

RETIREMENT ANNUITY FUND APPLICATION



BEFORE YOU INVEST

Make an informed decision:

- Read our [Product Range brochure](#) to make sure you have chosen the right product to suit your needs.
- Refer to the [fund factsheets](#) (minimum disclosure documents) and the [Allan Gray Investment Platform Fund List](#) for information on the unit trusts we offer. Certain unit trusts are subject to availability.

Consider getting financial advice:

- Allan Gray does not provide financial advice. However, we believe in the merits of good independent advice.
- If you are not comfortable making your own investment decisions, consider using the services of an independent financial adviser (IFA). To locate an IFA in your area, refer to the ['Find an adviser'](#) section of our website.



ADDITIONAL INFORMATION

- Regulation 28 of the Pension Funds Act stipulates the maximum exposures that retirement fund savings may have to various asset classes, for example: 75% in equities, 25% in property and 25% in foreign assets.
- Ensure that your fund selection complies with Regulation 28.
- To confirm whether your unit trust selection complies, use the [Regulation 28 calculator](#) on our website or contact your financial adviser or our Client Service Centre.



STEP 1

COMPLETE THE FORM & AGREE TO CONDITIONS OF MEMBERSHIP

- Complete all the information on the form to ensure that there is no delay in processing your investment.
- Read the [Conditions of Membership](#) to understand the rules of your investment.
- You will need an investment overview to complete this form. This is available from your financial adviser or our Client Service Centre.

You may need to complete additional forms, depending on the specifics of your investment:

- Are you representing the investor or opening an investment for a minor (younger than 18) where your details are different from that of the minor? Complete the 'Acting on behalf of investor' form.
- Would you like to phase in your investment? Complete the 'Phase-in' form.



STEP 2

SEND DOCUMENTS

Send us the documents listed below:

Email: instructions@allangray.co.za or Fax: [0860 000 655](tel:086000655) or [+27 \(0\)21 415 2492](tel:+270214152492)

- Completed 'Retirement Annuity Fund application' form
- Copy of your South African bar-coded ID, valid passport (if foreign national) or birth certificate (if minor)
- Proof of your bank details (e.g. cancelled cheque or bank statement)
- Any related instructions (e.g. 'Acting on behalf of the investor' form) and supporting documents for those forms

- Please make payment into the following Allan Gray bank account and send us proof of payment

Pre-approved beneficiary: Allan Gray Retirement

Account name: Allan Gray Retirement Annuity Fund

Bank: First National Bank

Branch code: 20-41-09 - Global Transactional Services Cape Town

Account type: Current

Account number: 620 463 435 47

Reference number: 13 digit SA ID number (South African residents)/passport number (if foreign national)



STEP 3

MAKE PAYMENT



CUT-OFF TIMES

Please note that if instructions and documents are received:

- Before 14:00 on a business day, we will start processing on that day.
- After 14:00 on a business day, we will start processing on the next business day.
- On a weekend or public holiday, we will start processing on the next business day.

The cut-off for debit order processing is three business days before your selected debit order date.

Electronic collections occur on the next business day after we begin processing your application.



WHAT HAPPENS NEXT?

- We will process your instruction once we receive all the required completed documents and the money reflects in the Allan Gray Retirement Annuity Fund bank account.
- You will receive confirmation once your instruction has been processed.
- You will receive an Allan Gray Online account with this investment and will be contacted to activate your Allan Gray Online account within two business days of your instruction being processed.



Contact us if you need help:

Call 0860 000 654 between 07:30 - 17:30 (Mon - Fri) or Email: info@allangray.co.za

RETIREMENT ANNUITY FUND APPLICATION

The Allan Gray Retirement Annuity Fund's Registration Number is 12/8/37186/R and the tax approval number is 18/20/4/41566. Allan Gray Investment Services Proprietary Limited, an approved Fund administrator and authorised administrative financial services provider, is the Administrator.

1. Please provide us with your details

Title Surname

First name(s)

Date of birth Country of birth

ID number (passport number if foreign national)

Income tax number

Email

Mobile Telephone (h)

Fax Telephone (w)

Residential address

 Postal code

Postal address
 Postal code

If the same as residential address please tick this box

2. How much would you like to invest?

- You must invest a lump sum of at least R20 000 and/or commit to a debit order of at least R500 per month.
- Debit orders are restricted to a maximum of R1 000 000 per debit.

