

# Reinvestment instruction form

(Retirement annuity/Preservation fund)

|--|

#### **Important**

- 1. This form must be signed by the fund member and co-signed by the spouse if married in community of property on/after 01/11/1984.
- 2. Attach a clear copy of the identity document (identity document, both sides of the smart ID card/driver's license or passport) of the fund member.
- 3. Attach proof of banking details (a bank statement, not older than three months).
- 4. We strongly suggest that you obtain a tax number from the South African Revenue Service (Sars) if you have not already done so.
- 5. You may not change any part of this form or the terms and conditions. When you correct any information you have completed, sign next to it.
- 6. Based on the information you provide, we may ask for additional information and documents.
- 7. If we cannot process any part of this application, we will inform you or your financial adviser.
- 8. This form is only valid for three months after the date of signature.

<b>~</b>			
Contact	narean	tor radii	irements
Contact	DEISOIL	ioi ieuu	11 611161163

If we cannot reach this contact person o	r if this section is not filled in, we will	contact the fund member.	
Name			
Contact number		Other	
Email address			
1: Fund member details			
1.1. Personal details			
Surname			
Title		Preferred name	
Full names (As indicated on RSA identity document/passport/driver's licence)			
Identity/Passport number			
Issue date of passport		Expiry date of	f passport
Country of issue			
Nationality	Z A (ZA if South Africa)	Co	ountry of birth Z A (ZA if South Africa
Citizenship	Z A (ZA if South Africa)	If you hold dual citizer	nship, give the other country code
Date of birth	D D M M Y Y Y		Gender Male Female
Physical address	Unit number	Complex	
	Street number	Street name/Farm	
	Suburb/District		
	City/Town		
	Postal code	(	Country code Z A (ZA if South Africa
Cell phone number	+ 2 7 (0)	Other + 2	7 (0)
Email address			
Language preference	English Afrikaans		
We will communicate by email. Do you p	refer to receive communication by po	st instead?	Yes No

								Р	olicy/0	Contra	ct nur	nber									
If "ye	s" and the postal address is differe	nt from th	ne ph	nysical	addres	s abo	ve, we	need tl	ne po	stal ad	dress	i.									
Posta	al address																				
		City/Tow	/n																		
		Postal co	ode										Со	untr	y cod	le	Z A	(ZA	if So	uth A	Africa)
1.2. Are v	Income tax details you a registered taxpayer with the	South Afr	rican	n Rever	nue Se	rvice	(Sars)?	>									Yes			No	
	s", give your Sars tax number		III	1110101		11100	(Garo)									L	100			110	
If "no	" give the reason																				
If you	are currently or have been previo	usly regi	stere	ed for t	ax in o	ther c	ountrie	s, com	plete	these	detail	s bel	ow.								
Tax r	esidence (country code)	Tax ident	tifica	ation nu	mber (	TIN)															
4.0	Natura of husiness																				
1.3. What	Nature of business t is the nature of your business that	nrovides	s the	money	/ VOLLII	se to	sustain	VOURSE	elf on	a day t	o dav	/ hasi	s? \	Υου ι	mav k	nave	more	than	one s	ourc	ce of
	ne or wealth. We reserve the right								,,, ,,,,	u uuy i	.0 day	Daoi	· .	1001	iiay i	lave	, 111010	- triciri		Jourc	JC 01
	Employed/Self-employed	Nature	of bu	usiness	3																
	Other	Specify	′																		
1.4.	Source of funds for invest	tment																			
	source of funds funding the transactions.	tion or in		ment w	ill not a	always	s corres	spond v	vith th	ne sour	ce of	incor	me/	weal	th, e.	g. aı	n emp	loyed	perso	on m	ay
	Salary/Remuneration	Name o		nployer																	
	Business transaction	Nature o	of bu	usiness	transa	ction															
	Investment/Savings/Dividends	Source	of ca	apital/s	avings																
		Name o	of inv	estmer	nt comp	pany															
		Account	t/con	ntract n	umber	where	e the fu	nds are	e held	ı											
	Inheritance	Estate la	ate r	name a	nd rela	itionsl	nip														
	Winnings	E.g. Lot	tto, c	asino d	or comp	oetitio	n name	9													
	Other*	Specify																			
*E.g.	sale of vehicle, sale of property, bo	onus from	n em	ployer,	divide	nds re	eceived	, gift, do	onatio	on, loar	n repa	aymei	nt fr	om t	hird p	arty	/.				
1.5.	Influential persons																				
polition prom	Financial Intelligence Centre Act (I cally exposed person, domestic pr inent influential persons and forei anations below, indicate which exp	ominent i gn promir	influ nent	ential p public	erson, official	forei s. Mo	gn pror re than	minent one of	public	officia	al and	l a kn	OWI	n clo	se as	soc	iate o	r famil	ly of c	dome	
	Politically exposed person			, . , ·		<u> </u>	•														
	Domestic prominent influential per	rson																			
	Foreign prominent public official																				
	Known close associate																				
	Family member																				

