

Acumen Retirement Annuity Fund

Robson • Savage

FSB Registration Number: 12/8/36487 SARS Approval Number: 18/20/40/40752

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

Will you be making a lump sum investment into the fund?

Yes

No

If yes, please confirm the source of this lump sum? E.g. Previous employer's fund, other RA fund, savings

Will you be making voluntary annual contributions to the fund?

Yes

No

If yes, please confirm the source of these contributions? E.g. Salary, savings

Will you be making voluntary monthly contributions to the fund?

Yes

No

If yes, please confirm the source of these contributions? E.g. Salary, savings

Section 3 DEBIT ORDER INSTRUCTIONS

I hereby instruct and authorise the fund to draw against my account (as per the bank account details provided in Section 5 of this form):

Annual order amount

R

Or monthly debit order amount

R

Please note that this amount will be deducted from your account on the **last working day** of each month, until such time as we receive an instruction from you cancelling or changing this debit order instruction.

Any banking charges relating to this debit order which are charged against the fund's bank account will be deducted as an expense from your contribution.

These monthly contributions will be invested as per your selection indicated in Section 4 below

Would you like your debit order amount to increase automatically on an annual basis?

Yes

No

If yes, please confirm by what amount or % and in which month the increase should be applied:

R

or

%

Effective in

Of each year

Section 4 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

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 5 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 6 FEES

I acknowledge that I received financial advice from the financial advisor whose details have been completed in Section 7 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 7 FINANCIAL ADVISOR INFORMATION AND DECLARATION
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Financial Service Provider (FSP) Company	
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FSP number	
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Financial advisor details

Your broker code is your RS ID number

Title		Surname	
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First names			
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Date of Birth:	yyyy / mm / dd	RS ID Number	
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<i>Residential Address</i>

Unit Number		Complex Name	
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Street Number		Street Name:	
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Suburb	
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Town	
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Country	
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Postal Code	
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<i>Postal Address</i>

Postal Code	
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<i>Contact details</i>

Telephone number 1	
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Telephone number 2	
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Email address	
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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 8 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, 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 9 ACUMEN RETIREMENT ANNUITY 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 Retirement Annuity Fund
Bank:	Nedbank
Branch:	Corporate Client Services Jhb
Account number	1454026081
Branch code:	145409

Please e-mail proof of payment to Sharon Govender at wgim@robsav.com or fax to 086 531 5654

Section 10: 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 to download the form which is available under the Administration Documents.)

Section 11 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 Retirement Annuity Fund.

Kindly return the completed form and all supporting documentation to wgim@robsav.com