Lump sum amount R and/or Monthly debit order amount R

How would you like to invest your money?

You must allocate your lump sum and/or monthly debit order into one or more unit trusts. Indicate the rand amount/percentage per unit trust in the table below:

Unit trust	Unit trust class	Lump sum allocation	Monthly debit order allocation
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %
<input type="text"/>	<input type="text"/> R	<input type="text"/> or <input type="text"/> %	R <input type="text"/> or <input type="text"/> %

Please ensure that the amounts or percentages allocated across unit trusts add up to your total lump sum or monthly debit order amounts, or to 100%.

Would you like to pay the annual fees from the Allan Gray Money Market Fund?

You may choose to have the annual administration fees and annual financial adviser fees (if applicable) paid from the Allan Gray Money Market Fund. If you choose to do so, please ensure that you have allocated a portion of your investment to the Money Market Fund. If no option is selected, fees will be deducted from your selection of unit trusts.

If you would like to pay the annual fees from the Allan Gray Money Market Fund, please tick this box.

3. How are you making payment?

Are you transferring your money from another Fund?

Estimated transfer amount: R

If this is a unit transfer, please tick the box (Unit transfers are subject to the rules of transferring fund/insurer)

Where does the transfer come from?

- Transfer from a pension or provident fund
- Transfer due to pension interest in a divorce order (from a retirement annuity fund only)
- Transfer from another retirement annuity fund
- Transfer from a pension/provident preservation fund

If you are transferring from another retirement fund, please complete the transferring fund's details below.

Registered name

FSB registration number

Policy number

Telephone number

Are you making a lump sum payment?

Lump sum amount of R

Select a payment option below:

- Cheque deposit All cheques must be endorsed as non-transferable and deposited directly into the Fund's bank account. Units bought with a cheque deposit can only be switched after 14 days.
- Electronic/Internet transfer (EFT) Electronic Internet transfers may take up to two days to appear in the Fund's bank account.
- Collection by Allan Gray Electronic collection is a once-off direct debit from your bank account and is restricted to a maximum of R500 000 per day. Units bought with a direct debit can only be switched after 32 business days.

Are you setting up a debit order?

Monthly debit order of R to start on the 1st or 15th of

Indicate by how much you would like your monthly debit order to increase each year:

0% 2.5% 5% 10% 15% 20%

Provide us with permission to debit your bank account

Complete this section if you are setting up a debit order or if you would like Allan Gray to collect your lump sum amount from your bank account. I authorise the Administrator to draw direct debits from the following South African bank account:

Name of account holder

Name of bank

Branch code

Account number

Type of account Current/Cheque Savings

Additional documents may be required

- Is the bank account holder a third party individual? Provide a copy of their ID and proof of their bank account details.
- Is the bank account holder a third party legal entity? Provide copies of all the signatories' IDs and a letter from the bank listing the authorised signatories on the account.

Signature of bank account holder Date

4. Your family circle and nominees

If you die before you retire from the Allan Gray Retirement Annuity Fund (the Fund), the trustees of the Fund are responsible for allocating your benefits in terms of Section 37C of the Pension Funds Act (the Act). According to the Act, the trustees must perform the following three duties:

1. Identify and find all of your dependants. Section 1 of the Act defines dependants as spouses, children, anyone proven to have been financially dependent on you at the time of your death, anyone entitled to maintenance, as well as anyone who may in future have become financially dependent on you.
2. Decide how to divide the benefit based on the outcome of their investigations. The individuals that you have asked the trustees to consider when they allocate the benefit (your nominees) will also be taken into account.
3. Decide on how the benefit will be paid to your dependants and/or nominees.

For more information on how death benefits must be dealt with by the trustees, please refer to 'Understanding the death claims process of retirement funds', which is available on our website.

