



## **ABSA FUND LINKED NOTE**

## **ADDITIONAL INVESTMENT FORM**

(To be completed by investors who already have a Fund Linked Note accounts and who wish to make additional lump sum investments)

#### **VERSION NUMBER 1.0**

#### IMPORTANT INFORMATION YOU NEED TO KNOW BEFORE YOU INVEST

#### **Product Information**

Please ensure that you choose the right product before you invest. Refer to our product fact sheets, brochures, fee disclosures and research made available on our website.

#### **INVESTMENT PROCESS**

STEP 1 Complete the form and agree to the terms and conditions STEP 2 Send documents to Itransact via Email	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.  Email your documents to: instructions@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.
Additional forms and FICA requirements for juristic investors (i.e companies and trusts) are available on our website in the 'Forms & Downloads' section.	Document Checklist  Completed application form  Proof of your bank details (if different from what is on record)  Additional forms that may be requested from you in this application form
STEP 3 Fulfilment	<ul> <li>We will acknowledge receipt of your documents and contact you if there are any outstanding requirements.</li> <li>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.</li> <li>You will receive confirmation once your instruction has been processed.</li> <li>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.</li> </ul>
CUT OFF TIMES	<ul> <li>Instructions received before 11h00 on a business day will start processing on that day.</li> <li>Instructions received after 11h00 on a business day will start processing on the next business day.</li> <li>Instructions received on a weekend or public holiday will start processing on the next business day.</li> </ul>



Investor Number		
investor nuitiber		
First Name or Trading Name (If a I	legal entity)	
Surname		
If any of your contact details have	e changed since your init	ial investment, please provide updated details in the spaces below.
Cell Phone Number		
Other Contact Number		
Email Address		
_		
SECTION 2: GENERAL	. INVESTMENT DET	FAILS
Source of Funds	Salary	Policy Donation Saving Investment
Inheritance		Other (Please Specify)
Minimum Lump Sum Investment	of R10 000 (per Product)	
	ENT DETAILS	
<b>SECTION 3: INVESTME</b>		
_		IS license with sub category 1.24 Structured Deposits or 1.25 Securities and
Note to Financial Services Prov Instruments.	vider/Advisor: A valid FA	IS license with sub category 1.24 Structured Deposits or 1.25 Securities and rities for my/our account as follows;
Note to Financial Services Prov Instruments.	vider/Advisor: A valid FA	rities for my/our account as follows;
Note to Financial Services Prov Instruments.  I/We hereby request the Admin	vider/Advisor: A valid FA	rities for my/our account as follows;
Note to Financial Services Prov Instruments.  I/We hereby request the Admin	vider/Advisor: A valid FA	rities for my/our account as follows;  Investment Amount Cash Deposit Transfe
Note to Financial Services Prov Instruments.  I/We hereby request the Admin	vider/Advisor: A valid FA	rities for my/our account as follows;  Investment Amount Cash Deposit Transfe
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Note to Financial Services Provinstruments.  I/We hereby request the Adminiproduct Name	vider/Advisor: A valid FA nistrator to purchase secu  Stock Code	rities for my/our account as follows;  Investment Amount Cash Deposit Transfe  R  R
Note to Financial Services Provinstruments.  I/We hereby request the Adminiproduct Name  • All distributions will be rein  Method of Payment	vider/Advisor: A valid FA nistrator to purchase secu Stock Code	rities for my/our account as follows;  Investment Amount  R  R  R



#### **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 4: BANK DETAILS**

If bank details are different from those which the Administrator has on record for the investor, please include proof of bank account details with this form in the form of a current bank statement, not older than 3 months, which reflects the bank name, the account holder's full name and the bank account number. Please note that no credit card or Internet statements will be accepted.

#### **Investor Bank Details**

( This bank account must be a South African bank account in ti	ne na	ame (	or th	e inv	estoi	rorti	ne in	vesto	or s ie	egai	guar	alan	in tn	e cas	se or	a mii	nor.,
Name of Account Holder																	
Name of Bank																	
Account Number																	
Branch Name																	
Branch Code																	
Account Type																	

# **SECTION 5: INVESTOR DECLARATION**

- 1. The latest terms and conditions associated to this product are applicable. The Investor is responsible for ensuring that he/she/it has read and understood them. A copy of these terms and conditions may be requested from the Administrator.
- 2. The Investor confirms that all statements made and information provided on this form are correct.

## Fees and Charges (Excluding VAT)

Please take special care in understanding how the financial advice and administrative fees are applied and subsequently deducted from this investment

1.	Financial advice fees				
An	ongoing annual financial advice fee of				% per annum (Maximum of 1% allowed), excluding Vat, is integrated into the
stru	cture of the underlying investment pro	duct.	This	annu	ual fee is accrued daily and paid to the financial advisor each month.

#### 2. Administration fee

An ongoing annual administration fee, excluding Vat, is integrated into the structure of the underlying investment product. This annual fee is accrued daily and paid to the Administrator each month according to the table below:



Market Value of Investments	Rate per Annum
R0 to R 25 000 000	0.200%
R 25 000 000 to R 100 000 000	0.175%
R 100 000 000 to R 200 000 000	0.150%
R 200 000 000 to R 400 000 000	0.125%
R 400 000 000 and above	0.100%

3.	Strategy Advice Fee  A fee charged for decisions made on strategic asset al of																;)
Sigr	nature of Investor or duly authorised person/s for minor in	nves	tors	-		C	)ate (	(ddm	myy	yy)[							
	nature of third party applicant or authorised representatival body (if applicable)	ve of	i a	-		С	ate (	(ddm	myy	уу)[							
Prin	t Initials and Surname																
SE	CTION 6: FINANCIAL SERVICES PROVI	DEF	R DI	ECL	.AR	AT	ION	ı									
1.	The latest terms and conditions associated to this protection that he/she/it has read and understood them and explain requested from the Administrator.  The Financial Service Provider confirms that all statements	ainec	d ther	n to	the i	nves	tor ir	n full.	A co	ру с	of the	ese te	erms	and			_
Sign	nature of Authorised Financial Service Provider/Represe	enta	tive	_		D	ate (	(ddm	myy	yy)[							
	t Initials and Surname																
	a mada a na samanne										 					$\Box$	



# **SECTION 7:** FINANCIAL SERVICES PROVIDER AND FINANCIAL ADVISOR DETAILS

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

# **SECTION 8: IMPORTANT CONTACT DETAILS**

#### **Financial Advisor Support Centre**

Telephone 086 143 2383 | Fax 086 743 6959 | Email info@itransact.co.za

## **Investor Support Centre**

Telephone 086 146 8383 | Fax 086 743 6959 | Email investor@itransact.co.za

www.itransact.co.za