



# Sygnia Living Annuity Application Form

## Document Checklist

- South African bar-coded ID, valid passport (if foreign national)
- Proof of residential address less than 3 months old (Refer to Annexure A for examples)
- Proof of banking details not older than 3 months (e.g. bank statement)
- Proof of deposit/transfer in to the relevant Sygnia bank account
- If a unit transfer is required, please provide a recent statement of your current investment

### For the authorised representative

- South African bar-coded ID or valid passport (if foreign national)
- Proof of authority to act (e.g. power of attorney)

**Note:** If you are completing this form online, please save the form to your computer prior to completing any details to ensure a copy is kept for your records. Please ensure that we receive a non-editable version of the completed and signed form.

- The Sygnia Living Annuity is underwritten by Sygnia Life Limited, Registration Number 2000/022679/06. Sygnia Financial Services (Pty) Ltd, a licensed administrative financial services provider, is the Administrator.
- No instruction will be processed unless all requirements have been met, all relevant documentation received and the funds reflected in Sygnia's bank account.
- The daily cut-off for receipt of instructions is 14:00.
- For full information on turnaround times please refer to the Sygnia Terms and Information document.
- Completed forms and required documentation must be emailed to [instructions@sfs.sygnia.co.za](mailto:instructions@sfs.sygnia.co.za).
- Please read the Terms and Information document applicable to this investment. This is available from your financial advisor, the Sygnia Client Service Centre or [www.sygnia.co.za](http://www.sygnia.co.za).
- Should you have any queries regarding this application, please contact your financial advisor, or alternatively the Sygnia Client Service Centre on 0860 794 642 (0860 SYGNIA).

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# Sygnia

Sygnia Financial Services (Pty) Ltd  
Registration No. 2010/015491/07

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[info@sygnia.co.za](mailto:info@sygnia.co.za) | [www.sygnia.co.za](http://www.sygnia.co.za)  
Sygnia Financial Services (Pty) Ltd is a licensed Financial Services Provider [FSP 44426]

# Investor Details

Title: \_\_\_\_\_ First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

ID or Passport number (if foreign national): \_\_\_\_\_ Passport country: \_\_\_\_\_

Date of birth: \_\_\_\_\_ South African resident:  Yes  No

Gender:  Male  Female

Are you a registered taxpayer?  Yes  No If yes, specify your South African income tax number: \_\_\_\_\_

Marital status:  Married  Single  Divorced  Widowed

Residential address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Work telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellphone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Communication Preference

We will send all communication via email.

If you have a financial advisor, you may choose to have your communication sent to you, your financial advisor or to both.

Send communications to:

Me  My financial advisor  Both

If no selection is made we will send communication to you only.

Please keep me informed of the latest news, exclusive Sygnia Investor events and any additional products or services on offer via my chosen communication method above:

Yes  No

## Manage and view your investment on the Sygnia Online Platform

Within 5 business days of your investment being finalised, you will receive your Sygnia Welcome Pack. You will also be able to register on the secure Sygnia Alchemy Online Platform, using your validated email address on record. Please see the below link to access the Online Platform:

[online.sygnia.com/Account/Login](https://online.sygnia.com/Account/Login)

# Details of Person Acting on Behalf of Investor

\* Capacity: \_\_\_\_\_

(\* e.g. Guardians/Persons with Power of Attorney or mandate acting on behalf of investor.)

Title: \_\_\_\_\_ First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_

ID or Passport number (if foreign national): \_\_\_\_\_ Passport country: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Work telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellphone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Annual Administration Fee

The following administration fee applies depending on the investment funds that you have chosen:

Sygnia Investments	Annual Administration Fee (incl. VAT)		
	Sygnia Unit Trusts	Sygnia ETFs	External Unit Trusts and ETFs
Value of all Accounts			
First R2 000 000	0.4025%*	0.4025%	0.46%
Between R2 000 000 - R10 000 000	0.1725%**	0.1725%	0.23%
Over R10 000 000	0.00%***	0.00%	0.23%

\* 0.4025% (incl. VAT) is levied on the proportionate value of Sygnia unit trust and ETF funds below R2million.

