



- Only individual SA citizens may apply
- Tax Free Unit Trust allows you to make flexible contributions.
- You are not required to commit to any future contributions. Disinvestments can be made at any time.
- Disinvestments may have an impact on your annual limit.
- Contributions to Tax Free Unit Trusts will be limited to R33 000 per tax year (1 March to 28 February) and R500 000 over a lifetime.
- There is no limit on the growth within the investment, and no interest, dividends and capital gains will be taxed. However, any additional contributions in a tax year above the R33 000 annual limit will be taxed at 40%.
- To view the full list of funds applicable to Tax Free Savings and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees refer to www.satrix.co.za
- The terms and conditions are available on the web ([Terms and Conditions](#)). If you cannot access the link provided, you can contact our client contact centre.
- To comply with regulatory requirements we have to identify and verify you before investing your funds.
- The investment will be finalised once we receive a 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)

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 _____



Tax Free Unit Trust Application Form (Individual Investors)

Do you have an existing tax-free unit trusts with us Yes No

If "Yes", please supply the investor code: _____

1. Investor identity information

(Please note: the following details must be completed in the name of the registered legal entity, regardless of who the payer is)

Title: _____ First name(s) _____

Surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

South African identification number _____

Email address _____

Residential address: _____
_____ Postal code _____

Country _____

Postal address: _____
(only complete if different from registered address) _____

Country _____ Postal code _____

Initial _____

Contact numbers	International dialing 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", complete where necessary)

- Sanlam Group Pay code _____
 Ora
 Sanlam Private Wealth (SPW)
 Sanlam Private Wealth (SPW): Portfolio Managers BDA number: _____
 Other

Initial _____

3. Investment fund details

Name your Investment Goal _____

(example Peter's University fund)

Tax Free fund range	Class*	Lump sum (you deposit)	Lump Sum Debit Order (we collect)	Monthly recurring debit order	Income distribution (please tick selection)	
					Reinvest	Pay out
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.

If you intend to transfer money into your existing Tax Free savings account from another institution, please confirm your fund choice and the estimate amount under "Lump Sum"

Initial _____

4. Source of funds for this investment

Please specify where the funds for this investment come from

Salary Inheritance Savings Bonus Other (Specify) _____

5. Payment instructions

You have the following options for payment

5.1. 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)

This date can only be between the 1st and the 28th of the month.

Annual increase _____%

Annual increase date _____(ddmmccyy)

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

The banking details specified will be used for

- Disinvesting units
- Income distribution payments

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 3.

Signature of bank account holder _____ Date _____(ddmmccyy)

OR

5.2. 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.

OR

5.3. Transferring in from another Product Provider

Tax free savings to be transferred from (product provider name) _____

TFSA to be transferred from _____

Initial _____

6. 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

We will send you all your investment correspondence to the email which you provided
Your statements and tax certificates can be emailed to you upon request from the client contact centre.
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 our client contact centre.

7. 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

8. Investor declaration

By signing this application form I agree that have read and understand the application form and related terms and conditions.

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 Collective Investment 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.

Copies of these documents are attached

Signature of broker

Initial _____

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

Investor 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](#).

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 _____

Country _____

Occupation _____

Contact numbers	International dialing 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 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 _____