

## Tax-Free 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](http://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 must 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
    - **Regulatory Supporting Requirement** - Form C



### Please note.

In terms of the Client Due Diligence Act (**CDD**), we are required to obtain supporting documents for all legal entities as well as the applicable parties acting on their behalf. Please complete the information and supply the documents as specified in the [Regulatory Supporting Information](#)



### Our contact details

#### Send the completed form and supporting documents to:

E-mail [UTinstructions@sanlaminvestmentsupport.com](mailto:UTinstructions@sanlaminvestmentsupport.com)

#### If you have any questions, contact us at:

E-mail [service@sanlaminvestments.com](mailto:service@sanlaminvestments.com)

Tel 0860 100 266

Website [www.sanlaminvestments.com](http://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.**

## Tax-Free Unit Trust Application Form

Individual Investors (new investors only)

Do you have an existing Unit Trust with us?  Yes  No

If yes, please supply the investor code: \_\_\_\_\_

### 1. Investor details

All fields in section 1 are mandatory.

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Identity number \_\_\_\_\_

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.	

Please specify your regular source of income

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

## 2. 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](http://www.sanlamunittrustsmdd.co.za).

Unit Trust Fund	*Class	**Tax-Free Savings Account Transfer (R)	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
Truffle SCI Enhanced Income Fund					<input type="checkbox"/>	<input type="checkbox"/>
Truffle SCI Flexible Fund					<input type="checkbox"/>	<input type="checkbox"/>
Truffle SCI General Equity Fund					<input type="checkbox"/>	<input type="checkbox"/>
Truffle SCI Income Plus Fund					<input type="checkbox"/>	<input type="checkbox"/>
Truffle SCI SA Equity Fund					<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

\*\* If you intend to transfer money into your Tax-Free Savings Account from another Tax-Free Product Provider, please provide your fund choice and an estimate of the amount under "Tax-Free Savings Account Transfer".

### 3. Source of funds for this investment

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 4 is not applicable)

### 4. Payment instructions

You have the following options for payment:

#### 4.1 We collect funds via debit order

Monthly debit order on the \_\_\_\_\_ (dd) day of each month starting \_\_\_\_\_ (mmccyy)  
 (This date is only between the 1<sup>st</sup> and the 28<sup>th</sup>).

Annual increase \_\_\_\_\_ %

Annual increase date \_\_\_\_\_ (mmccyy)

#### Payment selection

Payment is from my own bank account  
**(Complete Section 5)**

**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**

#### 4.2 You pay via an Electronic Fund Transfer (EFT)

Lump sum deposit

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

**OR**

#### 4.3 Transferring in from another Tax-Free Product Provider

Tax-Free lump sum transfer

- In addition to this form, a Tax-Free Savings Account Transfer form is required to be completed. Please contact our client Contact Centre to obtain this form.

Transferring Tax-Free Product Provider name \_\_\_\_\_

Tax-Free Savings Account number to be transferred from \_\_\_\_\_

**5. 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

I instruct and authorise Sanlam or its agents to draw direct debits against my bank account as per this instruction, section 2 and 4.

Signature bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

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**6. Investor interaction preference**

I would like to receive SMS notifications when I transact on my account.     Yes     No

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.

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**7. 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

## 8. 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 advise

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 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.

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.

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**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.

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**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**

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 2 and 4.

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 acting on behalf of the investor as stated in the [Regulatory Supporting Information](#).
- Each person is required to complete the sections below. In the event that 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.)