RETIREMENT ANNUITY FUND

VOLUNTARY ADDITIONAL INVESTMENT



- > 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

rutt name.	
Client number:	104104

Investment number:

Email address:

ID/Passport number/Company/Trust/Partnership/Close Corporation registration number:

Contact telephone number: (_____) _____

B: CHOOSE YOUR INVESTMENT

Please refer to the Coronation Fee Schedule for a comprehensive list of available investment options. The available investment options may change from time to time.

The relevant Fund requires that your investment adheres to the following limits: a maximum exposure of 75% of the investment amount to equity investments; 45% 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, contact the Client Service Centre on 0800 22 11 77 or use the Quotes tool available on our website www.coronation.com.

FUND NAME	Investment allocation (percentage)
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total	

Signature of investor/member or authorised representative*: * Please forward proof of authorisation SIGN WITHIN THE BOX

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

Retirement annuity fund voluntary additional investment form October 2023 Coronation Retirement Annuity Fund | FSCA Registration Number: 12/8/37654 | SARS Approval Number: 18/20/4/041867

C: INVESTMENT DETAILS Would you like to invest a single amount? Please cord	nplete section 1			
Would you like to invest via debit order? Please com				
1 SINGLE AMOUNT				
Deposit/electronic transfer				
I have deposited R Fund - Investment Account			nvestment Account	
(listed below) on [d] / [m] / [y] and sent proof of payment to eflows@coronation.co.za				tion.co.za
or 086 206 4098 (fax).				
Subject to a 14-day clearance period.				
BANK ACCOUNT FOR RETIREMENT ANNUITY FUND				
Account holder	Bank	Branch	Branch Code	Account number
Coronation Retirement Annuity Fund - Investment Account	First National Bank	Cape Town	204109	6209 092 3915
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 R 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 Retirement this application.	Fund to draw against n	ny/our bank accoun	t the single amoun	t in terms of
Subject to a 40-day clearance period. A maximum o two business days after the receipt of a valid application				's bank account

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
es, please select phase-in period:	3 months	6 months

2 SET UP A DEBIT ORDER
/We the undersigned, authorise Coronation Retirement Annuity Fund 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
or the investment at the ruling price on the next business day. (If the debit order days fall on a weekend or public holiday, collection
vill 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
he 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 RA POL1234567890123).
Do you want to increase your investment annually to help it keep pace with inflation? Yes No No fyes, 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 R 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 Transmission	Savings
Account holder name:	
Signature of account holder/authorised person:	SIGN WITHIN THE BOX
Name of authorised person if account holder is a non-na	tural person:
Capacity of authorised person if account holder is a non	natural person:
PLEASE NOTE	
A cancelled cheque or recent bank statem	ent must accompany this application.
Any changes to the banking details must b	e 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 application must be accompanied by a copy of the id document and three specimen signatures of the third party.

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

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F: FINANCIAL ADVISER DETAILS			
Initial advice fee: before the investment is made.)	% (Negotiable to a maximum 3%	, exclusive of VAT. Applied	to each deposit and deducted
Annual advice fee: arrears. (Negotiable to a maximum annual advice fee is 0.5% exclusive o	1% exclusive of VAT. If an initial adv		olio, charged and paid monthly in selected, then the maximum
Percentages stated above w	ill override previously stated percer	ntages.	
Adviser contact name:	Company:		
Agent account number:	Re	gistration number:	
Authorised agent signature:	SIGN WITHIN THE BOX		
The Financial Intelligence Centre Ac clients prior to performing certain t		s accountable institutions t	o identify and verify the identity of all
Signed at:	on this	day of	year
Signature of investor/member or authorised representative:		SIGN WITHIN T	HE BOX
Date: [d] / [n	n] /[y]		
Signature of financial adviser:			