\*\* 0.1725% (incl. VAT) is levied on the proportionate value of Sygnia unit trust and ETF funds above R2million.

\*\*\* 0.00% is levied on the proportionate value of Sygnia unit trust and ETF funds above R10million.

A separate safe custody fee of 0.0345% (incl. VAT) per annum applicable to ETFs will be charged.

The fees set out above are also subject to review and amendment in accordance with the Review and Amendment clause below:

Review and Amendment:

The fees set out above, including the Annual Administration Fee charged by Sygnia and the fees charged by external investment managers or exchange traded fund providers, are not guaranteed for the duration of the policy.

**Note:** We consider all your investments when assessing the R2 million and R10 million threshold, including your investments in Sygnia funds. For fees relating to the underlying investment managers, please refer to the Sygnia Alchemy Funds document available on request, or online at [www.sygnia.co.za](http://www.sygnia.co.za).

## Transferring Fund Details

### Transfer 1

Transferred from:

Pension/Provident Fund  An existing Living Annuity (Directive 135)  Preservation Fund

Retirement Annuity  Death Claim Transfer (Refer to Annexure B for supporting documents)

Was a cash portion taken at retirement:

Yes  No

Registered name of transferring fund/insurer: \_\_\_\_\_

Postal address of transferring fund/insurer: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

Contact telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

\*SARS fund approval number: \_\_\_\_\_

(\*not required for Directive 135 transfers)

FSCA fund registration number: \_\_\_\_\_

Name of administrator: \_\_\_\_\_

Address of administrator: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

## Transfer 2

Transferred from:

Pension/Provident Fund  An existing Living Annuity (Directive 135)  Preservation Fund

Retirement Annuity  Death Claim Transfer (Refer to Annexure B for supporting documents)

Was a cash portion taken at retirement:

Yes  No

Registered name of transferring fund/insurer: \_\_\_\_\_

Postal address of transferring fund/insurer: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

Contact telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

\*SARS fund approval number: \_\_\_\_\_

(\*not required for Directive 135 transfers)

FSCA fund registration number: \_\_\_\_\_

Name of administrator: \_\_\_\_\_

Address of administrator: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

## Investment Details

### Transfer 1 Amount (minimum R100 000)

Will this be a unit transfer:

Yes  No

Estimated investment amount:

Rands: \_\_\_\_\_ Cents: \_\_\_\_\_

Date of transfer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Transfer 2 Amount (minimum R100 000)

Will this be a unit transfer:

Yes  No

Estimated investment amount:

Rands: \_\_\_\_\_ Cents: \_\_\_\_\_

Date of transfer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Funds Selection

Please refer to the Sygnia Alchemy Funds document for the list of available funds.

The Sygnia Living Annuity currently has a 40% offshore allocation limit. Additional information on our offshore limits can be found on our website.

Funds	Unitised Life Fund	or	Unit Trust	Class	Rand Amount	or	Percentage
_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____	R <input type="text"/>	or	<input type="text"/> %
_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____	R <input type="text"/>	or	<input type="text"/> %
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_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____	R <input type="text"/>	or	<input type="text"/> %
_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____	R <input type="text"/>	or	<input type="text"/> %
_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____	R <input type="text"/>	or	<input type="text"/> %
_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____	R <input type="text"/>	or	<input type="text"/> %
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_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____	R <input type="text"/>	or	<input type="text"/> %
<b>Total</b>					R <input type="text"/>	<b>Total</b>	<input type="text"/> <input type="text"/> <input type="text"/> %

## Phasing-in

Do you require a phase-in:

Yes  No

If the answer is yes:

over 3 months  over 6 months  over 12 months

**Default phase-in Money Market Fund:** The investment will be phased-in from the Sygnia Money Market Fund Class A.

- The minimum amount for a phase-in is R100 000 and can only take place from the Sygnia Money Market Fund
- Phase-ins will be processed by the 7th of every month
- A new phase-in instruction must reach Sygnia by 14h00 five business days before the 7th of each month
- Phase-ins received after the cut-off date will be scheduled to start the following month
- Only one phase-in will be allowed per account

# Annuity Income Options

## Specify your pre-tax annuity income amount per annum

**Note:** In terms of current regulatory requirements, the minimum annuity payment is 2.5% per annum and the maximum annuity payment is 17.5% per annum.