- Please complete the details of all spouses, life partners, children and the individuals that are financially dependent on you.
- For each individual, please indicate whether you want to nominate them and if so, the benefit percentage.
- Please specify any other individuals, legal entities or trusts you want to nominate.
- The total of percentages across all your nominations must add up to 100%.
- If you are already a member of the Fund, this nomination will apply to all your investment accounts in the Fund. If you do not make a nomination, your existing nomination will apply.
- Only you can make nominations. If this application form is signed by anyone else other than you, these nominations will not be valid.

Spouses (current and previous) and life partners (current)

Please provide the details of your spouse or partner. If you have more than two spouses or life partners, please attach a signed copy of this section.

Title Surname
First name(s)
ID number (passport number if foreign national)
Date of birth Telephone number
Relationship
I nominate this individual Yes No Benefit %

Title Surname
First name(s)
ID number (passport number if foreign national)
Date of birth Telephone number
Relationship
I nominate this individual Yes No Benefit %

Children

Please provide the details of all your children irrespective of their age (include adopted children and children born out of wedlock, but exclude stepchildren). If you have more children, please attach a signed copy of this section.

Title Surname
First name(s)
ID number/birth certificate number (passport number if foreign national)
Date of birth Telephone number
I nominate this individual Yes No Benefit %

Title _____ Surname _____
First name(s) _____
ID number/birth certificate number (passport number if foreign national) _____
Date of birth D D M M Y Y Y Y Telephone number _____
I nominate this individual Yes No Benefit %

Title _____ Surname _____
First name(s) _____
ID number/birth certificate number (passport number if foreign national) _____
Date of birth D D M M Y Y Y Y Telephone number _____
I nominate this individual Yes No Benefit %

Title _____ Surname _____
First name(s) _____
ID number/birth certificate number (passport number if foreign national) _____
Date of birth D D M M Y Y Y Y Telephone number _____
I nominate this individual Yes No Benefit %

Other individuals who you support financially

Please provide the details of anyone else who you support financially. This may include for example your stepchildren, parents, grandparents, brothers or sisters. If there are more individuals who you support financially, please attach a signed copy of this section to this form.

Title _____ Surname _____
First name(s) _____
ID number (passport number if foreign national) _____
Date of birth D D M M Y Y Y Y Telephone number _____
Relationship _____
I nominate this individual Yes No Benefit %

Title _____ Surname _____
First name(s) _____
ID number (passport number if foreign national) _____
Date of birth D D M M Y Y Y Y Telephone number _____
Relationship _____
I nominate this individual Yes No Benefit %

Other individuals, legal entities or trusts you would like to nominate

If you want to nominate other individuals, legal entities or trusts not mentioned previously please complete the details below. If you want to nominate more nominees, please attach a signed copy of this section to this form.

Individual

Title _____ Surname _____
First name(s) _____
ID number (passport number if foreign national) _____
Date of birth D D M M Y Y Y Y Telephone number _____
Relationship _____
Benefit %

Legal entity or trust

Name of legal entity or trust _____

Registration or Master's reference number _____

Contact person _____

Telephone number _____

Benefit %

5. How should we communicate with you?

We will send all communications to you via email. If you prefer post or do not have an email address, please tick this box.

Manage your investments online

You will receive an Allan Gray Online account with this investment. Allan Gray Online enables you to view your personal and investment details (e.g. bank account details, account balance, transaction history) and manage your investments (e.g. perform transactions) online. We need an email address to set up your online account.

If you do not want online access, please tick this box.

6. Investor declaration

- I confirm that all information provided in this form and all other documents signed by me in connection with this application, whether in my handwriting or not, are correct.
- I am responsible for the accuracy and completeness of all answers, statements or other information provided by me or on my behalf.
- I have not received advice from the Administrator regarding this application.
- I confirm that the Administrator may accept instructions from any authorised third party who has been authorised by me in writing.
- I confirm that the Administrator may accept instructions in the prescribed format by fax or via other electronic means.
- I have read and understood the investment overview. The version number is compulsory for the application to be processed. This is available from your financial adviser or our Client Service Centre. Investment overview version number:
- I have read, understood and agree to the Conditions of Membership.
- I agree that my contractual relationship with the Administrator will be subject to South African law and regulation (including but not limited to Exchange Control and tax requirements).
- I confirm that if I am not a South African resident, my investment through the Administrator is based on my own initiative and not due to any offer or solicitation by the Administrator.

