

# Acumen Preservation Provident Fund

Robson • Savage

FSB Registration Number: 12/8/35288 SARS Approval Number: 18/20/40/41300

## APPLICATION FORM

- Please assist us by completing all sections in full using CAPITAL letters.
- Indicate all options selected by means of a cross [X].
- Ensure that all information provided is accurate.
- Should you require any assistance with this application please contact Robson Savage (Pty) Ltd on 011 643 4520.

### Section 1 INVESTOR DETAILS

Title		Surname	
First names			
Date of Birth:	yyyy / mm / dd	RS ID Number	
<i>If no RSA ID Number, Passport Number</i>			
Country of Issue:			
Income Tax Number			
<i>Residential Address</i>			
Unit Number		Complex Name	
Street Number		Street Name:	
Suburb			
Town			
Country			
Postal Code			
<i>Postal Address</i>			
Postal Code			
<i>Contact Details</i>			
Telephone Number 1			
Telephone Number 2			
E-mail Address			
Preferred Method of Communication	Post	Email	

**Section 2 SOURCE OF FUNDS**

Please confirm the source of this lump sum being transferred? E.g. Previous employer's fund, other Preservation Fund


**Section 3 INVESTMENT SELECTION**

Investment Manager	Investment Portfolio	R or % to be invested	
Name: Wealth Growth Investment Management.  Financial Services Provider Number 46007  Fees: Asset management fee of 1% per annum paid monthly. No performance fees will be charged. Fees exclude VAT	Wealth Growth Investment Management Balanced Conservative	R	%
	Wealth Growth Investment Management Balanced	R	%
	Wealth Growth Investment Management Balanced Growth	R	%
		R	100%

Would you like to phase in your investment?	Yes	No
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Please note that if you choose this option, your investment will initially be invested in a money market portfolio.

If yes, please indicate over which period you wish to do this:	3 months	6 months	9 months	12 months
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Please note that the phasing in of your investment will be done as per your investment selection indicated above

**Section 4 BANKING DETAILS**

The details given below must be for an account in the investor's name and will be used for all future banking transactions until such time as we are notified in writing of any changes

Name of Account Holder	
Type of Account	
Bank Name	
Account Number	

**Section 5 FEES**

I acknowledge that I received financial advice from the financial advisor whose details have been completed in Section 6 below and that he/she is my appointed financial advisor for the purposes of this fund. I agree to payment of fees as follows

## Administration fees

Initial fee	Nil	% of investment value
On-going annual fee	0.5%	% of investment value

## Advice fee

Initial fee		% of investment value
On-going annual fee		% of investment value

**Notes:**

- All fees set out above exclude VAT.
- On-going annual fees are deducted monthly at 1/12th of the rates set out above based on the current market value of the investment at the time.
- On-going administration fees include all operational fund expenses.
- Any review of on-going fees will be subject to 3 months' notice being given to the investor.
- The investment managers of the portfolios selected will also deduct their own investment managers' fee from the portfolio, as disclosed separately to you.

\_\_\_\_\_

Signature of Investor

\_\_\_\_\_

Date

**Section 6 FINANCIAL ADVISOR INFORMATION AND DECLARATION**

Financial Service Provider (FSP) Company

FSP number

Financial advisor details

Your broker code is your RS ID number

Title		Surname	
First names			
Date of Birth:	yyyy / mm / dd	RS ID Number	

*Residential Address*

Unit Number		Complex Name	
Street Number		Street Name:	
Suburb			
Town			
Country			
Postal Code			

Postal Address	
Postal Code	
Contact details	
Telephone number 1	
Telephone number 2	
Email address	

I confirm that:

- I am an authorised representative of the above detailed FSP, a licensed Financial Services Provider, and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002, to the investor.
- I have established and verified the identity of the investor in accordance with the Financial Intelligence Centre Act, No. 38 of 2001, and will keep records of such identification and verification according to the provisions of that Act.
- I have explained all fees that relate to this investment to the investor and I understand and accept that the investor may withdraw his/her authority for payment to me in writing to the fund.

\_\_\_\_\_  
Signature of Financial Advisor

\_\_\_\_\_  
Date

#### Section 7: DECLARATION BY INVESTOR

I understand and/or confirm that:

- The information given on this form is true and correct and that by submitting this form I am applying for membership of the fund.
- This application and any other related documents provided by me and accepted by the fund constitute the entire agreement between the fund and me.
- The investment selection is solely my choice and I will not hold the Trustees liable for the selection. I retain the risk of and remain responsible for the selection between the various portfolios at all times and have taken advice where I considered such advice necessary.
- I authorise the fund to make all reports and statements pertaining to my investment available to my appointed Financial Advisor on his/her request.
- The fund is hereby authorised to pay all fees and bank charges specified herein and deduct these from my investment.
- The investment into the selected investment portfolios normally takes place within 5 working days after receipt of all required documents and the payment reflecting in the fund's bank account.
- I have completed a Death Benefit Beneficiary Form and include it with the submission of this application form for the fund's records. I accept that the onus is on me to provide the fund with an updated form, which is available at [www.robsav.com](http://www.robsav.com), should my wishes in this regard change.
- I understand that a condition of participation in the fund is that there must always be an appointed financial advisor and therefore I further undertake to notify the fund board immediately, of any changes to this appointment.

\_\_\_\_\_  
Signature of Investor

\_\_\_\_\_  
Date

### Section 8 ACUMEN PRESERVATION PROVIDENT FUND BANKING DETAILS

All deposits relating to lump sum or monthly contributions to the fund must be made into the following bank account:

Account name:	Acumen Preservation Provident Fund
Bank:	FNB
Branch:	RMB Corporate Banking
Account number	62663561241
Branch:	255005

Please e-mail proof of payment to Yogita Vanmali at [wjim@robsav.com](mailto:wjim@robsav.com) or fax to 086 600 5171

### Section 9 SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

- Copy of ID
- Proof of banking details (e.g. bank statement or cancelled cheque less than 3 months old)
- Proof of SA income tax number
- Proof of residential address
- Completed Death Benefit Beneficiary Form (Please request a copy of this form from your financial advisor or visit the Resource Centre on our website [www.robsav.com](http://www.robsav.com) to download the form which is available under the Administration Documents.)

### Section 10 NOTES

- Your application will be processed once all the fully completed forms and required documents have been received by the fund and, where applicable, your lump sum investment is reflecting in the fund's bank account.
- You will receive confirmation once your application has been processed which will include a membership certificate and details of how to access your membership record online.
- We look forward to welcoming you as a member of the Acumen Preservation Provident Fund.

Kindly return the completed form and all supporting documentation to [wjim@robsav.com](mailto:wjim@robsav.com)