



# ENDOWMENT POLICY

Application Form for Individuals

## Important information

Before investing, please read the Terms and Conditions of the Policy carefully to decide if the product meets your financial needs. Consider getting financial advice if you are not familiar with financial markets and products. View the fund fact sheet/s (Minimum Disclosure Document/s) for information about the objectives, risks and fees relevant to your investment choice.

We will only process your instruction once we receive all the required documents, and the investment amount reflects in our product bank account. Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next business day. Instructions in respect of a money market portfolio must be received by 11:00.

- The endowment policy is issued by 27four Life Limited.
- The administration of the policy is performed by Prescient Fund Services (Pty) Ltd "Administrator".

### Complete the form and submit documents

| Complet | Complete all relevant sections of this form and submit it, together with the documents listed below, to retirement@prescient.co.za |  |  |  |  |
|---------|--|--|--|--|--|
|         | A clear copy of <b>your</b> and <b>your beneficiaries</b> South African ID or Passport (if Foreign National)                       |  |  |  |  |
|         | A document containing your residential address (not older than 3 months)   |  |  |  |  |
|         | A copy of your bank statement (not older than 3 months)  |  |  |  |  |
|         | Proof of your deposit or your electronic fund transfer   |  |  |  |  |
|         | If applicable, a completed "Acting on Behalf of the Investor form" plus the supporting documents referred to therein               |  |  |  |  |

#### **Product fees**

An Administration Fee will be recovered through a sale of units in your Investment Account. The administration fees that apply when investing into a life-pooled portfolio are set out below. All fees quoted are applicable as at the date of the application and are subject to any changes in fees charged by the Administrator and/or asset managers.

| Policy administration fee | R0 - 1m | R1 - 3m | R3 - 10m | > R10m |
|---------------------------|---------|---------|----------|--------|
| % of investment account   | 0.35%   | 0.30%   | 0.25%    | 0.20%  |

When selecting a collective investment scheme (also known as a unit trust) as your Investment Option, an additional 27four Life licence fee of 0.13% will be added to the administration fee above and recovered through a sale of units in your Investment Account.

\*\*Where you are investing in an offshore portfolio, 27four Life will charge an asset swap fee of 10bps.

| Provide your personal details |                   |               |        |  |  |  |
|-------------------------------|-------------------|---------------|--------|--|--|--|
| New investor                  | Existing investor | Client number |        |  |  |  |
| Title                         |                   | Surname       |        |  |  |  |
| First name(s)                 |                   |               | Gender |  |  |  |

| Date of birth                                    |   | Natio            | nality               |               |                     |             |                 |            |
|--|---|------------------|----------------------|---------------|---------------------|-------------|-----------------|------------|
| ID or Passport<br>number (if<br>foreign national | 1)  |                  |                      |               |                     |             |                 |            |
| Marital Status                                   | Single Married  |                  | Income Ta<br>number  | Х             |                     |             |                 |            |
| Street address                                   |   |                  | Postal add           | dress         |                     |             |                 |            |
| C/O  |   |                  | Same as s<br>address | street        | YES                 |             | NO              |            |
| Unit   |   |                  | C/O                  |               |                     |             |                 |            |
| Complex  |   |                  | Line 1               |               |                     |             |                 |            |
| Street number                                    |   |                  | Line 2               |               |                     |             |                 |            |
| Street   |   |                  | Line 3               |               |                     |             |                 |            |
| Suburb   |   |                  | Line 4               |               |                     |             |                 |            |
| City   |   |                  | Postal coo           | de            |                     |             |                 |            |
| Postal code                                      |   |                  | Fax                  |               |                     |             |                 |            |
| Telephone (H)                                    |   |                  | Cell                 |               |                     |             |                 |            |
| Telephone (W)                                    |   |                  | Email add            | ress          |                     |             |                 |            |
| Specify your pr                                  | eferred method of receiving correspondence*   | Email            |                      | Copy<br>advis | to financial<br>sor |             | By post         |            |
| If no email add                                  | g paperless by selecting the email option. If no stress is provided, correspondence will be sent to resthood of payment           |                  |                      | pondence      | will be sent        | to the em   | ail address pro | ovided.    |
| 1. Lump sun                                      | 1   |                  |                      |               |                     |             |                 |            |
| You may inves                                    | t a minimum lumpsum of R 10,000 or any higher   | r amount.        |                      |               |                     |             |                 |            |
|  | at any bank charges associated with cash depos  | sits will be red | covered fror         | n your inv    | estment acco        | ount.       |                 |            |
| <b>E</b>   | lectronic / internet transfer<br>lectronic internet transfers may take up to two boon receipt of documentation and funds into the | ousiness days    |                      |               |                     |             | nent may only   | be made    |
| _ A  | lectronic collection<br>once-off debit from your bank account is restric<br>ollections. Withdrawals will only be processed af     |                  | lion per day         | /. A 40-da    | y clearing pe       | riod will b | oe in place for | electronic |
| Collection date                                  | :   |                  |                      |               |                     |             |                 |            |

