

**LIVING ANNUITY INCOME REVIEW FORM**

- 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.

**INVESTOR DETAILS**

Full names

Surname

ID or Passport number (if foreign national)

Telephone number  Cellphone number

Work number

E-mail address

**UPDATE INCOME REQUIREMENT**

Would you like to change your income percentage?  Yes  No

Annual income level between 2.5% and 17.5% of the value of the investment must be selected:   .  %

Would you like to change the frequency of your income payments?  Yes  No

Income to be paid out:  Monthly  Quarterly  Biannually  Annually

**TERMS OF SERVICE**

- The full Terms of Service and Disclosures applicable to Acravest's products and services, available on the Acravest website ([www.acravest.com](http://www.acravest.com)), will apply to this application form.
- Consider getting financial advice from an independent financial advisor.
- Acravest will process the complete application with the required supporting documentation once received.

**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