



ITRANSACT SECURITIES INVESTMENT PLAN PORTFOLIOS

NEW BUSINESS APPLICATION FORM FOR INDIVIDUALS VERSION NUMBER 10.0

INVESTMENT PROCESS

STEP 1 Complete the form and agree to the terms and conditions	To ensure there is no delay in processing your investment, please complete the form accurately and ensure you understand the terms and conditions you are entering into. Depending on the investment type and/or product you may be required to complete and provide additional forms.
STEP 2 Send documents to Itransact via Email	Email your documents to: newbus@itransact.co.za If you experience difficulties transmitting your documents to us, please call us on 0861 468 383 during business hours and we will gladly assist you.
www.itransact.co.za	Document Checklist Completed application form Copy of your bar coded South African ID, valid passport (if a foreign national) or birth certificate (if a minor) Proof of your bank details (e.g. cancelled cheque or bank statement) Additional forms that may be requested from you in this application form
STEP 3 Fulfilment	 We will acknowledge receipt of your documents and contact you if there are any outstanding requirements. Transactions will only be acted upon after confirmed receipt by the Administrator of a completed and signed investor mandate, investor FICA verification, relevant supporting documentation, and investment funds which have been cleared and made available for investment in the Administrators bank account. You will receive confirmation once your instruction has been processed. You will receive an email welcoming you to Itransact. You will automatically be provided with a secure Itransact online servicing account. New investors are requested to activate their online account by registering on our website within 3 business days. Subsequent products will automatically appear in your online account.
CUT OFF TIMES	 Instructions received before 11h00 on a business day will start processing on that day. Instructions received after 11h00 on a business day will start processing on the next business day. Instructions received on a weekend or public holiday will start processing on the next business day.



SECTION 1: INVESTOR DETAILS

Title	Mr		Ms [1	Mrs		Dr		P	rof		٦	he H	lon [
First Name																
Surname																
Identity/Passport Number																
Resident of South Africa	Yes			No												
Date of Birth (ddmmyyyy)																
Gender	Male		Fem	nale												
Income Tax Number (if applicable)																
Withholdings Tax Status	Exempt		Not (Exen	npt				the la this			ns ar	nd Co	nditi	ons	
Occupation																
Residential Address																
											С	ode [
Tick if postal address is same as residential																
Postal Address																
											Co	ode [
Cell Phone Number																
Other contact Number																
Email Address																
Are you a foreign prominent public official or a domestic prominent influential person											Υ	es [١	10	
If yes, please specify:																



SECTION 2: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

(The Foreign Account Tax Compliance Act (FATCA) is a United States outside the U.S.) to have yearly reported themselves and their non-U.S (FINCEN), and requires all non-US (Foreign) Financial Institutions (FFI's) assets and identities to the US Treasury)	S financial accounts to the Financial Crimes Enforcement Network
Are you or any controlling person associated with this investment	t a US citizen or US residency? Yes No
Are you a tax resident of another country other than South Africa	e? Yes No
If yes, please complete the below section	
Countries of Citizenship	Passport Number
Tay information	
Tax information	
If you are a resident in the US you must also complete and return th www.irs.gov, and include any additional tax residencies in the table	
Countries of Citizenship	Passport Number
SECTION 3: METHOD OF COMMUNICATION & PR	RIVACY OF PERSONAL INFORMATION
Communication Please note that email will be used as the default method of conditional contact details provided in the last section of this form.	
Protection of personal information You acknowledge that Itransact requires your personal information ('POPIA'), and consent to Itransact processing such information to expressly consent that Itransact may verify and process your personal security purposes and so as to comply with its obligations in terms third-party service providers for the purposes of storing and maintain providers, Itransact has confirmed that sufficient legislation and agre Where directed by your financial adviser, Itransact will transmit you adviser. We will only use personal information about you, your benefit personal information about you, your benefit personal information.	open and administer your investment accounts. In addition, you conal information (including your voice and or biometric data) for of legislation. Itransact may transmit your personal information to ining that information. Where information is transmitted to offshore reements are in place to ensure the protection of that information. For pur information to third-party service providers appointed by your deficiaries, and dependants in line with the Itransact Privacy Policy.
Marketing Do you consent to receive occasional marketing information relating	to your investment from the administrator?
Yes No No	
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SECTION 4: GENE	RAL INVESTMENT DETAILS	
Source of Funds	Salary	icy Donation Saving Investment
	Inheritance Othe	er (Please Specify below)
Minimum Investment Ar	mounts	
Recurring Investment R 3	300 (per portfolio)	
Lump Sum Investment o	f R 5 000 (per portfolio)	
SECTION 5: INVES	STMENT DETAILS	
		portfolios is allowed if your circumstances change over
time).	portiono below (Switching between	portionos is anowed if your circumstances change over
Portfolio Name	Debit Order Amount	Lump Sum Amount
Cautious	R .	R .
Conservative	R	R .
Moderate	R	R .
Growth	R	R
International	R	R
Method of Payment (Note that Itransact does not accept chec	ques)
Debit Order		
Debit Order Deduction Da	te 3 rd of the Month 1!	5 th of the Month 25 th of the Month
Debit Order Deduction Inte	ervals Monthly	Quarterly
Debit Order Deduction An	nual Increase 0% 5%	10% 15% 20%
(Note that annual increas amounts will be accepted)		ments only. No fractionalised percentage increments or monetary
Once Off Electroni	c Collection by the Administrator (Lump	Sums Only)
Please choose the date tha	at the Administrator should collect your one	ce off lump sum amount.
3 rd of the Month 15	5 th of the Month 25 th of the Month	
	after that period will be processed on the n	ministrator at least 5 Business Days prior to the chosen collection ext sequential collection date. Note that each lump sum collection is
Lump-sum Invest	ment (Please take note of the restricti	ons regarding the Itransact bank account details below)