| 2. You may set         | t a regular monthly debit order with a minimum o  | f R500 per month.                 |  |  |  |
|------------------------|---|-----------------------------------|--|--|--|
| Monthly debit or       | der amount R  |                                   |  |  |  |
| To be collected or     | n the 1st of the month or c   | on the 15th of the month          |  |  |  |
| If the 1st or the      | amount is below R1 000, the relevant bank chard 15th falls on a weekend or public holiday, the ndment must be received in writing at least five | funds will be deducted on the     | first business day thereafter. Any debit order |  |  |
| Annual escalation %    |   |                                   |  |  |  |
| Commencement date:     |   |                                   |  |  |  |
| 3. Banking details     | s for debit order deduction/electronic collection (i  | if different from investor's bank | details):                                      |  |  |
| Account holder         |   | Bank                              |  |  |  |
| Account number         |   | Type of account                   |  |  |  |
| Name of branch         |   | Branch code                       |  |  |  |
|                        |   |                                   |  |  |  |
| Signature of acc       | ount holder   | _                                 |  |  |  |
| Source of fu           | ınds invested   |                                   |  |  |  |
|                        | ce of funds. We reserve the right to request docu<br>pislation, and we need it in order to process your   |                                   |  |  |  |
| Salary                 | Bonus/company profit  | Investment proceeds               | Sale of assets Inheritance                     |  |  |
| Other                  |   |                                   |  |  |  |
| Industry of Operations |   |                                   |  |  |  |
| Provide you            | r banking details   |                                   |  |  |  |
| South African bar      | nk account in the name of the investor:   |                                   |  |  |  |
| Account holder         |   | Bank                              |  |  |  |
| Account number         |   | Type of account                   |  |  |  |
| Name of branch         |   | Branch code                       |  |  |  |
|                        |   | _                                 |  |  |  |
|                        |   |                                   |  |  |  |

Signature of account holder

Note: The account holder must have a South African bank account.

| Select your investment options below:    |   |          |                       |                              |                                   |
|--|---|----------|-----------------------|------------------------------|-----------------------------------|
| Investment portfolio                     |   | Invest   | tment portfolio class | Investment amount (in Rands) | Investment amount (in percentage) |
|  |   |          |                       |                              |                                   |
|  |   |          |                       |                              |                                   |
|  |   |          |                       |                              |                                   |
|  |   |          |                       |                              |                                   |
|  |   |          |                       |                              |                                   |
| TOTAL                                    |   |          |                       |                              |                                   |
|  |   |          |                       |                              |                                   |
| Nominate a life a                        | assured   |          |                       |                              |                                   |
| At least one, but a ma                   | ximum of two lives assured may be nominated. If no l      | ife assu |                       | e Policyholder will be       | e the life assured.               |
|  | Life Assured 1  |          | Life Assured 2        |                              |                                   |
| Surname                                  |   |          |                       |                              |                                   |
| Full name(s)                             |   |          |                       |                              |                                   |
| ID number                                |   |          |                       |                              |                                   |
| Relationship                             |   |          |                       |                              |                                   |
| Contact number                           |   |          |                       |                              |                                   |
| Email address                            |   |          |                       |                              |                                   |
|  |   |          |                       |                              |                                   |
| Indicate your be                         | neficiary nominations                                     |          |                       |                              |                                   |
|  | eds AND / OR for ownership may be nominated. Ben          |          |                       |                              | elementh and the section          |
| investor's spouse.                       | vestor's spouse is required if the investor is married in | i commi  | unity of property and | nominales a beneii           | clary other than the              |
| Married in community                     | of property: Yes No                                       |          |                       |                              |                                   |
| I hereby agree to the nominations below: |   |          |                       |                              |                                   |
| Full name of spouse                      |   |          |                       |                              |                                   |
|  |   |          |                       |                              |                                   |

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Signature of spouse

**Investment options** 

# a) Beneficiary for proceeds

If no beneficiary for proceeds is nominated, Policy benefits will be paid to your estate.

