

Confirm how many pages are included in this fax.

Important Information

- PSG Life Ltd, an approved administrator and an authorised financial services provider, is the Administrator and Underwriter of this product.
- Please complete all relevant sections of this application form in order to process this investment.
- Please submit instructions for processing to instructions@psg.co.za or fax to 011 388 1143.
- For enquiries, please e-mail clientservice@psg.co.za or contact one of our consultants on 0800 117 180.
- A minimum investment amount of R20 000 is required.

Please select product type:

Preservation Pension Fund

Preservation Provident Fund

The Financial Adviser, as stated herein, is appointed with

Full discretion

Limited discretion

Member Details

Personal details

Title	<input type="text"/>	Initials	<input type="text"/>
First names	<input type="text"/>		
Surname	<input type="text"/>		
ID / Registration number	<input type="text"/>		
Date of birth	<input type="text"/>		
Income tax number	<input type="text"/>		
Gender	<input type="text"/>		

Contact details

Home tel	<input type="text"/>
Work tel	<input type="text"/>
Fax	<input type="text"/>
Cell phone	<input type="text"/>
E-mail address	<input type="text"/>
Marital status	<input type="text"/>
Tax status	<input type="text"/>

Physical address

Line 1	<input type="text"/>
Line 2	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Region	<input type="text"/>
Area code	<input type="text"/>

Postal address

Line 1	<input type="text"/>
Line 2	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Region	<input type="text"/>
Area code	<input type="text"/>

A politically exposed person ("PEP") is a person who is or has in the past been entrusted with prominent public functions in a particular country, whether performed locally or abroad. It includes Heads of State/Government, cabinet ministers, senior and/or influential officials like judges, political and military leaders, members of ruling or royal families, municipal managers etc. If a family member, close associate or beneficiary of an investor is a PEP, the investor is also considered to be a PEP.

Are you a PEP?

Yes

No

Where the application is made on behalf of a legal entity, trust or unincorporated entity; is the contact person or any stakeholder in the applicant a PEP?

Yes

No

Nominated Beneficiaries and Dependants

Beneficiary Nominations

Title	Initials	Surname	Relationship	Identity Number or Date of Birth	Share of benefits
Total					100%

Dependants

Title	Initials	Surname	Relationship	Identity Number or Date of Birth	Share of benefits
Total					100%

- Beneficiaries / Dependants are only entitled to the benefit upon death of the Member.
- Distributions of benefits are subject to section 37 C of the Pension Funds Act of 1956.
- If you have nominated someone other than your spouse as beneficiary and you are married in community of property, the consent of your spouse is required below.

I hereby agree to the nomination:

Signature of spouse (if applicable – when married in community of property)

Name and surname

Identity number

Single Contribution Investment Details

Single contribution amount (R 20 000 minimum) R

Destination Fund name(s) for Initial Investment	Fund Class	Percentage
Phase in: (for both direct investment and phase-in if applicable)		
Total		100%

Percentage of selected instrument to be phased in (if applicable) % Phase-in commencement date

Number of phase-in transactions Phase-in frequency

Weekly	Monthly
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Destination Fund name(s) for Phase-in Instruction	Fund Class	Percentage
Total		100%

Cut-off time for transactional requests is 10h30 for that day. **For Money Market and Life Portfolios**, the cut-off time is 08h30 for that day. Instruction received after cut-off will be processed the following day.

Member Bank Account Details

The Member must keep the Administrator informed of any changes in the bank account details.

Account holder name Account Current Transmission Savings

Bank name Branch number

Branch name Account number

- Please attach a cancelled or certified copy of a cheque not older than three months or a certified copy of a recent bank statement not older than three months for verification purposes.
- Payments can only be made into or from the above bank account types and not into a credit card, bond or money market account.

Preferred Fee Fund

You may choose to have your ongoing Investment Administration fee and Financial Adviser fee for all portfolios in your investment, deducted from a specific fund instead of proportionately from each fund. This will be known as your Preferred Fee Fund.

