



Retirement Fund Members Static Data Amendment Form

HOW TO CHANGE YOUR STATIC DATA

Completing the form

DOWNLOAD AND COMPLETE THE FORM AND AGREE TO THE T&C'S

1. Investor Details (**Complete in all instances**)
2. Change of Title / name / surname
3. Change of contact details
4. Debit order (new or amendments - including bank account changes)
5. Financial Adviser Change/Fee Change



Retirement Fund Members Static Data Amendment Form

1. INVESTOR DETAILS

Client Number _____

Names _____

ID Number _____

2. CHANGE OF TITLE/NAME/SURNAME

A copy of your identity document with one specimen signature is required. A copy of the marriage certificate is required, if applicable.

Title _____ Previous name _____

Current name _____

3. CHANGE OF CONTACT DETAILS

A copy of a utility bill (less than 3 months old) must accompany a change of physical address.

Physical Address _____

Postal code _____

Postal Address _____

Postal code _____

Contact details Telephone (H) _____

Telephone (W) _____ Cell _____

Email _____



4. DEBIT ORDER AMENDMENT / NEW DEBIT ORDER

You may set a regular debit order for the 1st or the 15th of every month. If the 1st or the 15th falls on a weekend or public holiday, the funds will be deducted on the first business day thereafter.

Any debit order instruction / amendment must be received in writing at least five business days prior to the selected debit order date in order for it to be acted upon.

CANCEL EXISTING DEBIT ORDER

Retirement Annuity Fund Account Number	
Effective From	

NEW DEBIT ORDER

Retirement Annuity Fund Account Number	
Amount	
Annual Escalation	
Effective From	

CHANGE EXISTING DEBIT ORDER

Retirement Annuity Fund Account Number	
New Amount	
Effective From	

INVESTMENT OPTIONS FOR NEW / EXISTING DEBIT ORDER

Please refer to the Investment Option Brochure for available Regulation 28 compliant funds for investment and complete the table below:

Investment Portfolio	Debit Order (%)
Total	100%

BANKING DETAILS FOR DEBIT ORDER DEDUCTION / ELECTRONIC COLLECTION*

Please note: Proof of ID, bank account details and residential address required for account holder (not older than 3 months)

Name of Bank Account Holder	
Bank	
Branch Name	
Branch Code	
Account Number	
Account Type	

*If the bank account details above are not the investor's, please ensure the below section is completed and signed accordingly:

I hereby authorise the administrator to deduct the stated amount for the investment from the bank account above. I agree to pay bank charges and costs incurred by this electronic collection or debit order.

Signature of Bank Account Holder	
Full Name	
Signed at	
Date	
Designation of Bank Account Holder	

5. FINANCIAL ADVISOR FEE AGREEMENT / AMENDMENT

Retirement Fund Account Number

WHAT FEES MUST BE PAID TO YOUR FINANCIAL ADVISOR FOR THIS INVESTMENT?

I agree to pay the following negotiated fees on my retirement fund investment accounts as quoted above until otherwise specified:

Initial Fee % 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, insert 0%. Initial fees are not allowed on transfers from one fund to another.

Annual 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%.

AUTHORISATION

You may authorise the Financial Service Provider (FSP) to submit instructions for this investment on your behalf. If the FSP holds a 'Category II' licence with the Financial Sector Conduct Authority (FSCA), 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 ☐ If yes, a copy of the signed mandate must accompany this application form. No ☐

INVESTOR DECLARATION FOR CLIENTS WITH A FINANCIAL ADVISOR

- I confirm that the above details are correct.
- I confirm that this financial advisor, as authorised representative of the FSP above is my appointed financial advisor.
- I confirm that my appointed financial advisor 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.
- I understand and confirm that Prescient may redeem units in order to pay the agreed financial advisor fees. I understand that this authority may be withdrawn by me by written instruction to Prescient. I understand and agree that all instructions submitted by myself or my financial advisor will be governed by the relevant and latest Terms and Conditions in force as at the date of instruction submitted.
- I acknowledge and agree that Prescient will not be held liable for acting on any instructions submitted by myself or my financial advisor and I indemnify Prescient from all direct or indirect claims (including claims for consequential damages) in this regard.
- I have read and agree to the Authorisation and Declaration on page 4 of 4 of this document.

Signature of Investor

Date

FINANCIAL ADVISOR DETAILS

Name of Financial Advisor Financial Advisor Code

Name of Financial Services Provider (FSP) FSP License Number

Contact Tel No Email

I, the appointed Financial Advisor for this investment application declare that:

- I am licensed to render services in respect of this product.
- I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) and subordinate legislation thereto, to the investor/s.
- I have established and verified the identity of the investor/s (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA) and the regulations thereto, and I will keep records of such identification and verification according to the provisions of FICA.
- I am not aware of any activities in which the investor is involved which may lead us to suspect or reasonably suspect that the investor is or may be involved in any unlawful activities or money laundering. Should we subsequently become aware of suspicions of this nature, we shall immediately inform Prescient.
- I have explained all fees that relate to this investment to the investor/s and I understand and accept that the investor/s may withdraw his / her authority for payment to me in writing and inform Prescient and me.
- My personal information and the personal information of my client herein may be used by Prescient in the normal course of business to provide the products and services and Prescient may retain any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information will not be given or sold to any third parties. Prescient will disclose or report personal information if and when required to do so by law or any regulatory authority, and to our employees, or agents who require such information to carry out their duties.

Signature of Financial Advisor

Date



AUTHORISATION AND DECLARATION

1. Prescient Fund Administration (the "Administrator") will not be held liable for any loss incurred due to incorrect information being supplied by the investor or his/her financial advisor.
2. The Administrator reserves the right to withhold processing of any unclear, incomplete or ambiguous requests forwarded by the investor.
3. This request may only be signed by the investor or by a registered investment manager/discretionary financial service provider acting on behalf of the investor. Where this request is signed on behalf of the investor, the signatory warrants that he/she has authority to do so, that the information contained herein is correct in all respects and he/she indemnifies the Manager against any and all damages and/or loss arising from such event.
4. 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.
5. I have not received any advice, guidance or recommendation regarding this investment from the Fund or the Administrator.
6. I acknowledge the transaction cut off times set out herein and agree to comply with such cut off times.
7. I authorise the Administrator to deduct any electronic collections from the specified bank account.
8. 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 the Fund or the Administrator liable for any losses that may result from unauthorised instructions given to them.
9. I authorise the Administrator to accept and act upon instructions in the prescribed format by facsimile or e-mail and hereby waive any claim that I have against the Fund or the Administrator and indemnify the Fund and the Administrator against any loss incurred as a result of the Administrator receiving and acting on such communication or instruction.
10. Any personal information may be used by the Fund and Prescient in the normal course of business to provide the products and services and the Administrator may retain and share any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information may be shared with companies within the Prescient Group for purposes of further onboarding or further processing of any of my current or future investments within the Prescient Group. Prescient Group collectively refers to Prescient Holdings (Pty) Ltd and its subsidiaries and affiliates. Prescient Fund Administration will not sell any personal information to any third parties. Prescient Fund Administration will disclose or report personal information if and when required to do so by law or any regulatory authority, and to our employees, or agents who require such information to carry out their duties.
11. 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.

Signature of Investor

Date

THANK YOU

You have completed this application form. Please collate all your required FICA documentation to include in your submission.