



UNIT TRUST INVESTMENT APPLICATION FORM

IMPORTANT INFORMATION

- 1. Itransact Fund Managers (RF) (Pty) Ltd, or IFM, is the Manager of this investment and is referred to herein as "the Manager".
- 2. Automated Outsourcing Services (Pty) Ltd is an authorised Financial Services Provider and is the administrator of this investment. It is referred to herein as "the Administrator".
- 3. Please send your signed application form and supporting documents to the Manager by either Fax 011 561 6812 or Email admin@itransactfm.co.za.
- **4.** The responsibility of transmitting the documents to the Manager lies with the sender. No Fund application form is considered complete without all required documentation associated to this Fund.
- 5. The most recent terms and conditions associated to this Fund (and any additional document referred to in clause 2 thereof) form part of this application. It is the Investor/s or their duly authorised person/s responsibility to read and understand the terms and conditions, as well as such other documents that are the basis for investment into this Fund, before signing this application form. The terms and conditions of this Fund are available from the IFM investor support centre during business hours on 0861 11 60 75. Alternatively, you may view the terms and conditions of this Fund at www.itransactfm.co.za or at Itransact Fund Managers' physical address stated in Section 10.

| SECTION 1: INVES | STOR DETAILS | | | | | | | | | | | | |
|----------------------------|--|-----|--------|----------|--------|------------------------------|----------------------------------|--------|--|---------------------|--------|----|--|
| Type of Entity | Listed Company Unlisted Company Trust RA/ILLA/Pres.Fund LISP | | | | | | | | | | | | |
| | Pension/Provident Fund F | FoF | Close | Corpora | tion [| Government Entity LT Insurer | | | | | | | |
| | Manco Medical Sche | eme | Partne | ership [| R | etiremen | t Fund | | | | | | |
| | Othe | r | | | | | | | | | | | |
| Trading Name (If a legal e | entity) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Registered Name | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Company/Trust Registrati | ion Number | | | | | | | | | | | | |
| Country of Incorporation | | | | | | | | | | | | | |
| Resident of South Africa | Ye | S | No [| | | | | | | | | | |
| Date of Incorporation/Reg | gistration | | | | | | | | | | | | |
| Income Tax Number | | | | | | | | | | | | | |
| Withholdings Tax Status (| (if applicable) Exemp | t | Not E | xempt | | the ac | u select dministr ration F | rators | | olease co nd Tax | omplet | te | |
| VAT Registration Number | | | | | | | | | | | | | |
| Trading Address | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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|---|----------------------------|------------------------|---------------|----------------|---------|---------|-------|--------|-------|-------|-------|------|-------|--------|-------|-------------------|-------------------|-------|
| Tick if postal address is same as trading | | | | | | | | | | | | | | | | | | - |
| Postal Address | | | | | | | | | | | | | | | | | Т | |
| | | | | | | | | | | | | | | | | $\overline{\Box}$ | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Co | ode | | \Box | $\overline{\Box}$ | |
| Contact Number | | | | <u> </u> | | | | | | | | | | | | Ι | \Box | |
| Alternative Contact Number | | | | <u> </u> | | | | | | | | | | | | Ι | \Box | |
| Email Address | | | | | | | I | | | | | | | | | | | |
| | | | | | | | | - | | | | | | | | | | |
| SECTION 2: AUTHORISED SIGNATOR | | | | | | | | | | | | | | | | | | |
| The details of the authorised signatory who is resp | onsib | le fo | r the | e inve | estm | ent r | must | be d | comp | olete | d hei | re. | | | 1 | | | |
| Title | Mr | | | Ms | | | Mrs | | | Dr | | Р | rof | | 1 | The I | Hon | |
| First Name | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Identity/Passport Number | | | | | | | | | | | | | | | | | | |
| Capacity | | | | | | | | | | | | | | | | | | |
| Telephone Number | | | | | | | | | | | | | | | | | | |
| Cellphone Number | | | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| SECTION 3: TAX RESIDENCY SELF | CED' | TIEI | IC A | TIC | IAC | | | | | | | | | | | | | |
| Foreign Account Tax Compliance Act (FATCA) The Foreign Account Tax Compliance Act (FATCA) living outside the U.S.) to have yearly reported ther Network (FINCEN), and requires all non-US (Foreig for reporting their assets and identities to the US T |) is a nselve gn) Fi | Unite es an nanc | ed Si | tates eir n | fedon-L | l.S fir | nanci | ial ac | cou | nts t | o the | Fina | ancia | al Cri | mes | Enf | orcer | ment |
| Common Reporting Standard (CRS) Reporting CRS is a global standard developed by the Organ exchange of financial account information between Administration Act, 2011, which requires Financial I find reportable accounts and report the prescribed | n tax a nstitu | autho tions | oritie res | es wo | orldw | vide. | CRS | Reg | gulat | ions | were | issu | ied k | y SA | ARS I | unde | er th | e Tax |
| Is the Juristic person or its beneficiaries or sharehoother than South Africa? | olders | regis | stere | ed fo | r tax | in a | noth | er co | ount | ry | | | | Yes | | | No | |