Do you require a Preferred Fee Fund? Yes No

Fund Name	Fund Class

- If the balance in the Preferred Fee Fund is insufficient, the Administrator will deduct the fees proportionally from the remaining portfolio.

Retirement Fund Transfer Details

It is mandatory for the transferring fund to complete this section in the case where there is a transfer into a Preservation Fund. Please attach the relevant Recognition of Transfer and Section 14 documentation, and supply proof of the transfer of funds.

Fund transferring from Registered fund Name

FSB fund registration number SARS fund registration number

Transfer amount

Where the Transferring Fund is a Provident Fund, please provide details of Member contribution

Are there any conditions placed on the benefits by the transferring fund or the rules of the transferring fund? If so, please state the event on which these conditions become applicable and what actions should be taken. Please attach a copy of the applicable portion of the fund rules or agreement with Member.

Transferring fund contact details:

Telephone Fax

Contact person or name of Principal Officer

I, the undersigned, duly authorised, declare on behalf of the fund that all the above information is correct and that the rules of the fund permit the purchase of the Preservation Fund.

Signed at (place) _____ this _____ day of _____ 20_____

Name

Administrator Signature

Financial Adviser (FSP details)

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Full name	<input type="text"/>				
FSP name	<input type="text"/>	FSP code	<input type="text"/>		
FSP license no	<input type="text"/>	Financial Adviser code	<input type="text"/>		
Product Specialist Name	<input type="text"/>				

Has an investment mandate been signed by the Member?

Yes No

Replacement disclosure

Is this application to replace any existing assurance or existing preservation fund?

Yes No

If "Yes", please specify name of company

- For replacement policies, please ensure that the necessary disclosures have been made to the Member, and a replacement advice form is submitted to the Administrator, together with this application form.

Financial Adviser declaration:

- I hereby confirm that I am appropriately registered in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 ("FAIS") to act as the Member's Financial Adviser of record, in terms of a duly signed mandate.
- I hereby confirm that I represent an accountable institution as defined in the Financial Intelligence Centre Act, no. 38 of 2001 ("the Act").
- I furthermore confirm that the independent financial services provider which I represent, is the primary accountable institution in respect of the Members on whose behalf I establish business relationships or conclude single transactions with the Administrator (the secondary accountable institution).
- I have explained the necessary disclosures required, in terms of FAIS Act 37 of 2002.
- I hereby confirm that in terms of my internal rules and procedures I will comply with all requirements of Section 21 and 22 of the Act in respect of identifying and verifying Members and record holding.
- I acknowledge that I'm in no way absolved of my abovementioned duties to identify, verify and keep records as primary accountable institution or act with due care and diligence towards the Member.

Signed at (place) _____ this _____ day of _____ 20 _____

Signature of Financial Adviser

Declaration and Agreement by Member

General Conditions

It is agreed and declared that:

