

- All sections must be completed in full using BLOCK LETTERS.
- Indicate all options selected by means of a cross [X].
- Initial any amendments made to the application form.
- Ensure that all information provided is accurate.
- No instruction will be processed unless all requirements have been met.
- The daily cut-off for receipt of instructions is 14h00.
- Forward your instruction to (021) 680 2250 or [eflows@coronation.co.za](mailto:eflows@coronation.co.za).
- Should you have any queries regarding this application, please contact the Coronation Client Service Centre on 0800 22 11 77.

**A INVESTOR DETAILS**

New investor:  Existing client:  Investor number: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

ID or Passport number (if foreign national): | | | | | | | | | | | | | | | | | | | | | |

Date of birth: | D | D | M | M | Y | Y | Y | Y | South African resident: Yes  No  Gender: M  F

Are you a registered taxpayer? Yes  No  If yes, specify income tax number: \_\_\_\_\_

Postal address: \_\_\_\_\_  
Code: \_\_\_\_\_

Residential address: \_\_\_\_\_  
Code: \_\_\_\_\_

Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Work telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellphone number: \_\_\_\_\_ Fax number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: | | | | | | | | | | | | | | | | | | | | | |

Communication method: Post  Email

Source of income (compulsory): \_\_\_\_\_

**B ACTING ON BEHALF OF AN INVESTOR\***

\* e.g. Guardians/Persons with Power of Attorney or mandate acting on behalf of disabled or insolvent persons.

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

ID or Passport number (if foreign national): | | | | | | | | | | | | | | | | | | | | | |

Postal address: \_\_\_\_\_  
Code: \_\_\_\_\_

Residential address: \_\_\_\_\_  
Code: \_\_\_\_\_

Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Work telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellphone number: \_\_\_\_\_ Fax number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: | | | | | | | | | | | | | | | | | | | | | |

## C SUPPORTING DOCUMENTATION

(Copies of the supporting documentation are sufficient as long as all text and photographs are clear and legible).

- The following outlines the supporting documentation required in terms of the Financial Intelligence Centre Act, No. 38 of 2001 (FICA) as well as other documents required by Coronation. This documentation is necessary in order for the Fund to verify the details as provided in this application.
- If supporting documentation in terms of FICA has been provided in full to another accountable institution and if the Fund has confirmed that such institution has provided written confirmation in terms of the exemption from Section 21 of FICA, the investor is not obliged to furnish the Fund with such supporting documentation. In this event we require only the proof of identity of the investor/authorised person, power of attorney (if applicable), proof of bank details and other supporting documents (Recognition of Transfer and Statement by Transferring Fund).

Copy of ID or Passport (for foreign national) bearing ID/Passport number and photograph

Proof of SA income tax number (e.g. any SARS issued document bearing name and tax number)

Proof of residential address (e.g. bank statement, utility bill or telephone account less than three months old)

Guardian contact details (these details are only required when transacting on behalf of a minor)

Proof of banking details (e.g. bank statement or cancelled cheque less than three months old)

## D INVESTMENT DETAILS

Lumpsum contribution - Minimum R10 000

R           Cents

\*Date of deposit/transfer:         \* These may be estimations.

Cheque deposit  Electronic/internet transfer

**Please note:** The Fund requires proof of transfer or deposit before this application can be processed. Electronic transfers may not reflect immediately.

Is this a transfer from another fund? Yes  No

I hereby instruct and authorise the Fund or its assignees to draw against my account with the bank noted below (or any other bank or branch to which I may transfer my account).

Debit order contribution – Minimum R500 per month and R200 per fund

R       Escalation rate per annum (optional): 5%  10%  15%

Commencement month: \_\_\_\_\_ Collection date:  1st  4th  7th  10th  15th  28th

Source of funds (compulsory if a voluntary contribution): \_\_\_\_\_

Coronation reserves the right to request documentary proof of the source of funds.

All voluntary contributions are subject to a 14-day clearance period in respect of subsequent withdrawal instructions.