ITRANSACT BANK ACCOUNT DETAILS

For security reasons and to comply with the Financial Intelligence Crime Act (FICA) the Administrator must perform certain security checks with you as the investor before it may provide you with the bank details and investor reference to be used by you when making a lump sum investment.

Once you have received the bank account details and reference number from the Administrator, and have made a payment, you are required to provide the Administrator with the proof of payment (copy of deposit slip or online payment confirmation) by submitting it via email to the email address stated on the first page of this application form. No transaction will be finalised without receiving the proof of deposit.

SECTION 6: INVESTOR BANK DETAILS

This bank account must be a South African bank account in the name of the investor or the Investor's legal guardian in the case of a minor. If the bank account holder is a third-party applicant, the applicant must provide the Administrator with a copy of their ID/passport and proof of bank account details no older than 3 months.

Name of Account Holder																	
Name of Bank																	
Account Number																	
Branch Name																	
Branch Code																	
Account Type																	
Debit Order Bank Details (This section should only be completed if the debit order account must be a South African bank account.) Tick box if debit order bank details are the same as the investor bank details above	bank	acc	ount	deta	ails c	differ	from	n the	inve	estor	banl	k det	tails s	state	d ab	ove.	This
Name of Account Holder																	
Name of Bank																	
Account Number																	
Branch Name																	
Branch Name Branch Code																	

Debit Order Authority

1 I/We hereby request, instruct and authorise Automated Outsourcing Services (Pty) Ltd, its successors or its assignees ("the Administrator") to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my/our account).



- 2 I/We understand that all such withdrawals from my/our bank account shall be treated as though they have been signed by me/us personally.
- 3 I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- 4 I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 business days written notice.
- 5 I/We agree that receipt of this instruction by the Administrator shall be regarded as receipt thereof by my/our bank.
- 6 I/We acknowledge that in order to activate the debit order, the Administrator must receive the debit order authority at least 10 business days prior to the first debit order date.

Please note that the debit order instruction will be accepted upon the signing of this authority by the bank account holder.

	. С)ate (ddm	ımyyyy					
Signature of Bank Account Holder				 •	•			
Print Initials and Surname								

SECTION 7: INVESTOR DECLARATION

General

The Investor, or where applicable, the Investor's authorised signatory, by appending their signature hereto, further states, declares, warrants, acknowledges, understands, confirms and consents that;

(Select one option only)

(5010	et one option only)
	A Financial Services Provider has been appointed to assist with this investment on a non-discretionary basis.
	No Financial Services Provider has been appointed and that all references made to such shall not be applicable for as long as no such appointment is made.
	A Financial Services Provider has been appointed to assist with this investment on a discretionary basis (in which case proof of authority must be provided by the investor to the Administrator)

And that:

- 1. The latest terms and conditions and the relevant investment media including the features of the Plan including, but not limited to, its underlying investments, fees, costs, disclosures and risks associated to investing in the Plan have been read and fully understood, and that the aforesaid information has been obtained by the Investor itself, and that it is the Investors responsibility to act upon this information, whether a Financial Service Provider has been appointed or not.
- 2. All statements provided by the Investor in this form are true and correct in every respect and that such statements, together with the Administrators investment confirmation, shall form the basis of the contract, which is to be entered into with the Administrator in terms of the Financial Advisory and Intermediaries Services Act (FAIS).
- 3. Where a Financial Services Provider has been appointed, that neither the Financial Services Provider nor any representative of the Financial Services Provider is an employee or agent of the Administrator and that the appointed Financial Services Provider acts as the Investor's agent and that neither the Administrator nor any other party appointed from time to time to administer the Plan can be held liable for any act or omission of the Financial Services Provider and/ or any representative of the Financial Services Provider.
- 4. If the appointed Financial Services Provider and/or its representative's services are terminated, that it is the Investors responsibility to immediately inform the Administrator in writing of such termination where after the Administrator will cease payment of all fees, other than accrued fees, to the Financial Services Provider.
- 5. All instructions to the Administrator must be signed by the Investor or the Investor's duly authorised signatory (or guardian in the case of a minor) and may not be signed by the Financial Services Provider on behalf of the Investor, except where the Financial Services Provider is appointed on a discretionary basis and proof of authority has been provided by the Investor the Administrator.
- 6. It is the Investor's responsibility to ensure the receipt of any instruction and/or document by the Administrator.
- 7. There are certain requirements in terms of the Financial Intelligence Centre Act (FICA) which need to be complied with before this investment may be processed and that these requirements have been understood by the Investor and where applicable explained to the Investor by the Financial Services Provider.



- 8. The Investor is not a United States Person or a resident/national in any of the UN Sanctioned countries jurisdictions or is an entity or a member of an entity, that is owned or controlled by any person or entity that is resident, located, incorporated or registered in the United States or any UN Sanctioned country nor a US person as defined in the Foreign Account Tax Compliance Act of the USA. In terms of the Financial Intelligence Centre Act, 2001, the Insurer or the FSP/Representative will require a certified copy of the Investor's identity document/passport, appropriate proof of the Investor's current residential address, together with certain personal and financial information. The information required will vary depending on the nature of the investor. The investor further acknowledges that, the Administrator will not be permitted to remit the proceeds of any sale or distribution until acceptable identification is provided. The investor also acknowledges that the money which he is investing is not derived from the "proceeds of unlawful activities", as defined in the Prevention of Organised Crime Act (POCA)
- 9. To receiving reports from the Administrator on a regular basis.
- 10. Online services are provided to Investors on a continual basis where Investors apply for such services from the Administrator.
- 11. Where the value of the investments held under the Plan at any time is less than R1000, that the Administrator reserves the right to cancel the Plan without informing the Investor and/or where applicable, the appointed Financial Services Provider, and refund the amount to the Investors bank account recorded on this form.
- 12. Where the Investor has appointed a Financial Services Provider, the Investor agrees that the Financial Service Provider is able to access the Investors information continuously via electronic means made available by the Administrator.
- An authorised Category II Investment Manager, Sunstrike Capital (Pty) Ltd, (trading as Index Solutions) and a subsidiary of the Administrator, shall manage the securities held in the selected Portfolio under the terms and conditions of the Investment Manager. The investor appoints the Investment Manager when agreeing to and signing this investment application form, thereby providing the Investment Manager with full discretion to buy and sell securities within the selected Portfolio. If the Investor wishes to choose other securities, then this product is not suitable for the Investor.

Fees and Charges (excluding VAT)

The Investor acknowledges and confirms the fees below and expressly instructs the administrator to deduct and pay the fees for the services rendered in connection with this investment.

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1.	Finan	בובות	dvica	TAAC
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(Only applicable if you have appointed a financial advisor)

a)	Initial financial advice fee Taken upfront each time yo	ou invest according to the percentage below.
	Lump sum	
	Debit order	
b)	Annual financial advice fe Calculated as a percentage	e of the daily market value of the investment and deducted monthly. (with a maximum of 1%)
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2. Annual Investment management fee of 0.30%.

Calculated as a percentage of the daily market value of the investment and deducted monthly.

3. Annual administration fee

Calculated as a percentage of the daily market value of the investment and deducted monthly according to the table below.

Market Value of Investments	Rate per Annum
On the first R500 000	0.39%
On the next R500 000	0.30%
On the amount over R1 000 001	0.20%

If your product contains securities, a trading fee of 0.08% shall be charged on the value of all purchase and sale transactions.

PRODUCT TERMS AND CONDITIONS

Acceptance of product terms and conditions

By signing this application form, you acknowledge that you fully understand the latest terms and conditions associated to this product and the implications thereof. The terms and conditions are displayed separately from this application form and are available from (1) your financial advisor (2) from the Forms and Downloads section on the Administrator's website (www.itransact.co.za) or (3) by contacting the Administrator directly on the details available at the end of this application form.



