by a resolution, copies of the ID documents and signatures of the signatories of the third-party. In the case of the third-party individual account the request must be accompanied by a copy of the ID document and three specimen signatures of the third-party.

FINANCIAL ADVISOR DETAIL AND DECLARATION

Financial Advisor Brokerage

Broker code

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Collective Investment Schemes Control Act, 2002, and the Financial Advisory and Intermediary Services Act, No. 37 of 2002, and subordinate legislation thereto, to the investor.
- warrant what I/we have established and verified the identity of the investor(s) (and persons acting on behalf of the investor) in accordance with FICA and subordinate legislation thereto, and I/we will keep records of such identification and verification according to the provisions of FICA.
- warrant that I/we have explained all fees that relate to this investment to the investor and I/we understand and accept that the investor may withdraw his/her authority for payment to me/us in writing to the relevant Fund.

Signed at on this day of 20

Signature of financial advisor

CONFIRMATION AND AUTHORISATION

- We hereby certify that the above information is true and correct in every detail and Acravest Employee Benefits is hereby authorised to make payment as stated above.
- The options in terms of the Rules of the Fund have been fully explained to the member and the member declares that he/she understands all options.
- We agree that payment above shall constitute good and effectual settlement and shall be full and final discharge to Acravest Employee Benefits and the fund of its liability in terms of the Rules of the Fund.

Signed on behalf of the member

Signed on behalf of the employer

Company Stamp

Date

Date

Designation

