



- Please read all the information in this form carefully, and ensure you understand it.
- To view the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to www.satrix.co.za
- To comply with regulatory requirements we have to identify and verify you before investing your funds.
- The investment will be finalised once we receive the fully completed, dated and signed form, with all the necessary supporting documents
- If you wish to make an EFT payment, we will provide you with our bank details and your client account number once your Unit Trust account is opened.



Completing the information correctly will ensure that the investment is processed without delays

- All information must be accurately completed
- The form must be completed, **dated and signed** by the registered investor, or authorised signatories with valid authorisation from the investor such as a power of attorney or a mandate
- Do not write any instructions outside the allocated fields
- Initial any changes made
- Return **pages 2 to 5** to us with the relevant additional sections below.
- Complete and return the following sections if you want like to:
 - **appoint a financial adviser / broker** - Form A
 - **obtain authorisation from a bank account holder** - Form B
 - **invest on behalf of the investor** - Form C



Please submit the following verification documents:

- Copy of ID document or Passport or Smart card (both sides)
- Proof of address not older than 3 months old

Please submit the following verification documents if you are acting on behalf of an investor:

- The abovementioned documents for the authorised person
- Investor authorisation, such as a power of attorney or mandate



Forms

E-mail UTinstructions@satrixsupport.co.za
Fax 011 263 6155

Enquiries

Tel 0860 111 401
E-mail unittrusts@satrix.co.za



Cut off times

Fund type

Money market funds
All other funds

Cut off time

13:00
15:00

All required documents must be provided before the cut off time in order for your instruction to be processed

Initial _____

1. Investor identity information

Title _____ First name(s) _____

Surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

South African identification number _____

OR

Passport (if foreign national): Number _____
 Expiry date _____ (ddmmccyy)
 Country _____

OR

US Citizens social security number _____

Email address _____

Residential address _____
 _____ Postal code _____

Country _____

Postal address _____
Only complete if different from residential address
 _____ Postal code _____

Country _____

Contact numbers	International dialling code	Area code	Number
Telephone (<i>work</i>)			
Telephone (<i>home</i>)			
Cell/Mobile		n.a.	

Occupation _____ Self Employed Yes No

Please specify your regular source of income

- Salary
 Inheritance
 Bonus
 Pension or Provident lump sum
 Savings
 Other (Specify) _____

2. Investor classification

Please mark the applicable option with an "X", and complete where necessary

- Sanlam Group Employee pay code: _____
 Sanlam Private Wealth (SPW) BDM number _____
 Other Please specify _____

Initial _____

3. Investment fund details

Name your Investment Goal _____
(example Peter's University fund)

Unit trust fund(s)	Class*	Lump sum deposit (you deposit)	Lump sum debit order collection (we collect)	Monthly debit order collection	Income distribution <small>(Please tick selection)</small>	
					Reinvest	Payout
Satrix ALSI Index Fund						
Satrix Top 40 Index Fund						
Satrix Balanced Index Fund						
Satrix Bond Index Fund						
Satrix Dividend Plus Index Fund						
Satrix Equally Weighted Top 40 Index Fund						
Satrix Low Equity Balanced Index Fund						
Satrix Momentum Index Fund						
Satrix Money Market Index Fund						
Satrix Property Index Fund						
Satrix Quality Index Fund						
Satrix RAFI 40 Index Fund						
Satrix Swix 40 Index Fund						
Satrix MSCI World Index Fund						
Satrix Capped Swix ALSI Index Fund						
Satrix Mid Cap Index Fund						

***Please note: If you do not specify a class you will be allocated to a default class.**

4. Source of funds for this investment

Please specify where the funds for this investment come from

Salary Inheritance Savings Bonus Other (Specify) _____

Do these funds originate from a Sanlam policy? Yes No If "Yes", policy number _____

Initial _____

5. Payment instructions

You have the following options for payment

1. We collect funds

- Collections are restricted to a maximum of R1million per debit. The alternative payment method for amounts exceeding R1million is an electronic fund transfer directly into our bank account.

Once off for lump sum investment AND / OR Recurring monthly debit order

Start Date _____ (ddmmccyy)

Annual increase _____ %

Annual increase date _____ (ddmmccyy)

2. You pay by electronic fund transfer (EFT)

Once off for lump sum investment

- We can no longer accept deposits before we have given you confirmation that your account has been opened.
- We will send you payment instructions for your lump sum payment within 5 days of opening your account.

6. Investor bank details

Payment is from my own bank account

Third party bank account (complete Form B)

For use when opening an investment for a Minor, or if the debit order is being paid by a third party

Name of account holder _____

Identity number _____

Name of bank _____

Account Number _____

Name of branch _____

Branch code _____

Type of account Current Savings

I instruct and authorise Satrix or its agents to draw direct debits against my bank account as per this instruction and section 5.

7. Investor interaction preference

I would like to receive SMS notifications when I transact on my account Yes No

I want to receive marketing information Yes No

Ways to manage and track your investment

We will send you all your investment correspondence to the email which you provided.

In line with Satrix's responsibility towards the environment, we will no longer send postal statements.

If post is your only means of receiving correspondence, please contact us.

Initial _____

8. Investor tax status

We require this information in order to report to the South African Revenue Services (SARS) for FATCA (Foreign Account Tax Compliance Act) and CRS (Common Reporting Standards) as per the Automatic Exchange of Information for International tax compliance.