If you are transferring from an existing living annuity, the annuity income option from your existing living annuity will be applied.

Percentage     %

or

Rand: \_\_\_\_\_ per annum (selected rand value is gross of tax per annum)

## Select the payment frequency of your annuity income payments

- Monthly (monthly annuity payments will only be paid in arrears)     Quarterly in advance  
 Half yearly in advance     Yearly in advance

## Apply a specific tax rate:

The income tax on your living annuity income is calculated in terms of the current legislated income tax tables, assuming you have no other sources of income. Please specify if you would like to apply a specific tax rate to your living annuity income.

Apply a specific tax rate:

- Yes     No

If yes, specify rate   %

A tax directive will be required annually if a rate lower than the legislated rate is applied for. The directive must be submitted by the investor to Sygnia prior to the specific rate being implemented.

## Investment from which to deduct your income

Select one of the following options:

- Income is withdrawn proportionally across all market investments.

or

- Income is withdrawn from the market investments selected below:

**Note:** If at any stage there is an insufficient balance available in the selected fund/s, the withdrawal will be made proportionally from the other available funds. ETFs or ETNs may not be selected for this instruction.

## Funds Selection

Funds	Unitised Life Fund	or	Unit Trust	Class	Rand Amount	or	Percentage
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## Investor Banking Details

The details specified below must be in the investor's name and will be used for all future banking transactions. Should any changes occur, the investor must notify Sygnia in writing.

Bank: \_\_\_\_\_ Account number: \_\_\_\_\_

Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Type of account:  Current  Transmission  Savings

Name of account holder: \_\_\_\_\_

A recent bank statement must accompany this application form as confirmation of proof of bank details.

**Note:** A recent bank statement must accompany this application form as confirmation of proof of bank details. **No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor).** Payments to credit cards or market-linked accounts are not permitted. The Administrator executes all payment instructions electronically to a South African bank account in the name of the investor. No payment will be made by cheque.

# Beneficiary Nominations

The beneficiary nominations contained in this application form supersede the beneficiary nominations in the policyholder's will. Should one of the primary beneficiaries predecease the investor and not be replaced, the deceased beneficiary's share will be divided equally between the surviving primary beneficiaries.

	Beneficiary 1	Beneficiary 2
First name(s):		
Surname:		
Relationship:		
ID/Passport number:		
Percentage:		
Email address:		
Contact number:		
Occupation:		
	Beneficiary 3	Beneficiary 4
First name(s):		
Surname:		
Relationship:		
ID/Passport number:		
Percentage:		
Email address:		
Contact number:		
Occupation:		

## Alternative beneficiary details

Alternative beneficiary nominations will only apply if there are no surviving primary beneficiaries. In the event of the simultaneous death of the investor and all his/her primary beneficiaries, or in the event that all the primary beneficiaries predecease the investor and the investor fails to elect a new primary beneficiary/beneficiaries, the proceeds will be paid to the alternative beneficiary/beneficiaries.

	Beneficiary 1	Beneficiary 2
First name(s):		
Surname:		
Relationship:		
ID/Passport number:		
Percentage:		
Email address:		
Contact number:		
Occupation:		

# Sygnia Bank Account Details

If you prefer to do an electronic/internet transfer, we will provide our banking details once your application has been successfully verified. Proof of payment will be required.