		Policy/Contract number								
Definitions of influential persons										
<b>Examples:</b> A head of state, cabinet m (financial department/tender processes	neone who is or has been entrusted with pro- ninister, member of parliament/local/provincia es), senior judge, manager of local municipal or representative of a religious organisation.	al government, senior ad	lminis	strator	in gov	vernmer	nt dep	partm		
South African PIP would be known as Official (PPO) position in a foreign co	ember of a foreign royal family, government r	c Official (FPPO) would be	oe so	meone	e who	holds a	a Pror	miner	nt Pul	blic
is not intended to capture every person <b>Examples:</b> Known relationships outs organisation, labour or employee union corporate vehicles with the prominent has sole beneficial ownership of a con-	idual who is closely connected to a prominer on who has been associated with a prominer ide the family unit (e.g. girlfriends, boyfriends on as the prominent person, business partnet person, or who is otherwise connected (e.g. prorate vehicle set up for the actual benefit or	nt person. s, mistresses), a promine r or associate, especially through joint membersh f the prominent person.	ent m / one nip of	ember who s f a con	r of the shares npany	e same s (benef v board),	polition ficial) , any	cal pa owne indivi	arty, d ership dual	civil o of who
-	o is related to a PEP/PIP either directly (cons r, previous spouse or civil/life partner, childre ouses or civil/life partners.	0 1/		_		` '				•
1.6 Additional contributions										
If you made any excess contributions to	a retirement fund that you did not receive a	ny tax relief for, we need	the t	followi	ng info	ormatio	<b>n</b> :			
Did you make any excess contributions of Sars documents confirming excess of if "yes", give the following:	to retirement funds for which you have Sars ontributions.	IT34 confirmations? We	nee	d copie	∍s	Yes	3	] [	No	
The excess contribution you made to a	provident fund before 1 March 2016.		R							
The excess contributions you made to a	all retirement funds, excluding the provident f	und contribution.	R						İ	
2: Continuation instructi	ion									
Continuation date	D D M M Y Y Y Y (a future of	date)								
The continuation date is the date of mate	urity but may move to the date of receipt of the	ne full requirements, if thi	is is I	ater. T	he ful	l procee	ds wi	ill be	conti	nued.
Continuation term	years and MM months									
2.1. Continuation options Please tick and fill in the corresponding	information:									
Continue without further contributions										
Continue with further contributions										
Recurring contribution	R	Subject to the applic	able	minim	um.					
Payment date of the first contribution	D D M M Y Y Y									
Payment frequency	Monthly	Half-yearly		Yearly	,					
Contribution growth	% or CPI*	Date of first co	ntrib	ution ir	ncreas	se M	M	YY	Y	Υ
*Consumer Price Index (CPI) is applied	with a five-month lag and limited to a minimum	ım of 2,5% and a maxim	um o	of 20%		-				
Account information (for payment of If the account holder differs from the me	contributions) ember, please fill in a separate Debit order for	rm (SERVICE 001).								

Branch name

Savings

Transmission

<mark>03</mark>/06

Account type | Current/Cheque

Published: April 2020

Account holder name

Bank account number

Bank name

Branch code

	d av	/aila																		iger. 100s		rent	Inve	esto	fund	lists	are	ava	ilab	le o	n the	е М	ome	entu	m w	ebsi	te at
2.2	.1.	Fo	r th	e c	onti	inua	atio	n a	ımo	unt																											
		nam																		Cla	iss				%				Raı	nd v	alue	Э					
																										(	%	or	R								
									Τ																	(	% (	or	R						Т		
									T	T										Ī						(	% (	or [	R				Ħ	T	T		
				<del></del>					<del> </del>	+				<del></del>					]				]			(	<u> </u>	or [	R				$\perp$	<del></del>	$\overline{\mathbf{T}}$		
									_	+									]				]						R				$\vdash$	$\pm$	$\pm$		
																												,									
2.2	.2.	Fo	r th	e re	ecu	rrin	g c	ont	ribu	utio	n																										
																		-	ontrib	butio	ns a	s w	ell?									Ye	s			No	
		plea nam		ll in	the 1	tund	sele	ectio	on fo	or the	e futi	ure i	ecu	rring	g cor	ntrib	utior	ns.		Cla	iss				%				Raı	nd v	alue	e					
																			]							(	% (	Г	R						Τ		
									T	T									]							(	% c	or [	R					T	T		
									<del> </del>	+									]				]			(	% (	or [	R					$\frac{\perp}{\Box}$	T		
									_	+									]				]						R				$\vdash$	$\pm$	$\pm$		
									<del>                                     </del>	<del> </del>									]				]					L	R					<del></del>	$\perp$		
																											70	, [	11								
3:		Fi	naı	ncia	al a	adv	/ise	er f	ee	s, c	det	ails	s a	nd	de	cla	ara	tio	า																		
Fo	r all	СО	ntra	icts	tha	at s	tart	ed	bef	ore	Jan	uar	у 2	009	ı																						
		_	con	tribu	ıtioı	1 – t	otal	coı	mmi	issic	on li	mite	d to	5%	of	each	ı co	ntri	buti	on																	
	es f nmi:		n – a	as %	of r	ecu	rrinc	i coi	ntrib	utior	n (ma	axim	num	is 1	00%	a) pa	vab	le as	8																		
				sion											%			- 50																			
As-	and-	-whe	en co	omm	nissi	on						$^+$		=	%		(0%	- 10	00%	)																	
									7	Total	1				%		(		,	,																	
Tro	l for		0/	of th	ha fi	ınd :	برادي	0 0			<u>_'</u>			=	%		/O0/	- 19	<b>/</b> )																		
па	riee	e – e	15 %	OI II	ne n	una	vaiu	e, p	er y	ear					70		(0%	) - I7	′o)																		
Fo	r all	СО	ntra	ects	tha	at s	tart	ed	afte	er Ja	anua	ary	200	9																							
	ntin es f		on a	moı	unt	(pre	ser	vatio	on f	und	s on	ly)																									
			e fee	e/cor	mmi	ssio	n								%		(0%	- 39	%)																		
Tra	l fee	e/coi	mmi	ssio	n							Ť	Ì		%		(0%	- 19	%)																		
Sal	es f	ee									on li								buti	on																	
				as % niss		ecu	ırıng	j coi	מוזווו	MIOI	n (m	axim	ium		%) p %				50/	from	600	sh or	ntr:	huti	an a	liena:	ınto	۹/									
												$\frac{\perp}{\perp}$		=												disco	ınte	u)									
				omm								+	<u> </u>	=	%					e of t	ne 5	% n	naxi	mun	n)												
Tra	I fee	e – a	ıs %	of tl	he fu	und '	valu	e, p	er y	ear					%		(0%	- 19	%)																		

Policy/Contract number

2.2. Investment details

Policy/Contract number											
------------------------	--	--	--	--	--	--	--	--	--	--	--

Momentum will split the adviser fee for the reinvestment (where applicable) as follows:

#### 3.1. Financial adviser details

\*If there is more than one financial adviser, please give the servicing adviser's details first.

Name and surname	Financial adviser code	FSP name	FSP code	Adviser fee reference number	Adviser fee split	Marketing adviser code
*					9	6
					9	6
Servicing financial adviser details					100 %	ó
Cell phone number	+ 2 7 (0)		Othe	er + 2 7 (0)		
Email address						

# 3.2. Fais - Accreditation of financial adviser at intermediary level

I declare that I have been issued with the following licences to render financial service under section 7(3) of the Financial Advisory and Intermediary Services Act (Fais) No. 37 of 2002:

#### Long-term Insurance Category 1

- 1. Category 1.3 Long-term Insurance subcategory B1
- 2. Category 1.4 Long-term Insurance subcategory C
- 3. Category 1.5 Retail Pension Benefits
- 4. Category 1.20 Long-term Insurance subcategory B2

#### 3.3. Financial adviser declaration

- 1. I explained and provided all documents that apply to this investment to the fund member before this application was signed.
- 2. I explained to the fund member all the fees, charges and taxes that apply to this transaction.
- 3. I have provided and explained the relevant minimum disclosure documents (MDDs, also known as fact sheets) in the case of continuation, to the fund member before the fund member signed this form.
- 4. My fees, agreed with the fund member, are reasonable, considering the services the fund member needs and I will provide the services on an ongoing basis.
- 5. Please pay my fees monthly in arrears. Momentum Metropolitan Life Limited (Momentum) may immediately stop paying my fees if the fund member cancels my mandate.
- 6. I have explained to the fund member that Momentum uses a default investment fund (currently the Momentum Money Market Fund) for certain transactions and events. I have explained that the Momentum Money Market Fund is a collective investment scheme (unit trust) and that it carries a risk in the sense that, although unlikely, if any capital losses occur, it will also be a loss for the fund member.
- 7. Any instruction to Momentum will be within the limits of the mandate I have from the fund member.

# 3.4. Financial adviser signature

I have carefully read, understand and accept this application, the terms and conditions, these declarations, the valid Investo quotation, minimum disclosure documents (or fact sheets) and guides that apply to this retirement product. The information I provide is true and correct. I made sure that all details of this form were completed. I will not hold Momentum liable for any loss or damages if someone changes this form after I sign it.

Full name and surname		
Signature of financial adviser	Date	

# 4: Declaration by the fund member and contribution payer

# 4.1. Declaration by the fund member

- I have carefully read, understand and accept this application, the terms and conditions, these declarations, minimum disclosure documents (or fact sheets) and guides that apply to this retirement product. The information I provide is true and correct.
   I made sure that all details of this form were completed. I will not hold Momentum Metropolitan Life Limited (Momentum) liable for any loss or damages if someone changes this form after I sign it.
- 2. I am aware that I can access the terms and conditions on the Momentum website at momentum.co.za, request a copy from the Investo contact centre (0860 664 321) or from my financial adviser.
- 3. I know I must get advice at all stages of my investment. My adviser and I are responsible for making sure that I receive and understand everything that is relevant to this investment.
- 4. I know my adviser must be appropriately licensed with the Financial Sector Conduct Authority (FSCA) before advising me or making decisions for me.
- 5. I will tell Momentum if I change my adviser, change my adviser's fee, change the level of advice I receive and when I appoint more advisers.

