

- > Initial any amendments made to this instruction.
- > 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.
- > Completed forms are to be faxed to us on 086 206 4098 or e-mailed to eflows@coronation.co.za
- > Should you have any queries regarding this instruction, please contact the Coronation Client Service Centre on 0800 22 11 77.

A: INVESTOR DETAILS			
Full name:			
Client number: 104104	Investment number:		
ID/Passport number/Company/Trust/Partnership/Close Corporation registration number:			
Contact telephone number: ()	Email address:		

B: CHOOSE YOUR INVESTMENT

Before making a decision, please review the comprehensive fact sheets of the different funds on www.coronation.com. We also recommend that you speak to a financial adviser, who can assess your investment needs.

FUND NAME	Investment allocation (percentage)
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total	
Signature of investor/member or authorised representative*: SIGN WITHIN THE BO * Please forward proof of authorisation	X
Date: [d] / [m] / [y]	

C: IN	VESTMENT DETAILS				
:	• Would you like to invest a single amo	unt? Please complete s	section 1		
:	• Would you like to invest via debit ord	ler? Please complete se	ection 2		
1	SINGLE AMOUNT				
	Deposit/electronic transfer				
	I have deposited R into the Coronation Life Assurance Company account				count
	(listed below) on [d] / [m] / [y] and sent proof of payment to eflows@coronation.co.za				ion.co.za
	or 086 206 4098 (fax).				
(+)	Subject to a 7-day clearance period.				
COR	ONATION BANK ACCOUNT DETAILS				
	e make all cheques payable to the Coro	-	n. All deposits relating to intended	investments to the	Plan must be
	e into one of the following bank account				
COI	RONATION ENDOWMENT PLAN BANK ACC	OUNT DETAILS			
Acco	ount holder	Bank	Branch	Branch Code	Account number
Cord	onation Life Assurance Company Ltd	First National Bank	Cape Town Corporate Branch	204109	6209 137 9399
-	RONATION ENDOWMENT PLAN - COMPAN				
Acco	ount holder	Bank	Branch	Branch Code	Account number
Cord	onation Life Assurance Company Ltd	First National Bank	Cape Town Corporate Branch	204109	6209 138 0297
Proof of deposit must be forwarded to the Client Service Centre on fax number 086 206 4098 or email eflows@coronation.co.za Electronic transfers: Internet transfers may take up to two days to reflect in our bank account. Please use your policy number (POL/COR) as reference.					
	Please collect from my bank account:				
	Collect a single amount of		from:		
	My bank account listed with Coronation				
	Bank name		Account number:		
A different bank account. Please complete Section D.					
I/We the undersigned, authorise the Coronation Endowment Plan to draw against my/our bank account the single amount in terms of this application.					
Subject to a 40-day clearance period. A maximum of R1 000 000 per debit. Funds are deducted from the investor's bank account two business days after the receipt of a valid application form and supporting documentation.					
PHASING IN Investments can be made directly into the funds of your choice or be phased in over a period of time. Your investment is split into equal sums that can be invested over 3, 6 or 12 months. The initial lump sum is invested in the Coronation Money Market Fund and monthly automated investments are made into the fund of your choice.					
Do you want to 'phase in' your investment: Yes No					
lf Ye	s, please select phase-in period:	3 months	6 months 12 months		

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2 SET UP A DEBIT ORDER				
I/We the undersigned, authorise Coronation Endowment Plan to draw against my/our bank account the debit order investment amounts				
in terms of this application on the 🗌 1st 🗌 4th 📄 7th 📄 10th 📄 15th 📄 26th day of each month for the				
investment at the ruling price on the next business day. (If the debit order days fall on a weekend or public holiday, collection will take				
place on the next business day.) The debit order should commence on [d] / [m] / [y].				
All such withdrawals from my/our account will be treated as though they have been signed by me/us personally, and I/we request				
the bank to debit my/our account with these drawings. I/We acknowledge that debit order investments are subject to a 40-day				
clearance period.				
When selecting the recurring debit order option, the reference on your bank account will be a combination of the product/fund's				
abbreviated name and a 16 digit Policy number (e.g. CORO END POL1234567890123).				
Should contributions exceed 120% of the contributions made over the last two years, the restriction period of your investment will be extended for another 5 years.				
Do you want to increase your investment annually to help it keep pace with inflation?				
If yes, please increase my debit order per year by: 5% 10% 15% Other please specify%				
A minimum debit order amount of R500 is required, with a minimum of R200 per fund				
Collect a debit order to the amount of from:				
My bank account listed with Coronation				
Bank name Account number:				
A different bank account. Please complete Section D .				



D: BANKING DETAILS

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If the bank details provided does not match our records, there may be a delay in processing this instruction. To ensure your security, a consultant from Coronation will call you to confirm your personal authorisation.

The details specified below must be in the investor's name and will be used for all future banking transactions until such time as we are notified in writing of any changes.

Bank:	Account number:		
Branch name:	Branch code:		
Type of account: Current Transmiss	ion Savings		
Account holder name:			
Signature of account holder/authorised person:	SIGN WITHIN THE BOX		
Name of authorised person if account holder is a no	on-natural person:		
Capacity of authorised person if account holder is a	a non-natural person:		
PLEASE NOTE			
A cancelled cheque or recent bank sta	atement must accompany this application.		
Any changes to the banking details me	ust be forwarded in writing to Coronation, together	with proof thereof.	
Payments will not be made to third-payments	arty accounts, credit cards, money-market accounts	or bond accounts.	

Collection requests from a third-party legal entity account must be accompanied by a resolution, copies of the ID documents and signatures of the signatories of the third party. In the case of a third party individual account the application must be accompanied by a copy of the id document and three specimen signatures of the third party.



E: FINANCIAL ADVIS	E: FINANCIAL ADVISER DETAILS					
Initial advice fee:	nitial advice fee:% (Negotiable to a maximum 3%, exclusive of VAT. Applied to each deposit and deducted					
before the investment	is made.)					
Annual advice fee:	Annual advice fee:% per annum of the market value of the investment portfolio, charged and paid monthly in					
arrears. (Negotiable to a maximum 1% exclusive of VAT. If an initial advice fee greater than 1.5% is selected, then the maximum annual advice fee is 0.5% exclusive of VAT.)						
Signature of investor o	r authorised representative:	SIGN	WITHIN THE BOX			
Date: [d] /	[m] /	[y]				
Percentages stated above will override previously stated percentages.						
Adviser contact name: Company:			ıy:			
Agent account number	:	Registra	ation number:			
[
Signature of Adviser: SIGN WITHIN THE BOX		N THE BOX				
Signed at:		on this	day of	year		