Intended retirement date:

(after age 55):         or intended retirement age: \_\_\_\_\_

## E TRANSFERRING FUND DETAILS (ONLY APPLICABLE IF TRANSFERRING FROM ANOTHER RETIREMENT FUND)

Please ensure that a copy of this completed application form is forwarded to the transferring fund before sending it to Coronation.

Registered name of transferring fund: \_\_\_\_\_

SARS Fund number:  1  8

FSB Fund number:  1  2

Fund Type: Pension Fund  Provident Fund  Retirement Annuity Fund \*

\*The Fund may request confirmation annually of the preferred ongoing financial advisor fee. No initial fees are payable on these transfers.

In the case of a Retirement Annuity, is this a valuation exempt fund? Yes  No

Name of administrator: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_



CORONATION UNIT TRUST FUNDS	Investment Allocation	
	Lump Sum	Debit Order
Optimal Income Fund	%	%
Bond Fund	%	%
Financial Fund	%	%
Industrial Fund	%	%
Resources Fund	%	%
Smaller Companies Fund	%	%
Total	1 0 0 %	1 0 0 %

\*exit fees may apply

## H BENEFICIARY NOMINATIONS

You may only nominate beneficiaries who are natural persons to receive a benefit in the event of your death before retirement from the Fund. Please note that the allocation to the beneficiaries is at the discretion of the Trustees, based on the Provisions of Section 37C of the Pension Funds Act, No. 24 of 1956. Your nomination will serve to assist the Trustees in making these decisions although it may not be binding on them. You may alter your nomination at any time by notifying the Fund in writing by completing a Beneficiary Nomination Form which must be received by the Fund before your death.

	Beneficiary 1	Beneficiary 2	Beneficiary 3
Surname			
First name(s)			
Relationship			
ID/Passport number			
Percentage			
Postal address			
Contact number			

	Beneficiary 4	Beneficiary 5	Beneficiary 6
Surname			
First name(s)			
Relationship			
ID/Passport number			
Percentage			
Postal address			
Contact number			

If there are additional beneficiaries, please attach this information on a separate signed page.

## I DECLARATION BY INVESTOR

I understand and agree to be bound by the provisions of this application form.

I understand and/or confirm that:

- If not already a member and where appropriate, I hereby apply for membership of the Fund. I understand and agree that this application, the membership information summary and the rules of the Fund (both as amended from time to time) and any other related documents provided by me and accepted by the Fund, constitute the entire agreement between the Fund and myself.
- I understand that the choice of the investment option is solely mine and I will not hold the Trustees liable for the choice. I retain the risk of and remain responsible for the selection between the various funds at all times. I have taken advice where I considered myself requiring such advice.
- I authorise the Fund to make all reports and statements pertaining to my investment available, in whatever format, to my appointed Financial Advisor, on his/her request.
- I hereby consent to the Fund making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the Fund obtaining any other information concerning me from any source whatsoever to enable the Fund to process this application.
- I authorise the Fund to accept instructions by facsimile or such other electronic means provided and hereby waive any claim that I may have against the Fund and indemnify the Fund against any loss incurred as a result of the Fund receiving and/or acting upon such communication. I accept the risk of communication method selected and understand that the Fund shall not be liable in the event that the Fund has not received the communication whether due to the failure, malfunction or delay of any networks or electronic or mechanical device or otherwise.
- Provided that the Administrator and/or the Fund and/or any of their officers and employees exercise reasonable care and diligence in the management of my investments, the Administrator and/or the Fund and/or their officers and employees shall not be liable to me or any third party for any loss sustained by me in terms of this agreement. Specifically, the Administrator and/or the Fund cannot be held responsible for any acts or errors of commission or omission by third parties, or the timing standards, practices and procedures of third parties.
- I warrant that all the statements given in this application form, and in all documents which have been or will be signed by me in connection with this application, whether in my handwriting or not, are true and correct and shall form the basis of my membership of the Fund. I warrant that I am the beneficial owner of the investment amount or that I am duly and validly authorised to invest the investment amount with the Fund, and that all monies deposited into the Fund bank account in respect of this investment were obtained from legitimate sources. I further warrant that in making and maintaining such investment, I have and will continue to comply with all relevant legislation, including, but not limited to the Financial Intelligence Centre Act and the Income Tax Act.
- I confirm to the Fund that I am acting on my own account and that this investment is my own independent decision. I understand that information, opinions and any communication from the Fund, whether written, oral or implied are expressed in good faith and not intended as investment advice. I have not received any assurance or guarantees from the Fund as to the expected benefits, except that the benefits will be determined by reference to the value of the investment portfolio.
- I understand and agree to the Retirement Annuity Fund - General Information and Conditions document. (This document can be requested from the Client Service Centre on 0800 22 11 77, or viewed on the website [www.coronation.com](http://www.coronation.com)).

