

# Initial Investment

## Endowment for individuals



### 1. What you need to know

1. Before completing this form please read the latest relevant Investment Agreement, Fund Fact Sheet and Portfolio Characteristics document - which can be obtained from your financial planner or our Client Service Centre. To understand the charges that may be incurred when investing, please use the Effective Annual Cost calculator available at [www.nedgroupinvestments.com](http://www.nedgroupinvestments.com).
2. Your investment will be invested into the unit trust portfolio class specified on the relevant Portfolio Characteristics document.
3. We will process your instruction once:
  - we have received, reviewed and accepted your completed signed form and supporting documentation;
  - we have performed all checks, verifications and assessments required in terms of FICA; and lastly
  - the money reflects in our bank account.
4. The daily cut-off for receipt of instructions is 14:00.
5. Information filled in outside of the relevant fields will not be considered when processing your instruction.
6. Return the completed and signed form with the relevant supporting documents to us via email to [nedgroupinvestments@silica.net](mailto:nedgroupinvestments@silica.net) (please print and sign the form before scanning and emailing it to us, as an authorised signature is required for processing).
7. If you have any questions about this form please contact your financial planner or our Client Service Centre on **0860 123 263** (from within RSA) or on **+27 21 416 6011** (from outside RSA).

### 2. Online Access to Your Investment

Information regarding your investment may also be accessed from our secure site. Once you have received your investor number, you may register on the Nedgroup Investments website. To access the site go to [www.nedgroupinvestments.co.za](http://www.nedgroupinvestments.co.za) and click on 'Register/Login' in the top right hand corner of the landing page.

**Please note**

- We will need to have a valid cell phone number and email address on record in order for you to register successfully.

### 3. Investor details

**Please note**

- All fields must be completed in order to process your instruction.
- If you are completing this on behalf of an investor, please complete and attach the Appoint a person to act on your behalf form, available from our website.

**INVESTOR TYPE**

<input type="checkbox"/> South African individual	<input type="checkbox"/> Refugee	<input type="checkbox"/> Asylum seeker
<input type="checkbox"/> Foreign individual	<input type="checkbox"/> Sole proprietor	

**PERSONAL DETAILS**

Title and surname	<input type="text"/>
First names	<input type="text"/>
Preferred name	<input type="text"/>
Date of birth	<input type="text"/> D D M M Y Y Y Y
SA ID number	<input type="text"/>
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"/>
	Country of birth <input type="text"/>

**CONTACT DETAILS**

Cell (mandatory)	+ <input type="text"/> (0) <input type="text"/>
Email address	<input type="text"/>

**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	+ <input type="text"/> (0) <input type="text"/>	
Residential address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postal address (if different) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Code <input type="text"/>	Code <input type="text"/>
	Country <input type="text"/> South Africa	Country <input type="text"/> South Africa
	If other <input type="text"/>	If other <input type="text"/>

## 4. Income, tax and residency

### TAX STATUS

- 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="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/>	<input type="checkbox"/>	<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.

### INCOME VERIFICATION

This information is an anti-money laundering requirement prescribed by the Financial Intelligence Centre Act, 38 of 2001 (FICA). Supporting documentation may be requested.

### WHAT IS YOUR SOURCE OF WEALTH?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Salary / Commission | <input type="checkbox"/> Pension / Annuity               | <input type="checkbox"/> Court order / Maintenance |
| <input type="checkbox"/> Business earnings   | <input type="checkbox"/> Inheritance / Donations / Trust | <input type="checkbox"/> Self-employed             |

### WHAT IS YOUR 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 personnel |
| <input type="checkbox"/> Arts, performance and hospitality | <input type="checkbox"/> Crafter, trader 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                        | <b>Other:</b> <input type="text"/>                                       |  |

### WHAT INDUSTRY DO YOU WORK IN?

- |   |   |
|---|---|
| <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 artisanal                      | <input type="checkbox"/> Sport  |
| <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                                     |   |

## 5. 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 you have provided us with an email address. If you do not wish to receive this please tick this box:

## 6. Details of Life Assured

### Please note

At least one life assured must be nominated.

### FIRST LIFE ASSURED

Title and surname

First names

SA ID number

Passport number (if foreign national)

Passport expiry date  Passport country of issue

D D M M Y Y Y Y

### SECOND LIFE ASSURED

Title and surname

First names

SA ID number

Passport number (if foreign national)

Passport expiry date  Passport country of issue

D D M M Y Y Y Y

## 7. Beneficiary nomination

### Please note

- On death of the investor if the life assured is alive beneficiary for ownership will be applied; if life assured is deceased beneficiary for proceeds will be applied.
- On death of the last life assured if the investor is alive the policy will pay out to the investor.

### PLEASE NOMINATE A BENEFICIARY FOR PROCEEDS

If you would like to nominate additional beneficiaries, please copy and complete this section and submit with this investment form.

Percentage allocation  % Relationship   
(no decimals)

#### If beneficiary is an individual

Title and surname

First names

SA ID number

Date of birth   
D D M M Y Y Y Y

Passport number (if foreign national)

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

Nationality  Country of birth

#### If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Is your beneficiary for ownership the same as one of your beneficiaries for proceeds?  Yes  No

If yes, which beneficiary?

### PLEASE NOMINATE A BENEFICIARY FOR OWNERSHIP

You may only nominate one beneficiary for ownership

Relationship

#### If beneficiary is an individual

Title and surname

First names

SA ID number

Date of birth   
D D M M Y Y Y Y

Passport number (if foreign national)

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

Nationality  Country of birth

**If beneficiary is a legal entity**

Registered name

Registration number

Country of incorporation

**8. Consent of spouse**

Are you married in community of property?  Yes  No

If yes, in terms of the Matrimonial Property Act, 1984, the written consent of your spouse is required to authorise your beneficiary nominations.

Name of spouse

I consent to the beneficiary nominations detailed herein.

Signature of spouse

Date   
D D M M Y Y Y Y

**9. Investment details**

**INTENDED PURPOSE OF INVESTMENT**

Invest for over 5 years

**NATURE OF RELATIONSHIP WITH NEDGROUP INVESTMENTS**

- Invest a single amount with frequent withdrawals after 5 years
- Invest multiple amounts with frequent withdrawals after 5 years
- Invest a single amount with occasional withdrawals after 5 years
- Invest multiple amounts with occasional withdrawals after 5 years

**HOW ARE YOU FUNDING THIS TRANSACTION?**

- Salary / Commission
- Investments / Rental income
- Sale of assets
- Pension / Annuity
- Court order / Maintenance
- Inheritance / Donations / Winnings
- Self-employed
- Business earnings

**Total lump sum amount**  
(including phase-in, if applicable)

R

**PHASE-INS**

Do you require your investment to be phased in?  Yes  No

If yes, please submit the relevant Phase-in Form.

If you elect to phase-in your investment, the investment amount will be invested into the Nedgroup Investments Core Income Fund and phased in monthly over the selected period into the designated unit trust portfolio(s).

**UNIT TRUST PORTFOLIO SELECTION**

**Please note:**

- Income distributions will be reinvested (after tax if applicable).

Unit trust portfolio	Lump sum amount to be invested excluding amounts to be phased-in	Debit order amount to be invested	Only applicable if investing with a Financial Planner		
			Initial FP fee (excl VAT)		Annual FP fee (excl VAT)
			Lump sum	Debit order	
			%	%	%
<b>Total (R)</b>					

**FEE ACCOUNT SELECTION (IF REQUIRED)**

Indicate the unit trust portfolio for which the fee is to be recovered.

**Please note**

- If the funds are depleted in that unit trust portfolio, the fees will be recovered from the original unit trust portfolio.

**FINANCIAL PLANNING FEES**

- If no fee is completed, 0% will apply.
- If a fee higher than the maximum is specified, the maximum will apply.
- Initial financial planning fees in respect to debit orders will be deducted off each debit order amount before investing into the selected unit trust portfolio.

**POLICY DETAILS**

Only required if you would like to split your total investment amount across more than one policy, which will result in multiple account groups.

Please indicate the amount to be invested in each policy:

R

R

R

R

R

**Total (R)**

Each amount will be invested proportionately in the unit trust portfolios selected. All details on this instruction form will apply to each policy.

## 10. Payment details

### HOW DO YOU WISH TO PAY FOR THIS INVESTMENT?

#### Lump sum:

**Collection by Nedgroup Investments**

Electronic collection by Nedgroup Investments is a once off debit from your bank account and is limited to a maximum of R1 million. For amounts larger than R1 million please make payment via EFT. Please complete the 'Investor bank account details' section below. Allow at least two business days between the submission of your instruction and the collection date specified below.

Total lump sum amount (include any Phase-ins) R

Date for electronic collection of lump sum

<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

**I will make payment via electronic funds transfer (EFT)**

Once we accept your investment, we will send you an SMS with our bank account details. Please transfer your investment amount and use your SA ID number (or passport number if Foreign national) as reference. Electronic transfers may take up to two days to appear in our bank account.

#### Please note

- We do not accept cash deposits.
- We will only process your instruction once we have received proof of payment.
- Interest will be earned (at the rate applicable to the abovementioned bank account) from the first day after the investment amount has been deposited until invested.

#### Debit Order:

Total debit order investment amount R

Debit order to commence in the month of   
M M Y Y Y Y

Debit order collection day  1st  15th  27th

Escalation rate per annum  5%  10%  15% Other  %

#### Please note

- Debit order escalation percentage cannot exceed 20%.
- For your debit order to come into effect on the selected date, your debit order instruction must reach us no later than five business days before the selected date. If all requirements are not met, your debit order instruction will be processed on the selected date in the following month.
- Cheque deposits, once-off debits and debit orders take 45 days to clear.



## 11. Investor bank account details

It is mandatory to complete this section.

**Please note**

- No third party payments will be processed.
- If the bank account used to fund this investment differs from the one below please provide us with alternate bank account details by completing the Alternate bank account form available on our website.
- Payments will be delayed if the name of the account holder as registered with the bank is different from that completed below.

Name of account holder (as registered with bank)	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<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="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"/>		
Name of branch	<input type="text"/>	Branch code	<input type="text"/>
Account type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	Country <input type="text"/>

## 12. Financial planner details and declarations

Name of financial planning business

Name of financial planner  Code

Contact number +  (0)

I confirm that:

- I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 (FAIS) to the investor.
- I have used the Effective Annual Cost calculator and explained all fees and charges that relate to this investment to the investor.
- I am authorised by the financial planning business to sell this investment / product in terms of FAIS.

Financial planner signature

Date   
D D M M Y Y Y Y

## 13. Complete only if the investor is a Nedbank employee or direct family member of a Nedbank employee

Nedbank employee number

If not a Nedbank employee, please specify the relationship to Nedbank employee

## 14. 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.

Where the financial planning details section has been completed:

- The financial planning business is my appointed financial planning business until I instruct otherwise.
- The financial planner listed, as authorised representative of the financial planning business, is my appointed financial planner.
- My appointed financial planning business must be paid the initial and annual financial planning fees.
- Annual financial planning fees may be recovered via the sale of units from my investment and paid to my financial planning business as long as it remains registered to render services in respect of my investment.
- My appointed financial planning business will have access to my investment details via Nedgroup Investments' secure online website.

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

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