

APPLICATION FOR MEMBERSHIP

1. IMPORTANT INFORMATION

Please complete this form if you wish to become a member of the Destiny Retirement Preservation Fund. GIB Financial Services (Pty) Ltd, an approved Fund administrator and an authorised financial services provider FSP No. 9305, is the Administrator.

- a) You will need an investment overview before completing this form, GIB provides guidance to assist you in better understanding your investment options available. In order to obtain guidance, or for more information, please contact GIB on 086 000 3863 (FUND) or destiny@gib.co.za and visit www.gib.co.za
- b) Please complete all relevant sections of this application in order to process this investment.
- c) Please read the Conditions of Membership that apply to this investment. This is available via www.gib.co.za
- d) Please email the required documents in the checklist below to destiny@gib.co.za
- e) The administrator will only finalise the processing of your application when all required documents are received and once the money reflects in Destiny Retirement Preservation Fund bank account.
- f) The Destiny Retirement Funds comply with the requirements set out in Default Regulations in terms of Section 36 of the Pension Funds Act No. 24 of 1956.
- g) GIB accepts joint responsibility and accountability with you to responsibly manage and protect your personal information when providing our services and solutions to you.
- h) We are committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, and according to applicable law.

Document checklist

Completed Preservation Fund application (pages 1 – 4)
Signed Destiny Retirement Preservation Fund Investment Overview
Copy of your South African ID or valid passport (if foreign national)
Proof of address not older than three months
Proof of bank deposit or transfer into the Destiny Retirement Preservation Fund bank account

2. DETAILS OF INVESTOR / MEMBER

Title	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>		
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country of Birth	<input type="text"/>
ID number (Passport number if foreign national)	<input type="text"/>		
Income tax number	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		Postal code <input type="text"/>
Postal address	<input type="text"/>		
If the same as above, please tick this box.	<input type="checkbox"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		Postal code <input type="text"/>
Business address (if applicable)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		Postal code <input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cell	<input type="text"/>		
Email	<input type="text"/>		

Marital Status: Single Married Gender: Male Female

Income per annum

Source of funds invested

Communication

Communication is sent to your selected email address. Destiny sends two types of communications:

- Transaction confirmations: Each time we receive an instruction on your account we will send a transaction confirmation containing details of the completed instruction.
- Quarterly benefit statements and other communications relating to your account.

Secure online access

Your GIB secure online account will be activated within five business days after the processing of this application. GIB enables you to view your personal and investment details (e.g. account balance, transaction history) online. Kindly note that in order for us to set-up your secure online account, we will require an email address.

3. TRANSFER DETAILS

If this is a unit transfer (Unit transfers are subject to the rules of the transferring fund/insurer)

Where does the transfer come from?

Transfer from another pension or provident preservation fund

Transfer due to divorce order

Transfer from an employer pension/provident Fund if yes, complete last date of employment

Please complete transferring fund details below:

Estimated transfer amount R

Registered name

FSCA registration number

Policy number

Contact details

Have you reached retirement age as stipulated by your transferring fund? Yes No

4. PORTFOLIO SELECTION

See Fact Sheets at www.gib.co.za

Destiny LifeStage Model Y N % Allocation (if no above)

Portfolio Selection

Investment allocation

All Destiny Portfolios comply with Regulation 28 of the Pension Funds Act No. 24 of 1956.

What is Regulation 28?

These are the parameters that set, amongst other things, the maximum exposures that retirement fund savings may have to various asset classes.

Surname																											
Name(s)																											
Date of birth	d	d	/	m	m	/	c	c	y	y	Rand amount spent on dependant per month										R						
Address																											
Email																											
Telephone													Relationship														

Surname																											
Name(s)																											
Date of birth	d	d	/	m	m	/	c	c	y	y	Rand amount spent on dependant per month										R						
Address																											
Email																											
Telephone													Relationship														

Surname																										
Name(s)																										
Date of birth	d	d	m	m	/	c	c	y	y	Rand amount spent on dependant per month										R						
Address																										
Email																										
Telephone													Relationship													

- I acknowledge that it is my duty to acquaint myself with the investment risks associated with my instructions and I am aware of and accept the risk and any unique characteristics involved with the selected investment.
- I have read and signed the Investment Overview and understand the contents thereof.
- I confirm that I have read, understand and agree to the Conditions of Membership.
- I further confirm that I understand and accept the section on Initial and Ongoing fees.
- I warrant that all the information supplied on this form is true and correct and as per my instructions.
- I understand that GIB requires access to my personal information in order to administer my retirement preservation fund.
- I confirm that GIB may process my personal information as provided above, this would include the processing of this form and future instructions submitted by me or any person authorised by me to act on my behalf.
- I further confirm and understand that my personal information will be used for the purpose it was collected for and GIB will communicate with me in matters relating to the purpose my information was collected for.
- I consent to GIB disclosing and transferring my personal information to any contracted third party.

