

RETIREMENT ANNUITY

Ongoing Advisor Fee Revision Form

Coronation Retirement Annuity Fund | FSB Registration Number: 12/8/37654/R | SARS Registration Number: 18/20/4/041867

- All sections must be completed in full using BLOCK LETTERS.
- Indicate all options selected by means of a cross (X).
- Initial all amendments made to this form.
- Ensure that all information provided is accurate.
- Forward your instruction to (021) 680 2250 or eflows@coronation.co.za.
- No instruction will be processed unless all requirements have been met.
- The daily cut-off time for receipt of instructions is 14h00.

A INVESTOR DETAILS

Title: _____ Surname: _____

First name(s): _____

Unitholder number: 104104 _____ Policy number: Pol _____

Contact telephone number: (_____) _____ Fax number: (_____) _____

Cellphone number: (_____) _____ E-mail address: _____

B REVISED ADVISOR ONGOING FEE *(Please select one option)*

- Retain existing fee agreement
- Cancel existing fee agreement
- Change existing fee agreement as per below

Annual advice fee: ___ ___ . ___ ___ % per annum of the market value of the investment portfolio, charged and paid monthly in arrears.
(Negotiable to maximum 1% exclusive of VAT).

Note: The annual advice fee will accrue to the Administrator as an administration fee. The Administrator will pay the annual advice fees to the Financial Advisor.

Signature of investor or authorised representative: _____

C FINANCIAL ADVISOR DETAIL AND DECLARATION

Financial Advisor: _____ Brokerage: _____

Broker Code: _____

I/We:

- declared that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Collective Investment Schemes Control Act, 2002, and the Financial Advisory and Intermediary Services Act, No. 37 of 2002 and subordinate legislation thereto, to the investor.
- warrant that I/we have established and verified the identity of the investor (and persons acting on behalf of the investor) in accordance with FICA and subordinate legislation thereto, and I/we will keep records of such identification and verification according to the provisions of FICA.
- warrant that I/we have explained all fees that relate to this investment to the investor and I/we understand and accept that the investor may withdraw his/her authority for payment to me/us to the Fund.

Signed at: _____ on this _____ day of _____, year _____

Signature of financial advisor: _____