

- 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.
- Only 1 investment per form is allowed.
- Forward your instruction to 086 206 4098 or 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: NEW DEBIT ORDER DETAILS

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).

I/We acknowledge that debit order investments are subject to a 40-day clearance period



A minimum debit order amount of R500 is required, with a minimum of R200 per fund

Amount: R _____

Escalation rate per annum (optional): 5% 10% 15% Other: please specify _____ %Commencement month: _____ Collection date: 1st 4th 7th 10th 15th 26th

Source of funds: _____

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

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 RA POL1234567890123).

C: CHANGES TO EXISTING DEBIT ORDER
 Coronation Endowment Plan Coronation Retirement Annuity Fund
Debit order increase

Please increase my debit order as follows:

FROM: Rands _____ Cents _____ TO: Rands _____ Cents _____

Effective from: _____ Collection date: 1st 4th 7th 10th 15th 26thEscalation rate per annum (optional) 5% 10% 15% Other: please specify _____ %Investment options to remain as is* Cancel current escalation



Debit order decrease

Please decrease my debit order as follows:

FROM: Rands _____ Cents _____ TO: Rands _____ Cents _____

Effective from: _____ Collection date: 1st 4th 7th 10th 15th 26th

Escalation rate per annum (optional) 5% 10% 15% Other: please specify _____ %

Investment options to remain as is*

Cancel current escalation

Debit order termination

Please terminate my debit order: Yes No

Immediately: Yes No

Effective from: _____

Debit order reinstatement

Please reinstate my debit order of: Rands _____ Cents _____

Effective from: _____ Collection date: 1st 4th 7th 10th 15th 26th

Investment options to remain as is*

Escalation rate per annum (optional) 5% 10% 15% Other: please specify _____ %

* Please indicate fund selection in Section E - Investment Options if different to existing fund selection.

D: BANKING DETAILS



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 Transmission Savings

Account holder name: _____

Signature of account holder/authorised person***:

*** Please forward proof of authorisation.

SIGN WITHIN THE BOX

Name of authorised person if account holder is a non-natural person: _____

Capacity of authorised person if account holder is a non-natural person: _____

PLEASE NOTE

- ▶ A cancelled cheque or recent bank statement must accompany this application.
- ▶ Any changes to the banking details must be forwarded in writing to the relevant Fund, together with proof thereof.
- ▶ Payments will not be made to third-party 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 request must be accompanied by a copy of the id document and three specimen signatures of the third party.



E: INVESTMENT OPTIONS

The Retirement Annuity Fund requires that your investment adheres to the following limits: a maximum exposure of 75% of the investment amount to equity investments; 30% to international investments; 25% to property. In order to assist you to determine whether your selection of investment options complies with the above-stated limits, you can contact the Client Service Centre on 0800 22 11 77 or use the Quotes tool available on our website www.coronation.com. The available investment options may change from time to time.

| FUND NAME | Investment allocation (percentage) |
|---|------------------------------------|
| Strategic Income Fund | % |
| Balanced Defensive Fund | % |
| Capital Plus Fund | % |
| Balanced Plus Fund | % |
| Top 20 Fund | % |
| Global Strategic USD Income [ZAR] Feeder Fund | % |
| Global Capital Plus [ZAR] Feeder Fund | % |
| Global Managed [ZAR] Feeder Fund | % |
| Global Opportunities Equity [ZAR] Feeder Fund | % |
| Global Equity Select [ZAR] Feeder Fund** | % |
| Global Emerging Markets Flexible [ZAR] Fund** | % |
| SA Equity Fund | % |
| Equity Fund | % |
| Market Plus Fund | % |
| Optimum Growth Fund | % |
| Property Equity Fund | % |
| Money Market Fund | % |
| Jibar Plus Fund | % |
| Bond Fund | % |
| Financial Fund | % |
| Industrial Fund | % |
| Resources Fund | % |
| Smaller Companies Fund | % |
| Total | |

**exit fees may apply



F: DECLARATION BY INVESTOR OR AUTHORISED REPRESENTATIVE

I hereby acknowledge that the same terms and conditions that are applicable to my original investment apply to this investment and that I have read the appropriate comprehensive fact sheet information available on Coronation's website (www.coronation.com/za/personal/complete-fund-range-fact-sheets).

Signature of investor or authorised representative***:

*** Please forward proof of authorisation

SIGN WITHIN THE BOX

Date: _____ [d] / _____ [m] / _____ [y]