

Unit Trust Application Form

Individual Investors (new investors only)



- View the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to www.sanlamunittrustsmdd.co.za.
- The [Terms and Conditions](#) are available on the web. If you cannot access the link provided above this can be obtained from our Client Contact Centre.
- To comply with regulatory requirements we have to identify and verify you before investing your funds.
- The investment will be finalised once we receive the fully completed, dated and signed form, with all the necessary supporting documents.
- If you wish to make an EFT payment, we will provide you with our bank details and your client account number once your Unit Trust account is opened.



- Completing the information correctly** will ensure that the investment is processed without delays.
- All information must be accurately completed.
 - The form must be completed, **dated and signed** by the registered investor, or authorised signatories with valid authorisation from the investor such as a power of attorney or a mandate.
 - Do not write any instructions outside the allocated fields.
 - Initial any changes made.
 - Return **pages 2 to 6** to us with the relevant additional sections below.
 - Complete and return the following sections if applicable:
 - **Appoint a financial adviser / broker** - Form A
 - **Authorisation from bank account holder** - Form B
 - **Invest on behalf of the investor** - Form C



- Please submit the following verification documents:**
- Copy of ID document or Smart card (both sides) or Passport (if foreign national).

- Please submit the following verification documents if you are acting on behalf of an investor:**
- The abovementioned documents for the authorised person.
 - Investor authorisation, such as a power of attorney or mandate.

**Our contact details****Send the completed form and supporting documents to:**E-mail utinstructions@sanlaminvestmentssupport.com**If you have any questions, contact us at:**E-mail service@sanlaminvestments.com

Tel 0860 100 266

Website www.sanlaminvestments.com**Cut off times****Fund Type**

Sanlam Alternative Income Fund
Money Market funds
All other funds

Cut off time

11:00
13:00
15:00

All required documents must be provided before the cut off time in order for your instruction to be processed on the same day.

Unit Trust Application Form

Individual Investors (new investors only)

1. Investor classification

The section is only applicable to the following parties:

<input type="checkbox"/> Sanlam Group	Employee pay code _____
<input type="checkbox"/> Sanlam Private Wealth (SPW) Portfolio Managers	BDA number _____

2. Investor details

All fields in section 1 are mandatory.

Title _____ First name(s) _____

Surname _____ Gender _____

Date of birth _____ (ddmmccyy) Country of birth _____

Citizenship _____

Other Citizenship _____

Identity number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Occupation _____

Self-employed Yes No

If yes, what is the nature of your business _____

Email address _____

Residential address _____

Country _____ Postal code _____

Contact numbers	International dialling code	Area code	Number
Telephone (work) - <i>optional</i>			
Telephone (home) - <i>optional</i>			
Cell/mobile		n.a.	

3. Investment fund details

Name your Investment Goal _____
 (example Peter's University fund)

Please select the fund(s) you would like to invest in and indicate the amount you would like to invest.
 If you are unsure about which funds suit your needs, please consult your broker or Sanlam financial adviser.
 Please review the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees,
 refer to www.sanlamunittrustsmdd.co.za.

Core fund range	Lump sum deposit <i>Please provide an estimate if amount is still to be confirmed.</i> (R)	Monthly recurring debit order (R)	Income distribution (Please tick selection)	
			Reinvest	Payout
Conservative Fund Range <i>You are very careful and want to protect your capital</i>				
Sanlam Investment Management Enhanced Yield - A1			<input type="checkbox"/>	<input type="checkbox"/>
Sanlam Investment Management SA Active Income - A1			<input type="checkbox"/>	<input type="checkbox"/>
Sanlam Investment Management Money Market Fund - R			<input type="checkbox"/>	<input type="checkbox"/>
Cautious Fund Range <i>You'd prefer not to take risks but can be persuaded</i>				
Sanlam Investment Management Inflation Plus			<input type="checkbox"/>	<input type="checkbox"/>
Sanlam Investment Management Inflation Plus Fund			<input type="checkbox"/>	<input type="checkbox"/>
Moderate Fund Range <i>You are willing to take risks with some of your assets</i>				
Sanlam Investment Management Balanced Fund - A			<input type="checkbox"/>	<input type="checkbox"/>
Aggressive Fund Range <i>You're willing to risk more for maximum return</i>				
Sanlam Investment Management General Equity Fund - A			<input type="checkbox"/>	<input type="checkbox"/>
Sanlam Investment Management Top Choice Equity Fund - A1			<input type="checkbox"/>	<input type="checkbox"/>