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| | | or shareholders not So | uth Africa? | Yes No |
|--|-----------------------------|---|---------------------------|---------------------|
| If you have answered 'Yes' to any of the paravailable from the IFM Investor Support Cer | = - | - | e 'Tax Residency Self | Certification Form' |
| SECTION 4: METHODS OF COMMUI | NICATION, PRO | TECTION & PRIV | ACY OF PERSONA | L INFORMATION |
| Method of communication In order to view and access your transa http://s-ibrowse:7744/i-Browse/. | ction history and | download statemen | ts, please register f | or online access at |
| Please note that email will be used as the Manager by the Investor can be via electronic post, using the details provided in Section 11 b | c means, which inc | | | |
| Privacy of Personal Information Itransact Fund Managers (RF)(Pty)Ltd has ad personal information or obtain information a request that any errors are corrected or the in | bout you. You may | access information a | bout you that is held | by the Manager and |
| SECTION 5: GENERAL INVESTM | ENT DETAILS | | | |
| Source of Funds SECTION 6: INVESTMENT DETAI | Salary Inheritance | | Please Specify below) | ving Investment |
| FUND SELECTION | | | | |
| | re Document for ir Class | vestment minimums Lump Sum Amount | Recurring Contribution | Annual Increase |
| FUND SELECTION *Kindly refer to the latest Minimum Disclosu | | Lump Sum | Recurring | |
| FUND SELECTION *Kindly refer to the latest Minimum Disclosu | | Lump Sum | Recurring | |
| FUND SELECTION *Kindly refer to the latest Minimum Disclosu | | Lump Sum | Recurring | |
| *Kindly refer to the latest Minimum Disclosu Fund Names | Class | Lump Sum Amount | Recurring | |
| *Kindly refer to the latest Minimum Disclosu Fund Names Tota | | Lump Sum Amount | Recurring | |
| *Kindly refer to the latest Minimum Disclosu Fund Names | Class | Lump Sum Amount | Recurring | |
| *Kindly refer to the latest Minimum Disclosu Fund Names Tota Additional Notes | Class | Lump Sum Amount | Recurring | |
| *Kindly refer to the latest Minimum Disclosu Fund Names Tota Additional Notes Distributions of less than R100.00, will | Class | Lump Sum Amount Int re-invested; | Recurring | |
| *Kindly refer to the latest Minimum Disclosu Fund Names Tota Additional Notes Distributions of less than R100.00, will Recurring Contribution Information (please | Class | Lump Sum Amount Int re-invested; | Recurring Contribution | Increase |

