

RETIREMENT ANNUITY 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.

REQUIRED DOCUMENTATION

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 Fund to verify the details in this application

- Copy of ID or Passport
- Proof of SA income tax number
- Proof of residential address
- Proof of banking details

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

INVESTOR DETAILS

New investor Existing investor

Full names

Surname

ID or Passport number (if foreign national) Gross Annual Salary

Are you a registered tax payer Yes No

If yes, specify income tax number

Date of birth

Telephone number Cellphone number

E-mail address

Source of Funds (e.g. Inheritance, policy, bonus etc.): _____

Please Specify _____

Frequency:

- Lump Sum
- AND/OR
- Monthly contributions R _____
- AND/OR
- Transfer

I hereby give consent to transfer my existing funds to the iRetire Retirement Annuity Fund.

- Yes
- No

Previous fund name

Previous account number

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

Surname

ID or Passport number (if foreign national)

Date of birth

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

Physical address

Postal address Postal code

Telephone number Cellphone number

E-mail

INVESTMENT OPTIONS

All investment strategies comply with Regulation 28 of the Pensions Funds Act (Act 24 of 1956).

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

* All investments must be Regulation 28 compliant.

PAYMENT DETAILS

Select payment option A or B

A **Debit order**

Select date: 25th 1st

Start from month:

Bank account

Account holder

Bank

Bank account number Branch code

Type of account

B **EFT/Once off**

* Please note that the bank account must be in the investor's name. If not please supply payer's details & FICA documents.

IRETIRE RETIREMENT ANNUITY FUND – BANKING DETAILS

Banking details to be provided on request. This arrangement is introduced for security reasons.

DECLARATION BY THE 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 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.
- I declare that the banking details provided are my banking details and that Acravest may deduct from this account if applicable.

Signed at on this day of 20

Signature of authorised person*

* Please forward proof of authorisation.

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 that I did not receive financial advice from either the relevant Fund or financial advisor. I will be noted as an iRetire Direct Client.
- I acknowledge that 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: _____
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 DETAILS

Financial Advisor	<input type="text"/>	Brokerage	<input type="text"/>
Advisor email	<input type="text"/>	Advisor cell	<input type="text"/>

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 that 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

Please email this form and all required documents to application@iretire.co.za