



- Completing this form allows you to invest into a new fund or make an additional investment into your existing fund.
- 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.

Completing the information correctly will ensure that there is no delay in processing your request.

- Initial any changes you make on the form.
- The registered investor or authorised signatory must date and sign the form.
- Write instructions inside the allocated fields. All information outside the fields will be omitted.
- Return **pages 2 to 6** 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



If the bank account holder is a third party the following verification documents are required:
Individuals

- Copy of the third party's identity document.

Non-individuals

- A letter from the legal entity stating the list of authorised signatories.
- Copies of verification documents to verify the legal entity.
- Proof of address -utility bill not older than 3 months.
- Proof of banking details (copy of a bank statement, not older than 3 months) that includes a bank logo and date stamp.



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 www.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.

Investor details

Investor code(s) _____

Title _____

Full name(s) and surname / Name of Legal Entity _____

ID number / Legal Entity Registration number _____

OR

Passport Number (if foreign national): _____

Investor declaration

I confirm that I:

- have read and understand the important notes, terms and conditions on the first page.
- have the authority and am legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

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).

1. Investment Instruction

Please select the fund 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

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						
Satrix Smartcore Index Fund						

2. 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 3 is not applicable)

3. Payment instructions

You have the following options for payment:

3.1 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.
- Amounts are restricted to a maximum of R1 million per debit. Use the EFT payment option in section 3.2 for amounts exceeding R1 million.

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 existing bank account

OR

Payment is from my new bank account (**Complete Section 4**)

OR

Payment is from a third party bank account (**Complete Form B**)

OR

3.2 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 _____

4. Investor banking details

Use bank details for the following:

Debit order

Disinvestment

Income Distribution

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

Bank account holder _____

ID number / Entity registration 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 from my bank account as per my instruction, and section 1 and 3.

Signature of bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)
(if applicable)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)
(if applicable)



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).
 Should you wish to change the financial adviser on your accounts, please complete an *Investor Details Update Form*.

Initial advice fee:

- Maximum amounts payable as an initial advice fee are explained in the MDD's.
- Initial advice fees are applied to each contribution and deducted before the investment is made on your Client Account.

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.
- To cancel the on-going advice fee, complete an *Investor Details Update form*, available at www.satrix.co.za

Financial adviser details

I wish to appoint the following financial adviser as the preferred adviser on all my Satrix Managers 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 for existing investments 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).

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 Sanlam.

FICA declaration

I confirm that the investor recorded in this application, or the person acting on their behalf, confirmed his / her identity with original, acceptable FICA documents.

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



Form B Authorisation from bank account holder

- 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 _____

ID number _____

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

Number _____

Expiry date _____

Country _____ (ddmmccyy)

OR
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 1 and 3.

Signature of bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)