

OCCUPATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Government employee / judge | <input type="checkbox"/> Professional, scientific and technical services | <input type="checkbox"/> Management |
| <input type="checkbox"/> Executive | <input type="checkbox"/> Academic | <input type="checkbox"/> Technical and sciences |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Sales and marketing | <input type="checkbox"/> Safety and security personal |
| <input type="checkbox"/> Arts, performance and hospitality | <input type="checkbox"/> Craft, trade or artisan | <input type="checkbox"/> Sport professional |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Religious leader | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed | Other: <input type="text"/> | |

INDUSTRY

- | | |
|---|---|
| <input type="checkbox"/> Financial, investment and insurance activities | <input type="checkbox"/> Professional, scientific and technical services |
| <input type="checkbox"/> Information, technology and communication | <input type="checkbox"/> Administrative and support services |
| <input type="checkbox"/> Accommodation and hospitality services | <input type="checkbox"/> Human health, social work and education |
| <input type="checkbox"/> Wholesale and retail trade | <input type="checkbox"/> Transportation and storage |
| <input type="checkbox"/> Arts, entertainment and recreation | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Craft, trade or artisan | <input type="checkbox"/> Sport professional |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Agriculture, forestry and fishing |
| <input type="checkbox"/> Non-profit / religious | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Government, Municipal services or SOE | <input type="checkbox"/> Public administration, defence and social security |
| <input type="checkbox"/> Unemployed | |

INTENDED PURPOSE OF INVESTMENT

- Invest for 0 – 3 years Invest for 3 - 5 years Invest for over 5 years / for retirement

NATURE OF RELATIONSHIP WITH NEDGROUP INVESTMENTS

- Invest a single amount with frequent withdrawals
 Invest multiple amounts with frequent withdrawals
 Invest a single amount with occasional withdrawals
 Invest multiple amounts with occasional withdrawals

3. Change request

Please indicate the details you wish to change and complete and submit corresponding addendum/a with this form.

- | | |
|--|--|
| <input type="checkbox"/> Addendum 1: Name or ID/Passport number | <input type="checkbox"/> Addendum 5: Preferred correspondence method |
| <input type="checkbox"/> Addendum 2: Contact details (Contact numbers / email / address) | <input type="checkbox"/> Addendum 6: Bank account details |
| <input type="checkbox"/> Addendum 3: Person acting on your behalf | <input type="checkbox"/> Addendum 7: Income distribution payment method (unit trusts only) |
| <input type="checkbox"/> Addendum 4: Individual tax residency self-certification | |

Please note:

- If you change any of your personal details to reflect as non-South African, or from non-South African to South African, you are required to complete the relevant tax residency self-certification addendum as well.

4. Investor declaration

I confirm and certify that:

- I am responsible for my investment decisions and have considered whether this investment is right for my needs.
- I confirm that all information provided in this application is true and correct and that I am not aware of any other information that may affect this application negatively.
- Where I am acting on behalf of another person, or as a representative of a legal entity, I confirm that I am duly authorised to complete and sign this form.
- I understand and agree that this application will be governed by the relevant and latest Investment Agreement and I have read and understood the Portfolio Characteristics document and the fund fact sheet that relates to the unit trust portfolios I am investing in.
- I have used the Effective Annual Cost calculator and I am aware of the charges that may be incurred.
- I authorise Nedgroup Investments to accept this instruction as submitted (electronically or otherwise) and agree that Nedgroup Investments will not be held liable for acting on this application and/or any instructions contained herein.
- The information contained in this form may be reported to the South African tax authorities.

Investor / Authorised
signatory

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Name

Capacity

Nedgroup Investments (Pty) Limited (Company registration number 1996/017075/07)

Incorporating Nedgroup Collective Investments (RF) Proprietary Limited (Company registration number 1997/001569/07); Nedgroup Investment Advisors Limited (Company registration number 1998/017581/07) an authorised Financial Services Provider (FSP Licence No. 1652) Sponsor of the Nedgroup Investments Retirement Funds

Nedbank Clocktower Clocktower Precinct V&A Waterfront Cape Town 8001
PO Box 1510 Cape Town 8000 South Africa

www.nedgroupinvestments.com

Directors: I Ruggiero NA Andrew CE Sevenoaks

Addendum one

Name or ID/Passport number

PLEASE PROVIDE A COPY OF THE NEW SOUTH AFRICAN ID OR PASSPORT

Title and surname	<input type="text"/>
First names	<input type="text"/>
SA ID number	<input type="text"/>
Date of birth	<input type="text"/> D D M M Y Y Y Y
Passport number (if foreign national)	<input type="text"/>
Passport expiry date	<input type="text"/> D D M M Y Y Y Y
Passport country of issue	<input type="text"/>
Nationality	<input type="text"/>

Addendum two

Contact details

Cell (mandatory) + (0)

Email address

Alternate telephone + (0)

Residential address

Postal address

Code

Country South Africa

If other

Code

Country South Africa

If other

Addendum three

Person acting on behalf of an individual investor

Do you wish to remove the person currently acting on your behalf? Yes No

If yes, please provide the name of the person to be removed.

Title and surname

First names

Preferred name

ID number of person acting on your behalf

Do you wish to appoint a new person to act on your behalf? Yes No

If yes, please complete all the information below which will overwrite the existing record and provide a signed copy of their identity document.

If no, please indicate the details of the existing person acting on your behalf you wish to change:

Capacity of person acting on behalf of investor:

Power of Attorney Curatorship Legal Guardian Parent Other

If parent, please indicate whether minor lives with you. Yes No

If no, please refer to the FICA Requirement Document for documentation required to confirm investor's address.

PERSONAL DETAILS

Title and surname

First names

Date of birth
D D M M Y Y Y Y

SA ID number

Passport number (if foreign national)

Passport expiry date Passport country of issue
D D M M Y Y Y Y

Nationality

CONTACT DETAILS

Cell (mandatory) + (0)

Email address

Please note

- This email address will be used for correspondence pertaining to this investment.
- Should you not complete this field, please acknowledge and accept that you will not receive email notifications about this investment.

Alternate telephone + (0)

Residential address or registered address

Code

Country South Africa

If other

Postal address (if different)

Code

Country South Africa

If other

Please note:

- Please provide a copy of you South African ID or passport (if you are a foreign national).
- If you are acting on behalf of the investor in terms of a power of attorney, curatorship or legal guardianship, please provide proof of authority to act.

Date
D D M M Y Y Y Y

Addendum four

Individual tax residency self-certification

The Tax Administration Act 28 of 2011 (adopting aspects of the U.S.A Foreign Account Tax Compliance Act (FATCA), and the OECD Common Reporting Standard (CRS) for Automatic Exchange of Financial Information) require us to collect certain information about investor's tax arrangements. Please complete the section below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's investment, with SARS who may in turn share this information with other relevant tax authorities. If any of the information below changes in the future, please advise us of these changes promptly.

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

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

If yes, please indicate your South African tax number:

Are you a tax resident in any other country? Yes No

If yes, please complete the following for each country of tax residency:

Country of tax residency	Tax identification number (TIN)	OR	Not applicable
1 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
2 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
4 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
5 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>

Please note

- By ticking not applicable you confirm that the country specified does not issue a tax identification number.
- If you are a USA citizen you are resident for tax purposes in the USA.

Addendum five

Preferred correspondence

We will send you, or the person acting on your behalf, all correspondence (e.g. statements, fund updates, ballot letters pertaining to your investment) via email. If you haven't provided an email address your quarterly statement will be sent via SMS.

You may choose who receives your quarterly investment statement:

You / the person acting on your behalf Your financial planner Both

As an investor, you will also receive our quarterly Insights if an email address has been provided. If you do not wish to receive this please tick this box:

Addendum seven

Income distribution method - unit trusts only

Please complete the unit trust portfolio(s) for which you would like your income distribution changed.

Unit trust portfolio	Account number	Income distribution	
		Payout	Reinvest
		✓	OR ✓