Other Funds	*Class	Lump sum deposit <i>Please provide an estimate if amount is still to be confirmed.</i> (R)	Monthly recurring debit order (R)	Income distribution (Please tick selection)	
				Reinvest	Payout
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

* If you do not specify a fund class, your investment will be allocated to a default class

4. Source of Funds and Source of Income

Please specify where the funds for this investment come from.

Salary Inheritance Savings Bonus Other (Specify) _____

Do these funds originate from a Sanlam policy? Yes No If yes, policy number _____
(Section 5 is not applicable)

Please specify your regular source of income

Salary Inheritance Bonus Pension or Provident Fund
 Savings Other (Specify) _____

5. Payment instructions

You have the following options for payment:

5.1 We collect funds via debit order

Monthly debit order on the _____ (dd) day of each month starting _____ (mmccyy)
(This date is only between the 1st and the 28th).

Annual increase _____ %

Annual increase date _____ (mmccyy)

Payment selection

Payment is from my own bank account
(Complete Section 6)

OR Payment is from a third party bank account
(Complete Form B).

For use when opening an investment for a Minor, or if the debit order is being paid by a third party.

OR

5.2 You pay via an Electronic Fund Transfer (EFT)

Lump sum deposit

- Once your account has been opened, you will receive notification and payment instructions.

6. Investor banking details

The banking details specified will be used for

- Disinvesting
- Income distribution payments
- Debit order

Payments will only be made into the account of the registered investor. Payments cannot be made to third parties.

Bank account holder _____

Identity number _____

Name of bank _____

Account number _____

Name of branch _____

Branch code _____

Type of account: Current Savings

Signature bank account holder _____ Date _____ (ddmmccyy)

7. Investor interaction preference

I want to receive marketing information. Yes No

Ways to manage and track your investment

We will send you all your investment correspondence to the email which you provided.

Your statements and tax certificates will be available on the Sanlam Secure Services website should you need to have a printed copy.

Once you have your investor number you can register to transact on Sanlam Secure Services.

In line with Sanlam's responsibility towards the environment, we will no longer send postal statements.

If post is your only means of receiving correspondence, please contact our Client Contact Centre.

8. Self Certification (Tax status)

We require this information in order to report to the South African Revenue Services (SARS) for Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) as per the Automatic Exchange of Information (AEOI) for International tax compliance.

Is South Africa your primary country of tax residence? Yes No

Are you registered to pay tax in South Africa? Yes No

If yes, please provide your South African Tax identification Number (or reason why one has not been issued).

Are you registered for tax in any other country? Yes No

If yes, please provide your Tax identification Number (or reason why none has been issued).

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

9. Withholding tax status

Some beneficial owners of dividends are entitled to an exemption (local and/or foreign persons) or a reduced rate (foreign persons) provided the required declaration and undertaking are submitted to the company or withholding agent.

I qualify for a Dividends tax exemption, Dividends tax reduced rate or Withholding Tax on Interest

in terms of the Income Tax Act. Yes No

If yes, please complete a *Dividends tax exemption DTD(EX)*, *Dividends tax reduced rate DTD(RR)* or *Withholding Tax on Interest Declaration (WTI)* form, available on our website www.sanlaminvestments.com

10. Investor declaration

By signing this application form I agree that I have read and understand the application form and related terms and conditions.

Signature of investor _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

Form A
Appoint a financial adviser / broker

Complete and submit this section with your investment application form if you received advice from a financial adviser.

