

Tax-Free Unit Trust Application Form

Individual Investors (new investors only)



- 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 R36 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 R36 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 must 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 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 unittrusts@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.

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Individual Investors (new investors only)

1. Investor classification

The section is only applicable to the following parties:

Sanlam Group Employee pay code _____
 Sanlam Private Wealth (SPW) Portfolio Managers BDA number _____

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

If yes, please supply the investor code: _____

2. Investor details

All fields in section 1 are mandatory.

Title _____ First name(s) _____
 Surname _____ Gender _____
 Date of birth _____ (ddmmccyy) Country of birth _____
 Identity number _____
 Occupation _____
 Self-employed Yes No
 If yes, what is the nature of your business _____
 Email address _____
 Residential address _____

 Country _____ Postal code _____

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

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.satrx.co.za.

| Tax-Free 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"/> |

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| Tax-Free 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 Capped Swix ALSI Index Fund | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Satrix Mid Cap Index Fund | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

* 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".

4. Source of Funds and Source of Income

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)

Please specify your regular source of income

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

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 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 _____

6. Investor banking details

The banking details specified will be used for

- Disinvesting
- 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, section 3 and 5.1.

Signature bank account holder _____ Date _____ (ddmmccyy)

7. Investor interaction preference

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. Self Certification (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 (or reason why none has been issued).

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

9. Investor declaration

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).

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 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 advise

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 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 provide a completed replacement advice record 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.

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)

Form C
Authorisation to act on behalf of an Investor

Important Information

- This form must be completed by **all** parties acting on behalf of the investor as stated in the [Regulatory Supporting Information](#).
- 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 [Regulatory Supporting Information](#).

Investor name and surname _____

Personal details

Title _____ First name(s) _____

Surname _____

Permanent residential address _____

Country _____ Postal code _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

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.)