## Financial Services Provider Details

Financial advisor full name and surname: \_\_\_\_\_

Financial Service Provider (FSP) name: \_\_\_\_\_

FSP registration number: \_\_\_\_\_ FSP code: \_\_\_\_\_

### Investor declaration (only applicable where an FSP holds a category II discretionary license)

I/we confirm that:

- I/we have entered into a mandate with the FSP  Yes  No
- The mandate gives the FSP discretion to act on my/your behalf  Yes  No

Signature of investor: \_\_\_\_\_

**Note:** A copy of the signed mandate must accompany this application form

### FSP Declaration

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002, and subordinate legislation thereto, to the investor.
- warrant what I/we have established and verified the identity of the investor(s) (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act, No. 38 of 2001 ("FICA") and subordinate legislation thereto, and I/we will keep records of such identification and verification according to the provisions of FICA.
- are not aware of any activities in which the investor is involved which may lead us to suspect or reasonably suspect that the investor is or may be involved in any unlawful activities or money laundering. Should we subsequently become aware of suspicions of this nature, we shall immediately inform Sygnia Financial Services (Pty) Ltd.
- I warrant and declare that I will not transact on my client's behalf without my client's prior consent and authorisation and that all transaction will be in line with my client's instructions and Record of Advice.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature of financial advisor: \_\_\_\_\_

**Investor declaration (only applicable where an FSP holds a category I discretionary license)**

If your financial advisor holds a Category I licence with the FSCA, they are not licenced to exercise discretion and submit instructions on your behalf. However, you may authorise them to submit the following online instructions on your behalf:

- Once-off withdrawal instructions
- Set-up new regular withdrawals and changes to existing regular withdrawals on my behalf, including amount, frequency, or fund allocation
- Changes to beneficiaries where applicable
- Additions to existing investment accounts
- Switches between the investment allocation of existing investment accounts
- Set-up of new debit order details or change to existing debit order details, including the amount, frequency, escalation rate, date of collection or fund allocation

**Please note**

- All once-off withdrawals and regular withdrawal amounts will be paid into your bank account on record.
- Any changes in bank account details for once-off withdrawals and regular withdrawals, will always require your authorisation and signature.

Do you authorise your financial advisor to submit transaction on your behalf via Sygnia Online?

Yes  No

Please indicate the investment account(s) you authorise your Financial Advisor to transact on, on your behalf.

This account only  All accounts  Accounts specified below only

Account code	Account code	Account code
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature of investor: \_\_\_\_\_

## Financial Advice Fees

I hereby confirm that the Financial Advisor whose details are completed in the “Financial Services Advisor Details” section above, is my appointed Financial Advisor and agree to payment of fees as follows:

**Initial advice fee:** \_\_\_\_\_ % excluding VAT (Negotiable to maximum 3% exclusive of VAT. Applied to each lump sum contribution and (Lump sum) deducted before investment is made).

**Initial advice fee:** \_\_\_\_\_ % excluding VAT (Negotiable to maximum 3% exclusive of VAT. Applied to each debit order contribution and (debit order) deducted before investment is made).

**Annual advice fee:** \_\_\_\_\_ % excluding VAT (Negotiable to a maximum of 1%) per annum of the market value of the investment portfolio, charged by way of unit reduction and paid to the Financial Advisor monthly in arrears (If an initial fee in excess of 1.50% has been deducted the annual fee is limited to 0.50% per annum.) This authority may be withdrawn by written notice to the Fund.

