

## Unit Trust Additional Investment

Individual and Non-Individual Investors (existing investors only)



- 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](http://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](mailto:UTinstructions@satrixsupport.co.za)

#### If you have any questions, contact us at:

E-mail [unittrusts@satrix.co.za](mailto:unittrusts@satrix.co.za)

Tel 0860 111 401

Website [www.satrix.co.za](http://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.**

## Unit Trust Additional Investment

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### 1. Investor Details

(All fields with \* are compulsory)

\*Investor code(s) \_\_\_\_\_

\*Title \_\_\_\_\_

\*Full name(s) and surname / Name of Legal Entity \_\_\_\_\_

Identity number / Registration number \_\_\_\_\_

**OR**

Passport number \_\_\_\_\_

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### 2. 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.
- am 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).

### 3. Investment Instruction

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 Satrix 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](http://www.satrix.co.za).

Fund range	*Class	**Tax-Free Savings Account Transfer (R)	Lump sum deposit <i>Please provide an estimate if amount is still to be confirmed.</i> (R)	Monthly recurring debit order (R)	Income distribution (Please tick selection)	
					Reinvest	Payout
Satrix ALSI Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Top 40 Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Balanced Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Bond Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Dividend Plus Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Equally Weighted Top 40 Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Low Equity Balanced Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Momentum Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Money Market Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Property Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Quality Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix RAFI 40 Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Swix 40 Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix MSCI World Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Capped Swix ALSI Index Fund					<input type="checkbox"/>	<input type="checkbox"/>

Additional Investment Form (Individual and Non-Individual Investor)

Fund range	*Class	**Tax-Free Savings Account Transfer (R)	Lump sum deposit <i>Please provide an estimate if amount is still to be confirmed.</i> (R)	Monthly recurring debit order (R)	Income distribution (Please tick selection)	
					Reinvest	Payout
Satrix Mid Cap Index Fund					<input type="checkbox"/>	<input type="checkbox"/>
Satrix Smartcore Index Fund					<input type="checkbox"/>	<input type="checkbox"/>

\* 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 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".

**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**

Monthly debit order on the \_\_\_\_\_ (dd) day of each month starting \_\_\_\_\_ (mmccyy)  
 (This date is only between the 1<sup>st</sup> and the 28<sup>th</sup>).

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 6**)

**OR**

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

**OR**

**5.2 You pay via an Electronic Fund Transfer (EFT)**

Lump sum deposit

- Please complete an Additional Investment form. Kindly refer to your welcome letter for banking details, alternatively contact the Contact Service Centre for banking details.

**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 \_\_\_\_\_

## 6. 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 \_\_\_\_\_

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, section 3 and 5.

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*.

**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](http://www.satrix.co.za)

**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 Initial and 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).

**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 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 provide a completed replacement advice record with the FAIS documents.

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**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.

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**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.

Investor code(s) \_\_\_\_\_

Investor name and surname \_\_\_\_\_

#### Third party information

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Identity number \_\_\_\_\_

**OR** Passport number \_\_\_\_\_ **OR** Social security number \_\_\_\_\_

Expiry date \_\_\_\_\_ (ddmmccyy)

Country of issue \_\_\_\_\_

Residential address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Email address \_\_\_\_\_

Cell / Mobile \_\_\_\_\_

Relationship to investor \_\_\_\_\_

Occupation \_\_\_\_\_

Self-employed  Yes  No

If yes, what is the nature of your business \_\_\_\_\_

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 bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory on bank account \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)