Published: April 2020 Service008E/Reinvestment instruction form

Policy/Contract number						

- 6. I fully understand and accept all the fees and charges related to my investment and authorise Momentum to pay my adviser the agreed fees from my
- 7. My investment contribution is not the proceeds of any crime, as defined in the Prevention of Organised Crime Act, no. 21 of 1998, as amended from time to time.
- 8. I am capable of evaluating my investment (either through independent professional advice or on my own). I accept the risks related to this investment if I refuse advice. I indemnify Momentum and its subsidiaries if I suffer loss or damages because I elected not to obtain investment advice.
- I know my investment is subject to market risk and its value will fluctuate on market movements. I also understand that investment performance is not guaranteed.
- 10. I understand and agree that Momentum can use a default investment component (currently the Momentum Money Market Fund) for certain transactions and investment events.
- 11. I fully understand and accept all timelines, business practices and administrative processes related to my investment.
- 12. I understand that should any law, rule or directive change it might affect my investment.
- 13. I understand and accept the income tax implications of and on my investment.
- 14. I hereby certify that I confirm and quarantee that I hold no other citizenships and residencies for tax purposes, other than those disclosed on this application form. If this changes, I will inform Momentum in writing of any change within 30 days of the change occurring.
- 15. I am aware that the Financial Intelligence Centre Act (Fica) applies and I will comply with its requirements.
- 16. I agree that Momentum can share my personal information with Momentum Metropolitan Holdings Limited, its subsidiaries and contracted service providers in order to properly administer my investment and provide me with Financial Wellness information.
- 17. I will let Momentum know if any details provided changes.

# Declaration by the contribution payer (from where Momentum will collect the recurring contributions - as per section 2)

- 1. I declare that Momentum may check my details with my bank, and collect money from this bank account for this investment.
- 2. Momentum can debit my account on my selected date or on the next possible date if Momentum could not collect on my selected date.
- 3. I confirm that I can sign for this bank account.
- 4. I will let Momentum know if I change my bank account.

#### 4.3. Protection of Personal Information

Momentum is required to collect relevant information from each client for anti-money laundering and prevention of terrorist financing, for tax purposes according to the Intergovernmental Agreement ('the IGA"), and for reporting on these clients to the South African authorities where necessary.

We also collect personal information about you to offer you the best service. Your information is used for administrative, operational, audit, marketing, research, legal, statutory and record-keeping purposes. We will take all reasonable steps necessary to secure the integrity of any personal information which we hold about you and to safeguard it against unauthorised access. We will not share this information outside of Momentum, and its associated groups or agents, without your explicit consent.

If you do not consent to us using your personal information, there may be delays for you or some instructions might not be carried out. You can have access to your information at any time and ask us to correct any information we have in our possession. Please feel free to write to us to obtain a copy of this information of which copies will be kept for a period of five years or more, as required by law.

### Signature of fund member

Full name and surname		
Signed at	Date	D D M M Y Y Y Y
Signature of fund member		
Signature of contribution payer (Only compl	ete this section if the contribution payer is different from the fund member.	)
Full name and surname or legal entity name		
Signed at	Capacity of signatory if not contribution payer	
Date		
Authorised signatory	Second signatory (if required)	

# Contact details

#### Client contact centre

Traditional - ShareCall: 0860 669 876, Telephone: +27 (0)12 675 3056, Email: client@momentum.co.za Investo - ShareCall: 0860 664 321, Telephone: +27 (0)12 675 3034/24, Email: investo@momentum.co.za Address: 268 West Avenue Centurion, 0157, Postal: PO Box 7400 Centurion, 0046, Website: momentum.co.za

#### **Momentum Metropolitan Life Limited**

Momentum is part of Momentum Metropolitan Life Limited, an authorised financial services and registered credit provider. Reg no 1904/002186/06 Refer to the company websites for directors and company secretary details momentum.co.za momentummetropolitan.co.za

Published: April 2020 06/06