Date

d	d
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m	m
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c	c	y	y
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FINANCIAL ADVISER ADVICE FEE

IMPORTANT INFORMATION

The Destiny Retirement Annuity Fund & Destiny Retirement Preservation Funds (the Fund/s) are marketed directly to the public in order to minimise fees which in turn generates enhanced investments at retirement.

Whilst direct is the preferred model, the Board of Trustees is cognisant of the fact that many investors require the services of a Financial Adviser. This form may be completed by investors who wish for GIB, the administrator of the Fund/s, to recognize the services of their selected, accredited Financial Adviser.

FINANCIAL ADVISER FEE (ANNUAL ASSET BASED FEE)

Please select agreed Annual Advice Fee to be deducted monthly in arrears (maximum 1.0% excluding VAT):

%

SERVICES FOR ADVICE FEE

- I acknowledge that my financial adviser noted below has agreed to render certain services to me arising from my membership of the Fund/s.
- The services that my financial adviser has agreed to render to me include, but are not limited to:
 - handling enquiries in relation to my membership of the Fund/s;
 - keeping the Administrator informed of changes in my membership details;
 - advising me of changes to the Fund/s and benefits that the Fund/s offer;
 - keeping me informed as to the performance of my Investment Portfolio/s;
 - annually assessing the suitability of my Investment Portfolio/s related to my needs.
- The agreement will start when I become a member of the Fund/s, unless stated otherwise.
- I instruct GIB, the administrator of the Fund/s, to collect the fee, in terms of the agreed percentage above.

Select the appropriate Fund/s:

Destiny Retirement Annuity Fund	Destiny Retirement Preservation Fund
<input type="checkbox"/>	<input type="checkbox"/>

Signed at:

Date:

Investor Name:

Signature:

Adviser Name:

Signature:

REPLACEMENT OF FINANCIAL PRODUCTS INVESTMENTS AND FUND SWITCHES

Section 8(1)(d) of the Code of Conduct in terms of Board Notice 80 of 2003 as amended by Board Notice 43 of 2008

The following details are to be recorded in full in comparing the replacement product with the terminated product		Terminated Product	Replacement Product
Product and Product Provider details			
1.	Fees & Charges:		
	1.1 Upfront Commission		
	1.2 Initial fee by product provider		
	1.3 FSP Trail Fees		
	1.4 Product Provider's annual management fees		
	1.5 Rebate arrangements		
	1.6 Platform Fees		
	1.7 Performance Fees		
	1.8 Underlying Investment Fees		
2.	Special Terms & Conditions:		
	2.1 Restrictions		
	2.2 Circumstances		
3.	Tax Implications:		
4.	Material differences of investment risk: (market risk, currency risk, interest rate risk)		
5.	The penalties or unrecovered expenses deductible or payable due to the termination:		
6.	The extent to which the product is readily realisable or the extent to which the relevant funds are accessible:		
7.	Vested rights, minimum guaranteed benefits or other guarantees or benefits which will be lost as a result of the replacement:		
8.	Where financial services are rendered on both the terminated and replacement product:		
	8.1 In respect of <u>receipt by</u> the financial services provider, directly or indirectly, on the terminated product of any:		

	Incentive		
	Remuneration		
	Commission		
	Fee		
	Brokerages		
	8.2 In respect of payment to the financial services provider, directly or indirectly, on the replacement product of any:		
	Incentive		
	Remuneration		
	Commission		
	Fee		
	Brokerages		
9.	Purpose of the Replacement <i>(State the reasons why the replacement product is more suitable to client's needs than retaining or modifying the terminated product. (The rationale stated here should also form part of an advice record, as required by section 9 of the Code of Conduct, as amended).</i>		

ADVISOR

- I confirm that I will notify the issuer of the existing long-term insurance contract or policy of such replacement at the earliest practicable opportunity but in any event no later than the date on which the transaction requirement is submitted to a product supplier in respect of the replacement product.
- I confirm that I have taken all reasonable steps to confirm that the information in this Replacement Policy Advice Record (RPAR) is true and correct.
- I confirm that in pursuance of my advice to the policyholder to replace the policy(ies) mentioned in this RPAR.
- I have fully discharged my duties and obligations as set out in section 8(d) of the General Code of
- Conduct for Authorised Financial Services Providers and their Representatives (the Code) and have retained a record of such advice as required by section 3 of the said Code.

Name _____ Surname _____

Date _____ Signature _____

POLICYHOLDER

- I confirm that the advisor has fully explained the consequences of the replacement of the policy/policies mentioned in the Replacement Policy Advice Record and Annexure thereto to me and that I furthermore understand the consequences and implications of such replacement(s).
- I have been made aware of the fact that I have the right to cancel the new policy within 30 (thirty) days without any administrative costs being charged, should I decide not to proceed.

Name _____ Surname _____

Date _____ Signature _____