			D	ate ((ddm	myy	уу)[
Signature of Investor or duly authorised person/s for mi	tors										
Print Initials and Surname											

SECTION 8: FINANCIAL SERVICES PROVIDER DECLARATION (IF APPLICABLE)

The Financial Services Provider ("FSP") that has been appointed by the Investor and through whom the application for this investment is being made, by appending their signature hereto, states, declares, warrants, acknowledges, understands, confirms and consents that;

- 1. The FSP and the Financial Advisor named in this application form is licensed (in the case of the FSP) and authorised (in the case of the Financial Advisor and/or Representative) to provide the relevant financial services in respect of the financial products to which this application relates.
- 2. The FSP and the Financial Advisor are "fit and proper", as required by the Financial Advisory and Intermediary Services Act (FAIS), to provide the relevant financial services in respect of the financial products to which the application relates.
- 3. The FSP/authorised representative of the FSP has read and understood the terms and conditions pertaining to this investment product and that the FSP shall be bound by these terms and conditions insofar as such terms and conditions affect the FSP.
- 4. The FSP warrants that all statements given by the FSP in this application form are true and correct in every respect.
- 5. The FSP/Financial Advisor shall not negotiate fees in respect of the Plan which are higher than the maximums stipulated in this application.
- 6. The FSP has explained the latest terms and conditions and the relevant investment media including the features of the Plan including, but not limited to, its underlying investments, fees, costs, disclosures and risks associated to investing in the Plan, to the Investor, in terms of FAIS.
- 7. The FSP is the primary accountable institution in terms of the regulations to the Financial Intelligence Centre Act, 2001 ("FICA"), in respect of the Investor.
- 8. The FSP has established and verified the identity of the Investor, as required in terms of section 21 of FICA.
- 9. The FSP will keep records of information relating to the Investor as is required in terms of section 22 of FICA.
- 10. The FSP will provide the Administrator with any information and documentation requested by it in relation to the Investor, immediately on request.
- 11. The FSP shall be provided with access to the Investors information continuously via electronic means made available by the Administrator and warrants that the information may only and exclusively be disclosed to the Investor, or where applicable, the Investor's authorised signatory.
- 12. The FSP has fully explained the nature of the appointment of the Category II Asset Manager by the investor and the implications thereof.

					D	ate (ddm	m\/\/	vv)[Τ			
gnature of Authorised Financial Service Provider/Representativ						ate (aam	, , , , , , , , , , , , , , , , , , ,	, ,, , _,					
Signature of Authorised Financial Service Provider/Represe Print Initials and Surname														



Name of Financial Services Provider (The Company) Telephone Facsimile Email Tick the box if the details below are the same as the FSP details above Name of Financial Advisor/Representative Telephone Cell Facsimile

SECTION 10: ADMINISTRATOR CONTACT DETAILS

Financial Advisor Support Centre

Telephone 086 143 2383 | Email info@itransact.co.za

Investor Support Centre

Telephone 086 146 8383 | Email investor@itransact.co.za

www.itransact.co.za



ANNEXURE A

ACTING ON BEHALF OF AN INVESTOR

This form must be completed where a natural person (who is not a registered FSP and is not providing advice or financial services to the investor) is acting on behalf of the investor (eg parent or legal guardian of a minor).

SECTION 1: DETAILS OF THE PERSO	N A	ACTIN	IG O	N B	EH	ALI	F O	F TI	HE	INV	'ES	ТО	R				
					,			7			1						
Title	Mr		Ms			Mrs			Dr		F	rof		1	The ⊦	lon	
Name																	
Surname																	
Date of Birth (ddmmyyy)																	
Identity/Passport Number																	
Nationality																	
Relationship																	
Residential Address																	
												Co	ode				
Postal Address																	
												Co	ode				
Cell Phone Number																	
Other Contact Number																	
Email Address			•														
Are you or any controlling person associated with	h this	investr	nent	a US	citiz	zen o	r US	resi	den	cy?			Yes			No	
Are you a tax resident of another country other than South Africa? Yes No																	
If yes, please complete the below section													169			110	

Countries of Citizenship		Passport Number
Tax Information		
If you are a resident in the US you must also complete www.irs.gov, and include any tax residencies in the table be	and return elow:	an Internal Revenue Services ("IRS") W-9 form, available on the
Countries of Tax Residency		Tax Number
DECLARATION		
I confirm that all information provided herein it true and cor	rect and th	at I have read and understood the contents of this form.
I confirm that I am authorised to act on behalf of the investo	or. (e.g. pare	ent, legal guardians, etc)
I agree to notify the administrator immediately if informatio	n on this ch	nange.
I am aware that the administrator is obliged to provide the transact with them. SARS will in turn pass the information to		rican Revenue Services (SARS) with certain information when you hal Revenue Services (IRS) of the USA.
		Date (ddmmyyyy)
Signature		
Print Initials and Surname		