Is South Africa your primary country of tax residence Yes No

Are you registered to pay tax in RSA Yes No

If yes, please provide your RSA Tax Identification Number (or reason why one has not been issued)

Are you registered for tax in any other country? Yes No

If "Yes", please provide your Tax Identification Number for each country (or reason why none has been issued).

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

Dividends tax

I qualify for a Dividends tax exemption or reduced rate in terms of the Income Tax Act. Yes No

If "Yes", please complete a *Dividends tax exemption DTD (EX)* or *Dividends tax reduced rate DTD (RR)* form, available on our website www.satrix.co.za.

9. Investor declaration

I have read and understood the contents of this application form and I agree to the terms and conditions([Terms and Conditions](#))

If you cannot access the link provided above this can be obtained from our Client Services Centre or directly from our website.

Signature of investor _____ Date _____ (ddmmccyy)

Authorised signatory* _____ Date _____ (ddmmccyy)

Authorised signatory* _____ Date _____ (ddmmccyy)

*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

Initial _____

Complete and submit this section with your investment application form if you received advice from a financial adviser

Important information

- Only one financial adviser is applicable per investor code.
- All fees are explained in the MDD's.

On-going advice fee:

- This annual advice fee is not applicable to funds or classes where a trailer fee is already included in the service fee.
- The annual advice fee is calculated on the daily market value of the investment portfolio, paid to the financial adviser monthly. It is paid in arrears and from the sale of units from the investor's client account, thereby reducing their units.

Financial adviser personal details

I wish to appoint the following financial adviser as the preferred adviser on all my Satrix Accounts.

Broker code _____

Full name(s) _____

Surname _____

Fee instruction

On-going advice fee

On-going financial advice fee of _____ % per annum (negotiable up to a maximum of 1.15%, excluding VAT)

Initial _____

Sanlam financial adviser / broker details

Sanlam financial adviser:

Financial advice

It is the adviser's responsibility to complete the advice documents for this transaction and forward them, with this application form, to Satrix.

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

Copies of these documents are attached.

Does this application replace the whole or part of an existing product? Yes No

If "Yes", please submit a completed AEB2065 and E2794 forms with the FAIS documents.

Signature of Sanlam financial adviser

Broker:

FSP license

I declare that I am a licensed financial services provider or a representative of a financial service provider. I am authorised to sell unit trusts.

FSP license number: _____

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

I will keep a record of the verification documents required in terms of FICA. I will make available, on request, copies of these documents as well as details of the verification procedures followed.

Signature of broker

Initial _____

- Complete and submit this section if the payment is from a third party's bank account
- Copy of Identity document and proof of address are required for the third party payer

Investor Identity Information

Title _____ First name(s) _____

Surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

South African Identification Number _____

OR

Passport (if foreign national): Number _____

Expiry date _____ (ddmmccyy)

Country _____

OR

US Citizens Social Security Number _____

Residential address _____

Postal code _____

Country _____

Postal address _____

Only complete if different from Residential address

Postal code _____

Country _____

Contact numbers	International dialling code	Area code	Number
Telephone (<i>work</i>)			
Telephone (<i>home</i>)			
Cell/Mobile		n.a.	

Bank account details

Name of bank _____ Account number _____

Name of branch _____ 6-digit branch code _____

Type of account Current Savings

Declaration

I instruct and authorise Satrix or its agents to draw direct debits against my bank account as per the instruction in section 3 and 5.

Signature _____ Date _____ (ddmmccyy)

Initial _____

Important information

- **Each person acting on behalf of the investor** is required to complete the sections below. In the event that more than one person is authorised to act on behalf of the investor, copies of this section can be made as required and must accompany the fully completed application form. This form must be completed by each authorised signatory and each person acting on behalf of the investor.
- The information required is mandatory to meet legislative requirements and therefore the application will not be processed without receiving the additional information for each applicable party as well as the [FICA documents](#). (Click on link to view requirements).

Personal details

Title _____ First name(s) _____

Surname _____

Date of birth _____ (ddmmccyy)

Country of birth _____

Capacity (e.g. parent, guardian) _____

South African Identification Number _____

OR

Passport (if foreign national): Number _____

Expiry date _____ (ddmmccyy)

Country _____

OR

US Citizens Social Security Number _____

Residential address _____

Postal code _____

Country _____

Postal address _____

Only complete if different from Residential address

Postal code _____

Country _____

Occupation _____

Contact numbers	International dialling code	Area code	Number
Telephone (<i>work</i>)			
Telephone (<i>home</i>)			
Cell/Mobile		n.a.	

Initial _____

Tax Status

We require this information in order to report to the South African Revenue Services (SARS) for FATCA (Foreign Account Tax Compliance Act) and CRS (Common Reporting Standards) as per the Automatic Exchange of Information for international tax compliance.

Is South Africa your primary country of tax residence Yes No

Are you registered to pay tax in RSA Yes No

If yes, please provide your RSA Tax Identification Number (or reason why one has not been issued)

Are you registered for tax in any other country? Yes No

If yes, please provide your Tax Identification Number for each country (or reason why one has not been issued)

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

Declaration and signature

I certify that the information I have provided above is true and correct.

Signature authorised signatory _____ Date _____ (ddmmccyy)

*Only authorised signatories acting on behalf of the investor must sign (e.g. parent, guardian, etc.)

Initial _____