- PSG Life Limited is the underwriter of the product.
- The a foregoing answers and any additional statements made, whether by my hand or not, are true and complete and are to form the basis of the contract with the Administrator.
- If any material information has been withheld, or not truly and fully stated, the contract may be declared null and void and all sums paid upon account thereof shall be forfeited.
- No statement, whether made by myself or any other person, shall be binding on the Administrator unless provided in writing to the Administrator and made part of the investment.
- This application has been completed in full at date of signature.
- The investment will not commence until the application has been accepted by the Administrator and the investment amount has been paid, received and cleared.
- I have made an informed decision to purchase the product indicated in this application and I am aware of the financial and tax consequences, if any, of such a purchase.
- Should this application be accepted by the Administrator, such acceptance shall be conditional upon there having been no material alteration of the facts on which the decision of acceptance was based, and I further agree that the investment to be issued shall be subject to the terms and conditions habitually adopted by the Administrator.
- In terms of Taxation Act Number 58 of 1962, a member of a preservation fund is entitled to one withdrawal prior to retirement. By contributing to an existing preservation fund or consolidating two or more existing preservation fund investments, the Member hereby understands and agrees that any previous withdrawal made from any one of the investments will constitute his/her once off withdrawal prior to retirement. Where a Member has not made a pre-retirement withdrawal from any of the investments, one withdrawal from the consolidated investment may be made. This shall constitute the member's once-off withdrawal prior to retirement, and the Member shall not be entitled to another withdrawal before retirement. Benefits that originate from public sector funds cannot be amalgamated with benefits that originate from private sector funds
- The Administrator is authorised by me to levy fees in accordance with the information provided below, in line with the Administrator's business practice, understanding that these processes may change from time to time. I understand that fees may be adjusted from time to time to allow for changes in the regulatory or business environment that affects this investment.
- Important to note: the Administrator reserves the right to vary the fees, the frequency thereof and investment minimums from time to time after prior notice.
- Important to note: the Administrator reserves the right to adopt tax provisions, where applicable tax legislation and practices change and are applicable.
- The Administrator is authorised by me to accept and action any investment instructions given by my Financial Adviser whose details are given in the Financial Adviser section, subject to its terms and conditions which may change from time to time. I/We undertake to give written notice if I/we wish to revoke this authority. The Administrator will not accept instructions from my Financial Adviser, for payments to third parties, if such instructions were not signed by me. Such instruction will also be subject to the approval of the Administrator.
- I will contact my Financial Adviser if I consider replacing my investment so that he/she can explain the consequences thereof to me.
- The benefits of the investment may be changed at the discretion of the Administrator if there is any change to the Long-term Insurance, the Company or the Income Tax Act, the Pension Funds Act, practice, precedent or opinion, which materially affects the benefits of the investment.
- I am fully aware that the selected investment portfolio does not offer guaranteed investment returns or maturity values.

- I am fully aware that investment in certain portfolios may be subject to certain tranche requirements, which may result in an investment contribution being returned to me, the Member, due to tranche limits not being met, or a request be made to invest in a different portfolio.
- I have received the Administrator's disclosures regarding the complaints procedure to be followed in the event of there being a contravention (perceived or otherwise) of the Policyholder Protection Rules.
- I confirm that the Administrator may accept signed instructions by fax or e-mail. As a result I hereby waive any claim that I may have against the Administrator and indemnify the Administrator against any loss incurred as a result of the Administrator receiving and/or acting upon such communication. Furthermore, the Administrator will not be held responsible for any failure, malfunction or delay of any network or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of application form and/or transactions. The Administrator will not be liable to make good or compensate any Member or third party for any damages (whether direct or consequential), losses, claims or expenses resulting therefrom. The Member and any third party indemnifies the Administrator accordingly.
- I have read, understood and accepted the Key Features and General Provisions pertaining to this investment.
- In terms of the Income Tax Act Number 58 of 1962, a member of a preservation fund is entitled to one withdrawal prior to retirement. By transferring an amount to an existing preservation fund or consolidating two or more existing preservation fund investments, the member hereby understands and agrees that any previous withdrawal made from any one of the investments will constitute his/her once off withdrawal prior to retirement. Where a member has not made a pre-retirement withdrawal from any of the investments, one withdrawal from the consolidated investment may be made. This shall constitute the member's once-off withdrawal prior to retirement and the member shall not be entitled to another withdrawal before retirement. Benefits that originate from public sector funds cannot be amalgamated with benefits that originate from private sector funds.
- Tax, where applicable will be payable by the Administrator on my behalf.
- I accept the fees, as set out in Appendix 1, as the relevant fees applicable to this investment, and accept the fact that these fees may change from time to time subject to prior written notice.
- Balances that remain in a fund following a 100% switch out / rebalance out / withdrawal from this fund will not automatically follow the original transaction to the required destination fund or bank account. Such residual balances may be caused by reinvested distributions or the release of units that were reserved for another transaction at time of instruction.
- Communication Policy: the Administrator will contact you via e-mail. If no email address is provided, communication will be via post.