Signature of investor _____ Date

If you have an independent financial adviser for this investment, please tick this box and complete the next section of this form.

7. Complete this section if you have an independent financial adviser

Provide us with your financial adviser's details

Name and surname of financial adviser _____

Name of Financial Services Provider (FSP) _____

Financial adviser code _____

Financial adviser assistant dealing with this transaction _____

What negotiable fees must be paid to your financial adviser for this investment?

I agree to the following negotiated fees on this and all future transactions until otherwise specified:

Initial . % Maximum 3.0% (excluding VAT) deducted prior to the investment being made. Where the annual fees are more than 0.5%, initial fees are capped at 1.5%. If it is agreed that no initial fee is payable, please insert 0%. Initial fees are not paid on transfers from another Retirement Annuity Fund in terms of Section 14 of the Pension Funds Act, 1956.

Annual . % Maximum 1.0% (excluding VAT) of the investment account. Where the initial fee is more than 1.5%, the maximum annual fee is 0.5%. If no annual fee is payable, please insert 0%.

Who should we communicate with?

We will send you/your financial adviser confirmation that your transactions have been processed.

Who should we send your transaction confirmations to? Me Financial adviser Both

If no option is selected, your transaction confirmations will be sent to both you and your financial adviser.

We will send you/your financial adviser account statements and other communications.

Who should we send your statements and other communications to? Me Financial adviser Both

If no option is selected, your communications will be sent to you only.

Provide authorisation for your financial adviser to submit instructions on your behalf

You may authorise the Financial Service Provider (FSP) to submit instructions for this investment on your behalf, either online or via forms. If the FSP holds a 'Category II' licence with the Financial Services Board (FSB), it is licensed to exercise discretion and submit instructions on your behalf. To do this for all your investments the FSP will need a mandate (instruction) from you. Have you entered into a mandate with this FSP to exercise discretion and submit instructions on your behalf? Yes No

Alternatively, if your financial adviser holds a 'Category I' licence with the FSB, they are not licensed to exercise discretion and submit instructions on your behalf. However, you may authorise them to submit online instructions for this investment only on your behalf.

- Do you authorise this financial adviser to submit instructions (excluding withdrawals) on your behalf via Allan Gray Online? Yes No

8. Investor declaration for clients with a financial adviser

- I confirm that this financial adviser, as authorised representative of the FSP above, is my appointed financial adviser.
- I confirm that the Administrator may accept instructions from my financial adviser who has been appointed by me in writing.
- I confirm that my appointed financial adviser and any other third parties with whom I have an agreement to manage this investment (e.g. a discretionary investment manager) will have access to my investment details via a secure electronic channel.
- I understand and agree that all instructions submitted by my financial adviser will be governed by the relevant and latest Conditions of Membership in force as at the date the instruction is submitted.
- I acknowledge and agree that the Administrator will not be held liable for acting on any instructions submitted by my financial adviser and I indemnify the Administrator from all direct or indirect claims (including claims for consequential damages) in this regard.
- I have read and agree to the investor declaration in section 6.

Signature of investor _____

Date

9. This section must be completed by your financial adviser

Financial adviser FAIS declaration

- I have made the disclosures required in terms of the Financial Advisory and Intermediary Services (FAIS) Act, No. 37 of 2002 to the investor.
- I have explained all fees that relate to this investment to the investor. I understand and accept that the investor may write to the Administrator to cancel future fees.

Financial adviser online instruction declaration

- In the absence of a mandate, I acknowledge and agree that I will only act on my client's instruction when submitting instructions via Allan Gray Online.
- I have read, understood and agree to the Terms and Conditions applicable to submitting instructions via Allan Gray Online.
- I acknowledge and agree that the Administrator will not be held liable for acting on any instructions submitted by me, and I indemnify the Administrator from all direct or indirect claims (including claims for consequential damages) in this regard.
- I understand that the Administrator reserves the right, at any time, to review my licence and/or to audit or request copies of my client's consent (whichever applicable) for instructions that I have submitted via Allan Gray Online.

Signature of financial adviser _____

Date

D	D	M	M	Y	Y	Y	Y
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