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

Signature of investor or authorised representative\*: \_\_\_\_\_

Name of authorised person: \_\_\_\_\_

Capacity of authorised person: \_\_\_\_\_

\* Please forward proof of authorisation.

## J CORONATION RETIREMENT ANNUITY FUND BANK DETAILS

Please make all cheques payable to the Coronation Retirement Annuity Fund. All deposits relating to intended contributions to the Fund must be made into the following bank account:

Account name: Coronation Retirement Annuity Fund – Investment Account  
Bank: First National Bank  
Branch: Cape Town Corporate Branch  
Branch code: 204109  
Account number: 6209 092 3915

Proof of deposit must be forwarded to the Client Service Centre on fax number (021) 680-2250 or e-mail [eflows@coronation.co.za](mailto:eflows@coronation.co.za). Transactions will not be processed without proof of deposit.

## **K** FINANCIAL ADVICE FEES

(Please select an option)

- I acknowledge that I did not receive financial advice from either the Fund or a financial advisor. I will be noted as a Coronation Direct Client.
- I am a staff member and acknowledge that I did not receive financial advice from the Fund or a financial advisor. I will be noted as a Coronation Staff Client.
- I acknowledge that I have received financial advice from the Financial Advisor whose details are completed in the "Financial Advisor Detail and Declaration" section below, who is my appointed Financial Advisor and I agree to payment of fees as follows:

Initial advice fee: \_\_\_\_\_ % (Negotiable to maximum 3% exclusive of VAT. Applied to each contribution and deducted before investment is made. No initial fees are payable in respect of a transfer from another Retirement Annuity Fund).

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. If initial advice fee greater than 1.5% is selected, then the maximum annual advice fee is 0.5%.) In the case of a transfer from another Retirement Annuity Fund the Fund may request confirmation annually of the preferred ongoing financial advisor fee.

This authority may be withdrawn by written notice to the Fund.

The initial and annual advice fees will accrue to the Administrator as an administration fee over and above the administration fee referred to in section I above. The Administrator will pay the initial and annual advice fees to the Financial Advisor.

Signature of investor or authorised representative: \_\_\_\_\_

## **L** FINANCIAL ADVISOR DETAIL AND DECLARATION

Financial Advisor: \_\_\_\_\_ Brokerage: \_\_\_\_\_

Broker Code: \_\_\_\_\_

An "Accountable Institution" includes, but is not limited, to the following list of institutions: a Bank, Long-Term Insurer, Management Company registered in terms of the Collective Investment Schemes Control Act, a person who carries on the business of rendering investment advice or investment brokering services including a Public Accountant who carries on such business, member of a stock exchange licensed under the Securities Services Act No.36 of 2004 and a person who has been approved or who falls within a category of persons approved in terms of the Financial Advisory and Intermediary Services Act No. 37 of 2002. If this section is completed by an "Accountable Institution" acting on behalf of the client, the supporting documentation on page 2 need not be submitted to Coronation\*. Coronation may however request it where it is deemed necessary.

\* (a copy of ID and proof of bank account is still required)

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002 and subordinate legislation thereto, to the investor.
- warrant what 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 in writing to the Fund.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

Signature of financial advisor: \_\_\_\_\_