Important Information

Only one financial adviser is applicable per investor.
All fees are explained in the Minimum Disclosure Document (MDD).

Initial advice fee

- Maximum amounts payable as an initial advice fee are explained in the MDD's.
- Initial advice fees are applied to each contribution and deducted before the investment is made on your Client Account.

On-going advice fee

- This annual advice fee is not applicable to funds or classes where a trailer fee is already included in the service fee.
- The annual advice fee is calculated on the daily market value of the investment portfolio, paid to the financial adviser monthly. It is paid in arrears and from the sale of units from the investor's client account, thereby reducing the units.

Financial adviser details

I wish to appoint the following financial adviser as the preferred adviser on all my Sanlam Collective Investment Accounts.

Adviser / Broker code _____

Full name(s) _____ Surname _____

Fee instruction

I agree to pay the following Initial and On-going Advice Fee (excluding VAT).

Unit Trust Fund Name	Initial Advice Fee %	On-going Advice Fee %

- If you do not fill in any fees, it will default to 0%.
- If the fund selected does not allow an On-going advice fee, the fee will default to 0%.
- If you have selected a fee greater than that of the fund's maximum, the fee will default to the fund's maximum.
- Any fees indicated on this form will be applied to all future transactions.

Signature of Investor _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

Sanlam financial adviser / broker declaration

Sanlam financial adviser:

Financial advice

It is the adviser's responsibility to complete the advice documents for this transaction and forward them, with this application form, to Sanlam.

FICA declaration

I confirm that the investor recorded in this application, or the person acting on their behalf, confirmed his / her identity with original, acceptable FICA documents.

Copies of these documents are attached.

Does this application replace the whole or part of an existing product? Yes No

If yes, please provide a completed replacement advice record with the FAIS documents.

Signature of Sanlam financial adviser

Broker:

FSP license

I declare that I am a licensed financial services provider or a representative of a financial service provider. I am authorised to sell unit trusts.

FSP license number: _____

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 (FICA), and any legislation regulations or guidelines related to it.

Copies of these documents are attached.

Signature of broker

Form B**Authorisation from bank account holder**

- Complete and submit this section if the payment is from a third party's bank account.
- Copy of Identity document is required for the third party payer.

Investor name and surname _____

Third party information

Title _____ First name(s) _____

Surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Residential Address _____

Country _____ Postal code _____

Email address _____

Cell / Mobile _____

Relationship to investor _____

Occupation _____

Self-employed Yes No

If yes, what is the nature of your business _____

Please specify where the funds for this investment come from.

 Salary Inheritance Savings Bonus Other (Specify) _____**Third party banking details****Indicate whether you are adding a new bank account or replacing the existing bank account provided to SCI.**Yes I am adding an additional bank account No I am replacing the existing bank account Not Applicable (New bank account)

Bank account holder _____

Name of bank _____

Account number _____

Name of branch _____

Branch code _____

Type of account Current Savings

Declaration

I instruct and authorise Sanlam or its agents to draw direct debits against my bank account as per the instruction in section 3 and 5.

Signature bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)

Form C
Authorisation to act on behalf of an Investor
Important Information

- This form must be completed by **all** parties stated in the [Regulatory Supporting Information](#).
- Each person is required to complete the sections below. If more than one page is required, copies of this section can be made and must accompany the fully completed application form.
- Documents must be provided as stated in the [Regulatory Supporting Information](#).

Investor name and surname _____

Personal details

Title _____ First name(s) _____

Surname _____

 Permanent residential address _____

Country _____ Postal code _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Email address _____

Cell / Mobile _____

Relationship (e.g. parent, guardian) _____

Primary country of tax residence _____

Tax Identification Number _____

 Are you a registered tax payer of any country other than your primary country of residence? Yes No

If yes, please complete the information below for each country of tax residency.

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

Declaration and signature

I certify that the information I have provided above is true and correct.

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Only authorised signatories acting on behalf of the investor must sign (e.g. parent, guardian, etc.)