



- 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%.
- 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.
- The [\(Terms and Conditions\)](#) are available on the web. If you cannot access the link provided above this can be obtained from 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 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 Tax-Free 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 7** to us with the relevant additional sections below.
- Complete and return the following sections if applicable:
 - **Appoint a financial adviser / broker** - Form A
 - **Authorisation from bank account holder** - Form B
 - **Additional information required for FICA** - Form C



Please submit the following verification documents:

- Copy of ID document or Smart card (both sides).

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

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



Our contact details

Send the completed form and supporting documents to:

E-mail UTinstructions@satrixsupport.co.za

If you have any questions, contact us at:

E-mail unitrusts@satrix.co.za

Tel 0860 111 401

Website unitrusts@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 on the same day.

Do you have an existing Unit Trust with us? Yes No

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

1. Investor details

All fields in section 1 are mandatory.

Title _____ First name(s) _____

Surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

Occupation _____ Self Employed Yes No

Email address _____

Residential address _____

Postal code _____

Country _____

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

Please specify your regular source of income

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

2. Investor classification (only the following parties need to complete this section)

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

Sanlam Group Employee pay code _____

Sanlam Private Wealth (SPW)

Sanlam Private Wealth (SPW) Portfolio Managers BDA Number _____

Initial _____

3. Investment fund details

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

Please select the fund(s) you would like to invest in, and indicate the amount you would like to invest.

If you are unsure about which funds suit your needs, please consult your broker or Sanlam financial adviser.

Please review the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to www.satrix.co.za

Tax Free fund range	**Tax Free Savings Account Transfer (R)	Lump sum deposit <i>Please provide an estimate if amount is still to be confirmed</i> (R)	Lump sum collection (R)	Monthly recurring debit order (R)	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						

* If you do not specify a fund class, your investment will be allocated to a default class

**If you intend to transfer money into your Tax Free Savings Account from another Tax-Free Product Provider, please provide your fund choice and an estimate of the amount under "Tax-Free Savings Account Transfer".

Initial _____

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 _____
 (Section 5 is not applicable)

5. Payment instructions

You have the following options for payment:

5.1 We collect funds via debit order

Lump sum collection

- We will debit your bank account within 3 business days if all your documentation is in order.

and/or

Monthly debit order on the _____ (dd) day of each month starting _____ (mmccyy)
 (This date is only between the 1st and the 28th).

Annual increase _____ %

Annual increase date _____ (mmccyy)

Payment selection

Payment is from my own bank account
 (Complete Section 6)

OR Payment is from a 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.

OR

5.2 You pay via an Electronic Fund Transfer (EFT)

Lump sum deposit

- Once your account has been opened, you will receive notification and payment instructions.

OR

5.3. Transferring in from another Tax-Free Product Provider

Tax Free lump sum transfer

- In addition to this form, a Tax Free Savings Account Transfer form is required to be completed. Please contact our Client Contact Centre to obtain this form.

Transferring Tax-Free Product Provider name _____

Tax Free Savings Account number to be transferred from _____

Initial _____

6. Investor banking details

The banking details specified will be used for

- Disinvesting units
- Income distribution payments
- Debit order

Payments will only be made into the account of the registered investor. Payments cannot be made to third parties.

Bank 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 and 5.

Signature of bank account holder _____ Date _____ (ddmmccyy)

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 our Client Contact Centre.

8. Tax status

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

Is South Africa your primary country of tax residence? Yes No

Are you registered to pay tax in South Africa? Yes No

If "Yes", please provide your South African 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

Initial _____

9. Investor declaration

By signing this application form I agree that I 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 _____



Form A

Appoint a financial adviser / broker

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.
All fees are explained in the Minimum Disclosure Document (MDD).

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 the units.

Financial adviser details

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

Adviser / Broker code _____

Full name(s) _____ Surname _____

Fee instruction

I agree to pay the following On-going Advice Fee (excluding VAT).

Unit Trust Fund Name	On-going Advice Fee %

- If you do not fill in any fees, it will default to 0%.
- If the fund selected does not allow an On-going advice fee, the fee will default to 0%.
- If you have selected a fee greater than that of the fund's maximum, the fee will default to the fund's maximum.
- Any fees indicated on this form will be applied to all future transactions.

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 _____

Sanlam financial adviser / broker declaration

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 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 _____



Form A

Appoint a financial adviser / broker

- 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.

Third Party information

Title _____ First name(s) _____

Surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

OR Passport (if foreign national): _____ **OR** Social security number _____

Number _____

Expiry date _____

(ddmmccyy)

Country _____

Residential address _____

Postal code _____

Country _____

Email address _____

Cell / Mobile _____

Relationship to investor _____

Please specify where the funds for this investment come from.

Salary Inheritance Savings Bonus Other (Specify) _____

Third Party banking details

Bank account holder _____

Name of bank _____

Account number _____

Name of branch _____

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 of bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)

Initial _____



Form C

Authorisation to act on behalf of investor

Important information

- This form must be completed by **all** parties acting on behalf of the investor as stated in the [FICA document](#).
- Each person is required to complete the sections below. In the event that more than one page is required, copies of this section can be made and must accompany the fully completed application form.
- Documents must be provided as stated in the [FICA document](#).

Personal details

Title _____ First name(s) _____

Surname _____

Permanent residential address _____

Country _____ Postal code _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

OR Passport (if foreign national): _____ **OR** Social security number _____

Number _____

Expiry date _____ (ddmmccyy)

Country _____

Email address _____

Cell / Mobile _____

Relationship (e.g. parent, guardian) _____

Primary country of tax residence _____

Tax Identification Number _____

Are you a registered tax payer of any country other than your primary country of residence? Yes No

If "Yes" please complete the information below for each country of tax residency.

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.

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

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

Initial _____