|  | Beneficiary 1   | Beneficiary 2   |
|--|---|---|
| Surname  |   |   |
| Full name(s)   |   |   |
| ID number  |   |   |
| Relationship   |   |   |
| Share %  |   |   |
| Contact number   |   |   |
| Email address  |   |   |
|  | Beneficiary 3   | Beneficiary 4   |
| Surname  |   |   |
| Full name(s)   |   |   |
| ID number  |   |   |
| Relationship   |   |   |
| Share %  |   |   |
| Contact number   |   |   |
| Email address  |   |   |
| b) Beneficiary for ow<br>You need to appoint a<br>nominated, the benefic | nership beneficiary for ownership if you have appointed a life assure ciaries for proceeds will become the owners of the Policy.  Beneficiary | d other than yourself. If no beneficiary for ownership is |
|  | Deficition  |   |
| Surname  |   |   |
| Full name(s)   |   |   |
| ID number  |   |   |
| Relationship   |   |   |
| Contact number   |   |   |
| Email address  |   |   |

#### Tax information

#### Compulsory foreign tax declaration and self-certification

- This section applies to all investors whether you are registered for tax or not. - The South African Revenue Service (SARS) requires all financial services providers to obtain applicable tax information from all their investors. - If you have any questions on how to complete the below section, contact your tax advisor. \*Please refer to the Tax Guide at the end of this application for additional guidance on this section. Select one of the options: I am a resident for tax purposes in South Africa I am not a resident for tax purposes in South Africa If you are a resident for tax purposes in South Africa, provide the Tax Identification Number (TIN). TIN issued by SARS If you are not a resident for tax purposes in South Africa, complete the section below: Country of residence for tax purposes Effective date of tax residency TIN provided to you by the tax authority If you are unable to provide a Tax Identification Number (TIN) or its Functional Equivalent (FE), select the appropriate box below: I have never registered for a TIN / FE with the tax authority I do not know my TIN / FE, but will take steps to submit it My tax authority does not require me to provide a TIN / FE (does not apply to tax residents of South Africa or United States) My country does not issue TINs / FEs to its tax residents (does not apply to tax residents of South Africa or United States) I am unable to obtain a TIN / FE (specify reason below) Are you a resident anywhere else for tax? YES NO If yes, provide the list of countries, your TIN in those countries, and a reason for not obtaining a TIN below: Country Tax identification number (TIN) Reason for not obtaining a TIN

| Do you or any controlling person/s associated with this ir citizenship?   | nvestment (authorised sig     | natory) have a United States tax number, residency or  |  |  |
|---|-------------------------------|--|--|--|
| YES NO  |                               |  |  |  |
| If you are considered to be a "US Reportable Account", we   | may require you to submit     | t further documents.   |  |  |
| Complete if you have a financial advisor  |                               |  |  |  |
| Name of financial services provider (FSP)   |                               |  |  |  |
| FSP license number  | Name of financial advisor     |  |  |  |
| Contact number  | Email address                 |  |  |  |
| Indicate the negotiable fee that you would like us to pay to  | your advisor for this invest  | ment:  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |                               | to the investment being made. Where the annual fees are If it is agreed that no initial fee is payable, insert 0%. |  |  |
| Annual ongoing fee 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, insert 0%. |                               |  |  |  |
| I, the appointed Financial Advisor for this investment applic   | ation declare that:           |  |  |  |
| <ol> <li>I have established and verified the identity of the investo<br/>Intelligence Centre Act 38 of 2001 (FICA). I will keep re</li> </ol>   |                               |  |  |  |
| 2. I am licensed in terms of the Financial Advisory and In of this investment.  | termediary Services Act 3     | 7 of 2002 (FAIS) to provide financial services in respect  |  |  |
| 3. I have read and understand the most recent Terms and   | Conditions of this investr    | nent and have explained them to the investor/s.  |  |  |
| 4. I have made the disclosures required under the FAIS A  | act to the investor/s and ha  | ve explained all the fees and charges that are payable.  |  |  |
| 5. I will periodically review the investor/s' investment/s in   | return for the annual advis   | or fee.  |  |  |
| 6. I am aware that the investor/s may instruct the Adminis  | trator at any time in writing | g to cancel the fee payment to me.   |  |  |
| signature of financial advisor Date:  |                               |  |  |  |
| Authorisation and declaration   |                               |  |  |  |