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| Method of Payment (No cheques or cash accepted) Select one method below | | | | | | | | | | | | | | | | |
|---|--------|-------|-------|------|-------|-------|------|-------|-------|--------|---|--|--|--|--|--|
| Monthly Debit Order Complete the debit order details below | | | | | | | | | | | | | | | | |
| Electronic Collection by IFM (Maximum R1,000,000) IFM will debit your account within two business days of receiving the application form and all relevant documents. | | | | | | | | | | | | | | | | |
| You will receive a confirmation letter once your investor account has been opened. The bank details to use for your transfer will be confirmed in this letter. Note that electronic/internet transfers may take up to two days to appear in the Manager's inflow bank account and will only be processed upon proof of deposit. Please furnish IFM with proof of deposit via email or facsimile (see Section 10 below). | | | | | | | | | | | | | | | | |
| SECTION 7: INVESTOR BANK DETAILS | | | | | | | | | | | | | | | | |
| This bank account must be a South African bank acco | unt ir | n the | e nan | ne o | f the | inve | esto | r/ le | gal e | entity | y | | | | | |
| Name of Account Holder | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Bank | | | | | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | | | | | |
| Branch Name | | | | | | | | | | | | | | | | |
| Branch Code | | | | | | | | | | | | | | | | |
| Account Type | | | | | | | | | | | | | | | | |
| Tick box if debit order bank details are the same as th | ıe inv | esto | or ba | nk d | etai | ls ab | ove | | | | | | | | | |
| Name of Account Holder | | | | | | | | | | | | | | | | |
| Name of Bank | | | | | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | | | | | |
| Branch Name | | | | | | | | | | | | | | | | |
| Branch Code | | | | | | | | | | | | | | | | |
| Account Type | | | | | | | | | | | | | | | | |

Debit Order Authority

- 1. I/We hereby request, instruct and authorise Itransact Fund Managers (RF) (Pty) Ltd, its successors or its assignees ("the Manager") to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my/our account).
- 2. I/We understand that all such withdrawals from my/our bank account shall be treated as though they have been signed by me/us personally.
- 3. I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- 4. I/We acknowledge that I/we may cancel this authority by giving the Manager not less than 10 business days' written notice.
- 5. I/We agree that receipt of this instruction by the Manager shall be regarded as receipt thereof by my/our bank.
- 6. I/We acknowledge that in order to activate the debit order, the Manager must receive the debit order authority at least 10 business days prior to the first debit order date.

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Please note that the required FICA documentation will need to be provided in the case of a third party debit order bank account, along with the specimen signature on a copy of the third party Identity Document. Date (ddmmyyyy) **Authorised Signatory** Print Initials and Surname

Please note that the debit order instruction will be accepted upon the signing of this authority by the bank account holder.

SECTION 8 INVESTOR DECLARATION

| r: | anci | - 1 | A alse | |
|-------|------|------|--------|------|
| - III | ancı | al A | 40 V | 16.6 |

| (Pleas | e tick one option only) |
|--------|--|
| | I/We have appointed a Financial Services Provider, and acknowledge that I/we have been provided with, is aware of and understand all the Fund information relating to the Fund, the investments underlying the Fund, including the risks associated with the investment, commissions and fees applicable to the investment and our responsibilities. |
| | I/We acknowledge that I/we have personally established all the facts associated with this Fund and are aware of and understand all the information relating to the Fund, and the investments underlying the Fund including the risks associated with the investment, commissions and fees applicable to the investment and our responsibilities. |

Note: If the Investor, or its duly authorised signatory has not appointed a financial services provider to assist the Investor with his/her investments under the Fund, then the references below to a financial services provider will not be applicable for as long as no such appointment is made.

General

- 1. I/We, by appending our signature hereto, state and declare that we have read and understood the terms of conditions of this Fund, the Minimum Disclosure Document and the investment media selected, warrant that all statements given by us in the application form are true and correct in every respect and that all such statements, together with the Investment Confirmation, shall form part of the basis of the contract, which is to be entered into with and between us, the Investor, and
- 2. I/We acknowledge that neither the Financial Services Provider, nor any representative of the Financial Services Provider, is an employee or agent of IFM and that the Financial Services Provider acts as the Investor's agent.
- 3. I/We further acknowledge that neither IFM, nor the Administrator (or any other party from time to time to administer the Fund, each referred to hereafter as "the Administrator") can be held liable for any act or omission of the Financial Services Provider and/or any representative of the Financial Services Provider.
- 4. I/We acknowledges that we understand that if we terminate the Financial Services Provider's appointment, it is our responsibility to immediately advise IFM in writing of such termination and IFM will then cease payment of all fees, other than accrued fees, to the Financial Services Provider.
- 5. I/We understand that all instructions to IFM must be signed by us and may not be signed by the Financial Services Provider on behalf of us; provided that where the Financial Services Provider is appointed on a discretionary basis and proof of authority is provided, IFM shall be entitled to accept instructions from such discretionary Financial Services Provider to invest in specific funds and to vary the selection of funds.
- 6. I/We acknowledge that it is our responsibility to ensure the receipt of any instruction and/or document by IFM.
- 7. I/We acknowledges that there are certain requirements in terms of the Financial Intelligence Centre Act, 2001 which need to be complied with before this investment may be processed and that these requirements have been explained to us by IFM, or the Financial Services Provider.
- 8. I/We warrant that the money which we are investing is not derived from the proceeds of unlawful activities, as defined in the Prevention of Organised Crime Act, 1998.
- 9. I/We consent to receiving reports from IFM on an annual basis. In the event that the value of the investment at any time is less than R1000, on the basis that we (or where applicable, the Financial Services Provider) are able to access information regarding the investment continuously via electronic means made available by IFM.

