

## APPLICATION FOR MEMBERSHIP

### 1. IMPORTANT INFORMATION

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

- Read and understand the Conditions of Membership and the Investment Overview. You must understand 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](mailto:destiny@gib.co.za) and visit [www.gib.co.za](http://www.gib.co.za)
- Please complete all relevant sections of this application in order to process this investment.
- Please read the Conditions of Membership that apply to this investment. This is available via [www.gib.co.za](http://www.gib.co.za)
- Please email the required documents in the checklist below to [destiny@gib.co.za](mailto:destiny@gib.co.za)
- The administrator will only finalise the processing of your application when all required documents are received and once the money reflects in the Destiny Retirement Annuity Fund bank account.
- 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.
- GIB accepts joint responsibility and accountability with you to responsibly manage and protect your personal information when providing our services and solutions to you.
- 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 Destiny Retirement Annuity Fund application (pages 1 – 5)
- Signed Destiny Retirement Annuity Fund Investment Overview
- Copy of your South African ID or valid passport (if foreign national)
- Proof of your bank details (a copy of your bank statement or bank confirmation letter not older than three months)
- Proof of address not older than three months
- Proof of bank deposit or transfer into the Destiny Retirement Annuity 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"/> d / <input type="text"/> m / <input type="text"/> c y y	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"/>		
	<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"/>		
Business address (if applicable)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cell	<input type="text"/>	Other	<input type="text"/>
E-mail	<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 communication 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. CONTRIBUTION DETAILS

#### Investment amount

The minimum lump sum contribution is R20 000 per account. The minimum regular monthly contribution is R500 per month.

	<b>Lump sum contribution</b>	<b>Regular contribution</b>
R	<input type="text"/>	R <input type="text"/>

### 4. PORTFOLIO SELECTION

See Fact Sheets at [www.gib.co.za](http://www.gib.co.za)

Destiny LifeStage Model      Y      N

Portfolio Selection	% Allocation (if no above)
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

#### 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.

### Source of contribution

Savings/Bonus/Salary

[illegible]

**Estimated amount**

7

R

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1

R

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11

R

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[illegible][illegible][illegible][illegible]

### Method of payment

Electronic transfers may take up to two days to appear in the Fund's bank account. This is only available for lump sum contributions.

The Administrator will debit your account within two business days of receiving the application form and all relevant documents. If your investment amount exceeds R1 000 000 we will debit your account in R1 000 000 multiples until we have collected the full amount. Multiple debits may result in additional bank charges. Please specify the amount in the 'Bank debit authority' section below. Contributions invested with a direct debit can only be disinvested after 32 days.

Please complete the 'Bank debit authority' details section. Contributions invested with a debit order can only be disinvested after 32 days.

I authorise the Administrator to draw direct debits against the bank account below.

[illegible][illegible][illegible][illegible][illegible][illegible]

## R

[illegible]

## R

[illegible]

commencing on

d	d	/	m	m	/	c	c	y	y
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If the 1<sup>st</sup> day of the month falls on a weekend or a public holiday, the debit order will be effective on the next business day. The cut-off for all debit order notices to be processed in a particular month is by 14:00, three business days before the 1<sup>st</sup> of the month.

If you wish to increase your contribution annually, please select an escalation rate below:

Escalation rate per annum	5%	10%	15%	20%
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If no escalation rate is completed a 0% escalation will be applied.

Signature of bank account holder\_\_\_\_\_ Date 

d	d
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 / 

m	m
---	---

 / 

c	c	y	y
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## Destiny Retirement Annuity Fund

## Bank account details

Account name:	Destiny Retirement Annuity Fund
Bank:	Nedbank
Branch:	Business Northrand
Branch code:	146905
Account type:	Current
Account number:	1066017514
Reference number:	South African residents - your 13 digit ID number / Foreign nationals - your passport number

- Payment to dependants and beneficiaries will be subject to Section 37C of the Pension Funds Act.
- If there are more dependants, please attach a signed copy of this section to the application form.
- You may nominate beneficiaries to receive the benefit on your death.
- Legislation requires the Trustees to use their discretion when allocating a death benefit, you need to change this as necessary when your circumstances change.
- Please attach a letter of explanation to the form if there are any special factors you would like the Trustees to take into account.
- Please refer to the 'Nominate Beneficiaries' section in the Conditions of Membership for more information.

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														

[illegible]

The following person is a

Dependant

or a

Nominated Beneficiary

Surname

Name(s)

Date of birth

dd / mm / ccy y

Rand amount spent on dependant per month

R

Address

Postal Code

Benefit

%

Telephone

The following person is a

Dependant

or a

Nominated Beneficiary

Surname

Name(s)

Date of birth

dd / mm / ccy y

Rand amount spent on dependant per month

R

Address

Postal Code

Benefit

%

Relationship

The following person is a

Dependant

or a

Nominated Beneficiary

Surname

Name(s)

Date of birth

dd / mm / ccy y

Rand amount spent on dependant per month

R

Address

Postal Code

Benefit

%

Relationship

**-. BJ9GHCF 897 @ F5HCB**

- 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 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.

Signed at

Date

dd / mm / ccy y

Signature of investor

## 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):

<div>%</div>
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### SERVICES FOR ADVICE FEE

1. I acknowledge that my financial adviser noted below has agreed to render certain services to me arising from my membership of the Fund/s.
2. 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.
3. The agreement will start when I become a member of the Fund/s, unless stated otherwise.
4. 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

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 \_\_\_\_\_