- 1. I have read and fully understood all the pages of this application and agree to the Terms and Conditions of the Endowment Policy.
- 2. I understand that this application and any further documents read with the Policy document constitute the entire agreement between 27four Life and me.
- 3. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so, and that this transaction is within my power.
- 4. I have not received any advice, guidance or recommendation regarding this investment from 27four Life or the Administrator.
- 5. I authorise the Administrator to deduct any electronic collections from the specified bank account, and to pay any applicable fees and charges, including negotiated fees to a Financial Advisor (if relevant).
- 6. I authorise the Administrator to accept instructions from persons duly appointed and authorised by me in writing, e.g. my Financial Advisor. I will not hold 27four Life or the Administrator liable for any losses that may result from unauthorised instructions given to them.
- 7. I authorise the Administrator to accept and act upon instructions in the prescribed format by e-mail and hereby waive any claim that I have against 27four Life or the Administrator and indemnify 27four Life and the Administrator against any loss incurred as a result of the Administrator receiving and acting on such communication or instruction.

- 8. I acknowledge that the Administrator may be required to submit the information provided under tax information to SARS who may be obliged to share this information with the relevant tax authorities to adhere to the Foreign Account Tax Compliance Act (FATCA) and the Organisation for Economic Co-operation and Development's ('OECD') Common Reporting Standard ('CRS').
- 9. I declare (as an authorised signatory if applicable) that the information provided under the compulsory foreign tax declaration and self-certification section, to the best of my knowledge and belief, is accurate and complete.
- 10. I undertake to advise the Administrator promptly and provide and updated Self-Certification where any change in circumstance occurs which causes any of the information contained under the compulsory foreign tax declaration and self-certification to be incorrect.
- 11. I consent to my personal information being processed according to the Terms and Conditions.
- 12. I consent to the Administrator making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the Administrator obtaining any other information concerning me from any source whatsoever to enable the Administrator to process this application.
- 13. I confirm that I have noted and understood the following information:
  - The Minimum Disclosure Document;
  - Effective Annual Cost (can be obtained on request from retirement@prescient.co.za;
  - Investment objectives and risk factors;
  - The calculation of the NAV, dealing prices and distribution of income accruals.

| Full name           |     |      |  |
|---------------------|-----|------|--|
| Signed at           |     | Date |  |
|                     |     |      |  |
| Signature of invest | tor |      |  |

# Tax Guide

The following definitions and explanations may assist you with completing the tax information sections of the form:

|               |   | DWT / IWT  |
|---------------|---|--|
| Term          | Definition  | Explanation  |
| DWT           | Dividend withholding Tax  | DWT is a tax levied on shareholders on receipt of dividends. DWT is categorised as a withholding tax, due to the fact that tax is withheld and paid over to SARS by the company paying the dividend.                                       |
| IWT           | Interest withholding tax  | IWT will be applied to local interest distributed to non-South African residents for tax purposes. IWT is categorised as a withholding tax, due to the fact that tax is withheld and paid over to SARS by the company paying the dividend. |
| TIN or its FE | Tax identification Number (TIN) or its functional equivalent (FE) i.e. the number that functions as a TIN | The number that each jurisdiction issues to identify an individual for tax purposes. The TIN could be called something different (FE) in different countries.  Examples:   |
|               |   | SA: Income tax number issued by SARS   |
|               |   | UK: National Insurance number or Unique Taxpayer Reference   |

|                            | FATCA and CRS                          |   |  |  |  |  |
|----------------------------|--|---|--|--|--|--|
| Term                       | Definition                             | Explanation   |  |  |  |  |
| Additional tax information | Global Tax Information                 | Additional tax information relates to the disclosure of each tax jurisdiction where the investor could be liable to declare their assets and income regardless of where the asset is house, or income is earned.  |  |  |  |  |
| CRS                        | Common Reporting Standard              | This calls on jurisdictions to obtain information from their financial institutions and automatically exchange that information with other jurisdictions on an annual basis.  |  |  |  |  |
| FATCA                      | Foreign Accounts Tax<br>Compliance Act | This is a United States (US) initiative aimed at reducing the potential for offshore tax evasion. FATCA requires that financial institutions outside the US provide Inland Revenue Service (IRS) with financial account information they hold on US citizens. |  |  |  |  |

In the case of the above the following apply:

- 1. US will mean the United States (of America)
- 2. A citizen of the United States of America will mean:
  - a. An individual born in the US
  - b. An individual who has a parent who is a US citizen
  - c. A former immigrant who has been naturalised as a US citizen
  - d. An individual born in Puerto Rico
  - e. An individual born in Guam
  - f. An individual born in the US Virgin Islands
- 3. A US person will refer to an individual and organisations that is a US citizen or resident in the US.
- 4. US reportable account will mean any account that is held by one or more specified US persons, or by a non-US entity with one or more controlling persons that are specific US persons.