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10. I/We confirm that we have accessed the Effective Annual Cost on IFM's website.

| | ees and Charges | |
|-----------|---|---|
| 1/\ 1. | We acknowledges that the following fees and charges a An Initial Financial Advisor Fee, as specified below | apply to investments made in the Fund: v, may apply where the Investor has appointed a Financial Services Provider |
| | | nvestments made in the Product, excluding VAT, and is negotiated betweer |
| | the Investor and the Financial Services Provider. | This fee shall be payable by the Manager on behalf of the Investor to the |
| | Financial Services Provider. | |
| | Initial Financial Advisor Fee \(\) | um of 3% excluding VAT) |
| 2. | Provider. This fee can be a maximum of 1% per a between the Investor and the Financial Services Pr | below, may apply where the Investor has appointed a Financial Services annum of the value of investments held, excluding VAT, and is negotiated rovider. This fee shall be payable by the Manager on behalf of the Investor to alculated as a percentage of the daily market value of the investments held with the terms and conditions of this Product. |
| | Annual Financial Advisor Fee % (Maxi | mum of 1% excluding VAT) |
| F: | urther conditions applicable to fees at Fees and charges specified above are subject to the to Fees and charges are subject to change (see terms ar Value added tax shall be charged on a fees and levies | erms and conditions contained in the application form. nd conditions). |
| Sp | roduct Terms and Conditions pecify the version number of the most recent terms and ote that without the correct version specified below, this ERSION - IFM - IND . | |
| Δ. | uthorised Signatory | Date (ddmmyyyy) |
| ^' | ationsed signatory | |
| Pr | int Initials and Surname | |
| | | |
| S | ECTION 9 FINANCIAL ADVISOR DETA | AILS AND DECLARATION |
| Fι | ıll name and surname | |
| Fi | nancial Services Provider (FSP) Name | |
| ГС | | |
| FS | SP licence number | |
| | SP licence number nancial advisor code (with IFM) | |

I/We

Contact Number

Email address

- 1. 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;
- 2. acknowledge and confirm that, in my/our capacity as the primary accountable institution with Itransact Fund Managers (RF)(Pty)Ltd being the secondary accountable institution, I/we have established and verified the identity of the client in accordance with Section 21 of the Financial Intelligence Centre Act, 2001("the Act"), and will keep records of such identification and verification according to the provisions of Section 22 of the Act;

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| Signature of Financial Advisor | | _ Date (ddmmyyyy) | | | | | | | | | | | | |
|--------------------------------|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Print Initials and Surname | | | | | | | | | | | | | | |

3. 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 fund.

SECTION 10 MANAGER CONTACT DETAILS

Financial Advisor and Investor Support Centre

Telephone 0861 11 60 75 Fax 011 561 6812

Email admin@itransactfm.co.za

Head Office

Physical Address 28 Peter Place Lyme Park Sandton South Africa 2060

Postal Address PO Box 4769 Randburg South Africa 2125

Website www.itransactfm.co.za

Trustee Company

RMB Custody and Trustee Services is a company registered in South Africa (with company registration number: 1929/001225/06), and is approved as a trustee company by the Financial Sector Conduct Authority to hold assets in trust on behalf of the Investor.

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