



Sygnia Living Annuity Application Form

Document Checklist

- ☐ South African bar-coded ID, valid passport (if foreign national) or birth certificate (if minor)
- ☐ 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.
- 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.
- 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).

Sygnia

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

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info@sygnia.co.za | 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

Is your postal address the same as your residential address: ☐ Yes ☐ No

Residential address: _____

_____ Code: _____

Postal 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

Once your funds have been invested and unitised, you will be able to register on the Sygnia Alchemy Online Platform to view your personal and investment detail:

online.sygnia.com/Account/Login

Within 5 business days of your investment being finalised, you will receive your log on details and Sygnia Welcome Pack. In order to grant you access to the platform and before registration can take place, an authentic email address will be required.

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: _____

Postal 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 (EXCL VAT)		
Value of all Accounts	Sygnia Unit Trusts	Sygnia ETFs	External Unit Trusts and ETFs
First R2 000 000	0.35%	0.35%	0.40%*
Between R2 000 000 - R10 000 000	0.15%	0.15%	0.20%**
Over R10 000 000	0.00%	0.00%	0.20%***

* 0.40% (excl VAT) is levied on the proportionate value of the external-manager funds below R2 million.

** 0.20% (excl VAT) is levied on the proportionate value of the external-manager funds above R2 million.

*** 0.20% (excl VAT) is levied on the proportionate value of the external-manager funds above R10 million.

A separate safe custody fee of 0.03% (ex. VAT) per annum applicable to ETFs will be charged.

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.

Transferring Fund Details

Transfer 1

Transferred from:

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

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

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 deposit/transfer: _____ / _____ / _____

Transfer 2 Amount (minimum R100 000)

Will this be a unit transfer:

☐ Yes ☐ No

Estimated investment amount:

Rands: _____ Cents: _____

Date of deposit/transfer: ____ / ____ / ____

Funds Selection

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

Sygnia's Living Annuity has reached its offshore capacity. Additional information on our offshore limits can be found on our website.

Funds	Unitised Life Fund		Unit Trust	Class	Rand Amount		Percentage
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
_____	☐	or	☐	_____	R	or	%
Total					R	Total	1 0 0 %

Phasing-in

- 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

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.

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
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
	☐	or	☐		R	or	%
Total					R	Total	%

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:		
Postal address:		
Contact number:		
Occupation:		
	Beneficiary 3	Beneficiary 4
First name(s):		
Surname:		
Relationship:		
ID/Passport number:		
Percentage:		
Postal 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:		
Postal 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 II 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.
- 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
General Account:	
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
Government Issued Documents:	
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
Insurance and Investments Documents:	
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
Lease/Rental/Franchise Agreement:	
Valid Agreement	
Other:	
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 addresss 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
- Affidavit from your spouse, partner or parent duly dated and commissioned accordingly.