# Declaration by Investor

- I/We acknowledge, understand and accept the Sygnia Terms and Information document.
- I/We consent to Sygnia processing my/our personal information as described in the Sygnia Terms and Information document. I/We further confirm that the information provided by me/us is true and correct and undertake to notify Sygnia should any of the information change.
- I/We acknowledge, understand and accept that Sygnia may use the information I/we have provided in this form for either of the following purposes:
  - › to effectively process my/our transactions;
  - › to detect and prevent fraud;
  - › to comply with auditing and record-keeping requirements;
  - › to comply with legal and regulatory requirements;
  - › to verify my/our identity;
  - › to share information with service providers with whom Sygnia has a business agreement to process such information on Sygnia's behalf or to those who render services to Sygnia.
- I/we acknowledge and understand that I/we may access the personal information Sygnia have on record and that I/we may request that Sygnia correct any errors or delete my/our information.
- I/we acknowledge and understand that I/we can view Sygnia's full privacy policy on Sygnia's website on [www.sygnia.co.za](http://www.sygnia.co.za).
- I/we confirm that I/we was/were provided with the Minimum Disclosure Document prior to transacting.
- I/We hereby instruct and authorise Sygnia or its assignees to draw against my account the lump sum electronic collection or debit order instruction, if applicable, from the bank account noted in this form (or any other bank or branch to which I may transfer my account).
- I/We hereby confirm that the Financial Advisor whose details are completed in the "Financial Advisor Details" section above, is my appointed Financial Advisor and agree to payment of fees per the "Financial Advisor Fees" section above.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature of investor: \_\_\_\_\_

# Annexure A: FICA Documentation Required

The list below provides guidance of what documentation will be accepted as proof of residence / business address:

The document must clearly show the person's Name either initials & surname or first name & surname) and physical address.

Document description	Validity period
<b>General Account:</b>	
Utility account i.e rates and taxes, water or electricity	Less than 3 months old
Educational institution account / registration letter	Less than 3 months old
Co-opt statement (i.e. farmers)	Less than 3 months old
Medical aid statement	Less than 3 months old
Mortgage statement from mortgage lender	Less than 6 months old
Telephone or cellular account (all networks)	Less than 3 months old
Valid SABC television license	Less than 1 year old
Bank statement	Less than 3 months old
Security Service Account (ADT etc)	Less than 3 months old
Subscription T.V Statement (DSTV)	Less than 3 months old
Retail accounts (Woolworths, Edgars, etc)	Less than 3 months old
A tax invoice issued by a regulatory body (e.g. SAICA)	Less than 1 year old
<b>Government Issued Documents:</b>	
Motor vehicle registration documents	Less than 1 year old
Court order	Less than 3 months old
Warrant of arrest	Less than 3 months old
SARS income tax return	Less than 1 year old
Documentation relating to UIF or Pension pay-out	Less than 3 months old
<b>Insurance and Investments Documents:</b>	
Medical Aid statement	Less than 1 year old
Life insurance document	Less than 1 year old
Short-term or long-term Insurance document	Less than 1 year old
Funeral policy document	Less than 1 year old
Investment statement- shares, portfolio or unit trust	Less than 1 year old
<b>Lease/Rental/Franchise Agreement:</b>	
Valid Agreement	
<b>Other:</b>	
Payslip	Most Recent
Letter from Employer (where employee resides on the premises)	Less than 3 months old
Tribal Village Authority Letter	Less than 3 months old
Letter From Your Local Municipal Councillor	Less than 3 months old
Affidavit That Confirms Your Address / cohabitation	Less than 6 months old
Letter from the Warden (where investor is incarcerated)	Less than 3 months old
Letter by the Trustees confirming Investor resides on trust property (letter of authority required as well)	Less than 3 months old

If you do not have proof of residential address in your own name, the following will be accepted:

- Utility bill or any other acceptable proof of residence in your spouse's, partner's or parent's name;
- A copy of your spouse's, partner's or parent's South African bar-coded ID, valid passport (if foreign national);
- Confirmation of residential address by co-habitant or homeowner form, which is available on our website [www.sygnia.co.za](http://www.sygnia.co.za)
- Affidavit from your spouse, partner or parent duly dated and commissioned accordingly.

# Annexure B: Death Claim Transfer

## Supporting Documents

- A certified copy of the deceased client's death certificate.
- A certified copy of the deceased client's ID.
- A certified copy of the beneficiary's ID with 3 specimen signatures.
- A certified copy of the beneficiary's proof of address not older than 3 months.
- A certified proof of banking details of the beneficiary not older than 3 months.