Appendix 1	Refers to the fees and bank details applicable to the Preservation Fund.
Appendix 2	Refers to the disclosures that are made in term of the Policyholder Protection Rules.
Appendix 3	Refers to the Document checklist that is required with this application form.

Fees

- This investment is subject to certain fees. For an explanation of these fees please refer to Fees- Appendix 1
- Please acknowledge acceptance of the fees by signing where indicated. This application will not be processed should the Administrator not receive the signed Appendix 1.

Secure Online Access

I want secure website access to my investments Yes No

If yes, an online account will be activated via our Client Services Centre.

Signatures

I/We, the undersigned, confirm that I/we have completed this application form and acknowledge and accept the terms and conditions relevant to this investment and accept the implications thereof.

Signed at (place) _____ this _____ day of _____ 20 _____

Signature of Member Signature of parent or guardian (if applicable)

Official capacity (if other than Member)

Company Details

PSG Life Limited
 Registration Number 1999/010087/06
 An Authorised Financial Services Provider, FSP no 22557
 1st Floor, Roland Garros, The Campus, 57 Sloane Street, Bryanston, 2191
 PO Box 1899, Witkoppen, 2068
 Toll Free 0800 117 180 • Fax: +27 (0) 11 388 1143
 E-mail: clientservice@psg.co.za
 Website: www.psgam.co.za

Investment Administration Fee

Administration fee per year		
Initial fee	None	
Ongoing fee	PSG Funds	Other Funds
	0.228%*	First R0 – R1 500 000: 0.57%
		Above R1 500 000: slides to 0.228%

* Please note that this fee is only applicable when investing in a PSG Multi-Management Fund or PSG Single Manager Fund.

The Ongoing Investment Administration fees are calculated on the value of your investment portfolios excluding the portion of the investment in the Private Share Portfolio (“PSP”), deductible monthly, on the basis set out by the Administrator. Where applicable, the full rebate received from the fund manager will be used to reduce the yearly Investment Administration Fee. Excess rebates will be allocated to the investment in the following month, in the form of purchased units.

Other Fees

Event	Fee
Switching fee	None
Section 14 transfer out fee	R 1 000

Fees and Special Levies authorised by the Trustees of the Preservation Fund

Processing and Governance Fee	R 240 per year
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From time to time the duly appointed Trustees of the PSG Wealth Preservation Pension Fund and/ or the PSG Wealth Preservation Provident Fund may resolve that a special levy be implemented for a specific purpose and for a specified period of time. The Members of the respective Preservation Funds will be duly notified in writing of such special levy.

Initial Financial Advisory Fee (excl. VAT)

Initial Financial Advisory Fee	%	Maximum of 2.5% excl. VAT
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Ongoing Financial Advisory Fee (excl. VAT)

The Financial Adviser will be paid an ongoing Financial Advisory fee of between 0% and 1.00% per year (excl. VAT). These fees are calculated on the value of your investment portfolios, deductible monthly, on the basis set out by the Administrator from time to time.

Ongoing Financial Advisory Fee	%	excl. VAT
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Important to note: The Administrator reserves the right to vary the fees, the frequency thereof and investment minimums from time to time subject to prior notice. Should the fee block above not be completed, the fee will default to 0%

I/We, the undersigned, confirm that I/we have read this declaration and understand the implications thereof.

Signed at (place) _____ this _____ day of _____ 20_____

Signature of Investor/ Authorised Signatory

Signature of parent or guardian (if applicable)

Official Capacity (if other than Investor)

Signature of Financial Adviser

Banking Details

Please ensure that all contributions are deposited into the following bank account:

Account Name: PSG Life Compulsory Deposit Account, Account Number: 000027138, Branch: 000205, Johannesburg, Bank: Standard Bank of S.A. Ltd.