

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 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: INVESTOR DETAILS

Type of Entity Listed Company Unlisted Company Trust RA/ILLA/Pres.Fund LISP

Pension/Provident Fund FoF Close Corporation Government Entity LT Insurer

Manco Medical Scheme Partnership Retirement Fund

Other

Trading Name (If a legal entity)

Registered Name

Company/Trust Registration Number

Country of Incorporation

Resident of South Africa Yes No

Date of Incorporation/Registration

Income Tax Number

Indicate if any authorised representative/s, ultimate beneficial owner/s or any shareholder/s of the legal entity is a foreign prominent public official or a domestic prominent influential person Yes No

If yes, please specify:

VAT Registration Number

A retirement plan under section 7701(a)(37), or exempt organisation under sec 501(a) of the IRS Code or any other exclusion.

Organisation's Classification under Common Reporting Standards (CRS)

Select an option with reference to primary country of residence:

Financial Institution under CRS (includes pension fund schemes, government entity etc)

An investment entity located in a Nonparticipating Jurisdiction and managed by another Financial Institution

Active Non-Financial Entity which frequently trades on an established securities market or associated with and established securities marker or a corporation which is a related entity of such a corporation.

Active Non-Financial Entity-a Government Entity, a Central Bank or an International Organisation.

Active Non-Financial Entity, other than those listed above

Passive Non-Financial Entity.

Dividend Withholding Tax

If your organisation is exempt from DWT, please select the appropriate box to declare the reason for the exemption:

A company or close corporation registered in South Africa for tax purposes

A non-profit organisation (approved by SARS in terms of section 30(3) of the Income Tax Act

A pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund registered in terms of the Pension Fund Act 1956.

A person contemplated in section (1)(d)(ii) of the Income Tax Act

A trust contemplated in section 37A of the Income Tax Act (e.g. mining rehabilitation trust

Fidelity and Indemnity funds contemplated in section 10(1)(d)(iii) of the Income Tax Act

A small business funding as contemplated in section 10(1)(cQ) of the Income Tax Act

Entity is not exempt from DWT

SECTION 3: METHODS OF COMMUNICATION, PROTECTION & PRIVACY OF PERSONAL INFORMATION

Method of communication

In order to view and access your transaction history and download statements, please register for online access at www.ifmconnect.co.za.

Please note that email will be used as the preferred method of communication by the Manager. Communication with the Manager by the Investor can be via electronic means, which includes email and telephonic communications, or by standard post, using the details provided in Section 10 below.

Privacy of Personal Information

Interact Fund Managers (RF) (Pty) Ltd has adopted a Protection of Personal Information Policy that sets out how it may use your personal information or obtain information about you. In addition, you expressly consent that IFM may verify and process your personal information (including your voice and or biometric data) for security purposes and so as to comply with its obligations in terms of legislation. IFM may transmit your personal information to third-party service providers for the purposes of storing and maintaining that information. Where information is transmitted to offshore providers, IFM has confirmed that sufficient legislation and agreements are in place to ensure the protection of that information. Where directed by your financial adviser, IFM will transmit your information to third-party service providers appointed by your adviser. We will only use personal information about you, your beneficiaries, and dependants in line with the IFM Privacy Policy. You may access information about you that is held by the Manager and request that any errors are corrected or the information be deleted. Please view the full Privacy notice on IFM's website.

SECTION 4: GENERAL INVESTMENT DETAILS

Source of Funds

Capital Company Profit Saving Investment)
 Donation Other (Please Specify below)

SECTION 5: INVESTMENT DETAILS

FUND SELECTION

*Kindly refer to the latest Minimum Disclosure Document for investment minimums.

| Fund Names | Class | Lump Sum Amount | Recurring Contribution | Annual Increase |
|--|--|--|--|--|
| <input style="width: 290px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> |
| <input style="width: 290px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> |
| <input style="width: 290px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> |
| <input style="width: 290px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 120px; height: 25px;" type="text"/> |
| Total Lump Sum Amount | | <input style="width: 120px; height: 25px;" type="text"/> | | |

Additional Notes

- Distributions of less than R100.00, will automatically be re-invested;

Recurring Contribution Information (please mark selection)

Investment Intervals Monthly Quarterly Half Yearly Annually

Debit Orders are collected on the 1st of the month.

Distribution Instructions Reinvest Payout

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.

Electronic Internet Transfer
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 6: INVESTOR BANK DETAILS

This bank account must be a South African bank account in the name of the investor/ legal entity

| | |
|------------------------|----------------------|
| Name of Account Holder | <input type="text"/> |
| | <input type="text"/> |
| Name of Bank | <input type="text"/> |
| Account Number | <input type="text"/> |
| Branch Name | <input type="text"/> |
| Branch Code | <input type="text"/> |
| Account Type | <input type="text"/> |

Tick box if debit order bank details are the same as the investor bank details above

| | |
|------------------------|----------------------|
| Name of Account Holder | <input type="text"/> |
| Name of Bank | <input type="text"/> |
| Account Number | <input type="text"/> |
| Branch Name | <input type="text"/> |
| Branch Code | <input type="text"/> |
| Account Type | <input type="text"/> |

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.
7. Please note that the debit order instruction will be accepted upon the signing of this authority by the bank account holder.
8. 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

SECTION 7: INVESTOR DECLARATION

Financial Advice

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

ACTING ON BEHALF OF AN INVESTOR - LEGAL ENTITY

This form must be completed by each authorised signatory, each person acting on behalf of the investor and all controlling persons.

Each authorised representative of the legal entity must complete this form. In the event that more than one person is authorised to act on behalf of the investor, copies must be made of this section.

IMPORTANT INFORMATION

This document must be sent together with the product application form to the Administrator by email at admin@itransactfm.co.za

SECTION 1: DETAILS OF THE PERSON ACTING ON BEHALF OF THE INVESTOR

| | | | | | | |
|--------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|----------------------------------|
| Title | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> | Mrs <input type="checkbox"/> | Dr <input type="checkbox"/> | Prof <input type="checkbox"/> | The Hon <input type="checkbox"/> |
| Name | <input type="text"/> | | | | | |
| Surname | <input type="text"/> | | | | | |
| Date of Birth (ddmmyy) | <input type="text"/> | | | | | |
| Identity/Passport Number | <input type="text"/> | | | | | |
| Nationality | <input type="text"/> | | | | | |
| Income Tax Number | <input type="text"/> | | | | | |
| Residential Address | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | Code <input type="text"/> |
| Postal Address | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | Code <input type="text"/> |
| Cell Phone Number | <input type="text"/> | | | | | |
| Other Contact Number | <input type="text"/> | | | | | |
| Email Address | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |

