

ENDOWMENT APPLICATION



Instructions

1. This application and supporting documentation must be emailed to instruct@ashburtoninvest.co.za.
2. Please complete all relevant sections of this application in order for us to process this investment.
3. Terms and Conditions are available on our website at www.ashburtoninvestments.com, from our Client Service Team on 0860 274 287 or from your financial advisor. By signing this form you acknowledge that you have read and understood these, and that you will be bound by such Terms and Conditions.
4. All valid instructions received before 2pm on a business day, will be processed on the same day and receive the closing price of the following business day.
5. Documentation required in order for us to process your application, herein after referred to as Checklist:
 - a. Please refer to the Checklist available on our website for Financial Intelligence Centre Act (Act No. 38 of 2001) ("FICA") documents required;
 - b. Proof of deposit (if applicable). Banking details will be supplied once your application has been accepted;
 - c. Proof of bank details are required if a once-off or recurring debit order and recurring income is required;
 - d. Copy of ID/passport where identification/passport number has been provided;
6. The Administrator will only process this application when all required documents are received and, if applicable, the deposit reflects in the product bank account.

The Investor/Financial Services Provider ("FSP")/authorised representative hereby agrees to provide all documentation and information required in terms of FICA, and understands that the Administrator is prohibited from processing any transaction on his/her behalf until all such documentation and information has been provided and the Administrator has satisfied itself that all requirements have been met.

In terms of the Foreign account tax compliance act (FATCA), we are obliged by law to ask for the information requested. You may decline the request to provide the information, however, should the requested information not be provided we advise that we are legally required to report the status of the account to the South African Revenue Service (SARS) and the account may be subject to a withholding penalty for non-compliance.

The FNB Endowment is underwritten by FirstRand Life Assurance Limited ("Insurer"), Long-term Licence Number 00102/001, Registration number 2014/264879/06.

FNB Investor Services Proprietary Limited ("Administrator"), Registration Number 2011/139123/07, is an authorised administrative financial services provider (FSP Number 44341) and is the administrator of this investment.

1. Investor details

Details of legal entity

☐ New investor ☐ Existing investor (if you are an existing investor, supply your investor ID and only complete fields marked with an asterisk*)

Investor ID: _____

Registered name*: _____

Trading as name: _____

Customer UCN:

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ID/Passport number*:

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 Date of birth:

Y	Y	Y	Y	M	M	D	D
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Country of issue of passport: _____ Expiry date of passport:

Y	Y	Y	Y	M	M	D	D
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Country of birth: _____ Country of residence: _____

Occupation: _____

Employer name: _____

Are you a registered South African taxpayer? ☐ Yes ☐ No

Please list all your tax registration details below. Note that line 1 is reserved for South African tax registration details.

No.	Tax identification number	Country of issue	Are you considered to be a citizen in this country?		Are you considered to be a national in this country?		Are you currently a tax resident in this country?	
1		South Africa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Residential address: _____
Country: _____ Area code: _____
Postal address (if the same as residential address, please tick this box) ☐
Postal address: _____
Country: _____ Area code: _____
Email address (please provide your email address if you require web access, or if you prefer email communication)

Contact number:

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 Mobile number:

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At least one contact number must be supplied.

If you are acting on behalf of the investor (eg person with power of attorney to act on behalf of the investor), please complete the Person Acting on Behalf of the Investor Form, found on our website and supply the required FICA documentation.

Legal entities section

Registered name*: _____
Registration number (company, close corporation, trust, etc.)

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Trading as name: _____
Business activity (Any expected future investments or disinvestments on this portfolio)

Type of entity

If you are a US legal entity, please complete the W9 form available on the United States federal government website www.irs.gov.

If you are a Non-Financial Foreign Entities (NFFEs) with substantial US owners or a Foreign Financial Institution (FFI), please complete the applicable W8 IRS form available on the United States federal government website www.irs.gov.

☐ Listed company ☐ Unlisted company ☐ Close corporation ☐ Trust ☐ Other

If other, please specify: _____

Nature of business of entity: _____

Country of operation: _____

Country of registration: _____

VAT registration number (if applicable):

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Are you a registered South African taxpayer? ☐ Yes ☐ No

Please list all your tax registration details below. Note that line 1 is reserved for South African tax registration details.

No.	Tax identification number	Country of issue	Are you considered to be a citizen in this country?		Are you considered to be a national in this country?		Are you currently a tax resident in this country?	
1		South Africa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you classified as a financial institution? ☐ Yes ☐ No

If yes, please supply your Global Intermediary Identification Number (GIIN) number:

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Residential address: _____

Country: _____ Area code: _____

Operating address (if the same as above, please tick this box) ☐

Operating address: _____

Country: _____ Area code: _____

Postal address (if the same as residential address, please tick this box) ☐ (if the same as operating address, please tick this box) ☐

Postal address: _____

Country: _____ Area code: _____

First names and surname of contact person for entity: _____

Email address (please provide your email address if you require web access, or if you prefer email communication)

Contact number: Mobile number:

At least one contact number must be supplied.

Business activity (Future disinvestment or investments on this portfolio):

2. Source of funds

Please indicate the source of funds:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Existing Investor Platform account | <input type="checkbox"/> Sale of investments | <input type="checkbox"/> Savings/Bank account | <input type="checkbox"/> Property sale |
| <input type="checkbox"/> Transfer from other financial services provider | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Assets of trust/Investment company | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Bonus | | | |

Other (specify): _____

Is this a replacement of another policy? ☐ Yes ☐ No

If yes please provide details below and complete the Replacement Policy Advice Record found on our website.

Name of the insurer: _____

Policy number: _____

Please note that in certain circumstances we may request additional information.

3. Bank details of the investor

Please supply proof of bank details (a cancelled cheque or relevant bank statement or a letter on a bank letterhead with bank stamp not older than 3 (three) months). The bank account must be in the name of the investor. Please note that no third party payments will be accepted.

Name of bank: _____

Branch code: Branch name: _____

Account name: _____

Country: _____

Account no.:

Type of account: ☐ Current ☐ Savings

All payments will be made electronically into the current or savings account of the registered investor only.

If you are an emigrant and have a blocked rand account, please complete the Blocked Rand Investment form available on our website.

4. Web access and communication preferences

Web access

Would you like to have web access to view your statements, correspondence and upload instructions?

☐ Yes ☐ No

For those persons representing a legal entity and requiring web access please supply the information in the table below.

Name of person	ID or passport number	Mobile number	Email address

Communication preferences

1. How would you like to receive confirmation notes and quarterly statements?

☐ Email or

2. Web, with preferred method to be notified when new communication is available online:

☐ SMS ☐ Email ☐ No notification, I will visit the website regularly

5. Payment details and bank debit authority

If you are investing only in Ashburton funds only, the minimum investment is R5 000. If you are investing in third party funds, the minimum investment is R25 000. The minimum monthly debit order amount is R500.

Please select the relevant option:

- ☐ 1. Electronic/Internet transfer (banking details will be supplied once your application has been accepted)
- ☐ 2. Electronic collection by the Administrator/once-off debit (maximum R1 000 000)
- ☐ 3. Recurring debit order investment

Lump sum investment

Investment amount:

R								
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If you require a phase-in, please specify the immediate investment percentage _____ %, the balance to be phased-in over _____ months (between 3 and 24).

If the Administrator is collecting the money from the specified bank account, indicate the once-off debit date. Please sign the debit authority below.

Y	Y	Y	Y	M	M	D	D
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Recurring debit order investment

Recurring debit order investment amount:

R								
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Debit order frequency:

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

Debit order deduction date:

☐ 01 or ☐ 16 or ☐ 21 or ☐ 26 of

M	M	Y	Y
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Please note that if no debit order deduction date is selected by the investor the first of the month will be used.

Next escalation date:

Y	Y	Y	Y	M	M	D	D
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Annual escalation: _____ %

Debit order and once-off debit authority

If the bank account for debit orders is different to the one specified in Section 3, please complete the bank details for debit orders and/or once off debits here.

Please supply proof of bank details (a cancelled cheque or relevant bank statement or letter on bank's letterhead with bank stamp).

Name of bank:

Branch code:

--	--	--	--	--	--

Branch name:

Account name:

Country:

Account no.:

--	--	--	--	--	--	--	--	--	--	--	--

Type of account:

☐

Current

☐

Savings

I hereby authorise the Administrator to draw direct debits or the specified once-off debit amount against the bank account specified. Direct debits can only be processed from a South African bank account. Units bought with a direct debit can only be redeemed after forty (40) calendar days. If the bank account holder is not the same as the investor (3rd party contribution) then the actual account holder must sign below as authority to debit their bank account and must provide full FICA documentation as per the requirements listed in the Checklist available on our website. If the bank account holder is not the investor, he/she acknowledges that the Administrator does not make third party payments, in other words, payment will only be made to the investor unless the investor is a minor.

The Administrator will debit your account within two (2) business days of receiving a valid and complete application and supporting documents or on the date specified on the application form.

In the event that the collection day falls on a Sunday or a recognised South African public holiday, the collection day will automatically be the next ordinary business day.

I agree that although this authority and mandate may be cancelled by me, such cancellation will not cancel this FNB Endowment. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were payable to the insurer.

I acknowledge that this authority may be ceded or assigned to a third party if this FNB Endowment is also ceded or assigned to that third party, but in the absence of such assignment of this Endowment, this authority and mandate cannot be assigned to any third party.

Please note that the reference for the direct debit on your bank account will be "<FNB Invest><Investor ID-Contract number>".

Please ensure the account the Administrator is debiting allows debits.

Signature of investor/bank account holder:

Date:

Y	Y	Y	Y	M	M	D	D
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6. Investment allocation

Lump sum allocation

Instrument name	Recurring %
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Ashburton Money Market Fund - Fee Account	%
Total	100%

Recurring investment allocation

Instrument name	Recurring %
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Ashburton Money Market Fund - Fee Account	%
Total	100%

7. Beneficiary nominations

In the event of your death, ownership of this policy will be transferred to your nominated beneficiary. The nominated beneficiary has no right to this contract until written notice of the death of the investor has been received by the Administrator. You may change the nominated beneficiaries appointed by notifying the Administrator in writing. If no beneficiary is appointed below then the Administrator will nominate to pay the proceeds to your estate. This nomination will automatically be cancelled if the nominated beneficiary predeceases you or if you cede or assign the contract or any interest in it.

First name and surname/ Name of Legal Entity	Relationship	Identity number/passport/ registration number of Legal Entity	Date of birth (if natural person)	% Share
				100%

8. Financial services provider ("FSP") details and declarations

Financial Advisor name: _____

Financial Advisor code: _____

FSP Sales Reference/Bibliffe number: _____

FSP name: _____ FSP code: _____

Telephone number:

Full discretionary mandate ☐

Limited discretionary mandate ☐

Limited discretionary mandate restrictions:

Disclaimer: The FSP warrants that he/ she has the requisite authority to enter into this mandate as per the discretionary mandate entered into between the FSP and the investor.

Discretionary mandate declaration, if applicable

This section is only applicable where the FSP is authorised as a Discretionary FSP in terms of a category II FAIS license and has entered into a discretionary mandate with the investor.

I agree and understand that in terms of the mandate that I have entered into with the FSP and its authorised representative that they have be authorised by me to:

- Appoint another FSP on my behalf for the purposes of managing and administering my investments;
- Instruct the appointed FSP on my behalf to purchase or sell investments;
- And to act generally on my behalf in connection with the investments; and
- To do all things necessary to give effect to the discretionary mandate. (see attached a copy of the signed mandate).

Investor's signature: _____

Date:

Y	Y	Y	Y	M	M	D	D
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Declaration by FSP

The FSP/authorised representative, by appending his/her signature hereto, states and declares that he/she has read and understood the Terms and Conditions pertaining to this investment product; warrants that all statements given by him/her in the application form are true and correct in every respect and that such statements shall form the basis of the contract, which is to be entered into, between the investor and the Administrator, as well as the contract between the investor and the FSP/authorised representative as regards the FSP/authorised representative. All statements made, and details supplied by him/her on the investor's behalf, whether by his/her own hand or otherwise, are true and correct, and the Administrator is entitled to regard them as such for the purposes of considering the investor's application to invest in the account, as well as for the purposes of paying any fees to the FSP/representative; and has adhered to all the requirements of the FAIS Act and its applicable subordinate legislation and Codes of Conduct in the course of rendering financial services to the investor.

The FSP/authorised representative further acknowledges that he/she is aware that the investor will be screened and profiled by the Administrator in terms of the Administrator's FICA requirements, and may be required to submit additional supporting documentation such as financial statements and asset and liability statements where the investor falls within a certain risk category as defined by the Administrator. The FSP/authorised representative acknowledges that he/she has personally explained all the fees and commissions applicable to this investment to the investor.

I, the undersigned, declare that I have inspected all the investor's information at my disposal and warrant that it is true and correct. In the event that I find any evidence alluding to any US status, I shall advise the Administrator in writing within thirty (30) days.

FSP/Financial
advisor signature: _____

Date:

Y	Y	Y	Y	M	M	D	D
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9. Marketing consent

I agree that my personal details and contact information may be used by Ashburton Investments to email me value added information that might be relevant to me subject to the following terms and conditions:

- In instances where Ashburton have obtained my personal information in the context of investment purposes;
- For the purpose of direct marketing of Ashburton's own similar products or services; and
- I have been given a reasonable opportunity to object, free of charge and in a manner free of unnecessary formality, to such use of my details both at the time when my personal information was first collected and each time Ashburton or their related third party service provider communicates with me for marketing purposes.

1. Value added/educational information (e.g. market or investment related information)

☐ Yes ☐ No

2. Information about FNB's products and services

☐ Yes ☐ No

Please note that indicating 'No' to receiving marketing information does not impact on receiving notifications and transaction confirmations relating to your investments, as indicated in Section 5 above. If neither option is selected you will not receive any marketing information from Ashburton.

10. Declaration by investor

By signing this application form, the investor declares that:

1. I warrant that all information and declarations provided by me in this form and all supporting documentation in connection with this application are true, correct and accurate in every respect.
2. I have read, understood and agree to the Terms and Conditions available on www.ashburtoninvestments.com or from the Client Service Team on 0860 274 287 and agree to be bound by such Terms and Conditions.
3. I have read and understood the portion relating to the processing of my personal information in the Terms and Conditions. Kindly refer to our Privacy Policy located on www.ashburtoninvestments.com for more information on our privacy practices.
4. I hereby confirm and consent as necessary that FirstRand Limited together with its affiliates and subsidiaries as defined in terms of the Companies Act 71 of 2008, may process (collect, use or otherwise deal with) my information (including processing of my personal information outside the borders of South Africa), which was voluntarily provided by myself, for the purposes of providing services and products, according to the Terms and Conditions and requirements of the law.
5. I confirm that the Administrator has not given me any advice in respect of the tax, legal, accounting, regulatory and/or financial consequences of investing in this investment.
6. I confirm that the money that I am investing in terms of this application form is not derived from the proceeds of any unlawful activities as defined and contemplated in the Prevention of Organised Crime Act, (Act No. 121 of 1998) ("POCA").
7. I fully understand the information and the risks that come with this investment and where I have a financial advisor, I confirm that the information on this investment product has been fully and adequately explained to me by my financial advisor.
8. I agree and understand that if I have elected not to have a financial advisor that the Administrator is unable to provide updates on legal changes and/or industry developments, and that the Administrator will not be monitoring my investment compared to my personal investment goals.
9. I have carefully read, understood and accept the latest Terms and Conditions and confirm that the FNB Endowment is based upon the Terms and Conditions, this application form and all supporting documentation as per the Checklist.
10. I confirm that the advisor, as authorised representative of the FSP specified in Section 09, is my appointed financial advisor.
11. I hereby confirm that where I have a financial advisor, I authorise this financial advisor to submit valid online instructions on my behalf.
12. I hereby confirm and warrant that the information provided is true and correct and I hold no other citizenships and residencies for tax purposes other than those disclosed above in this application form and will inform the Administrator in writing of any change of this status within 30 (thirty) days of the change of the disclosed status.
13. I hereby confirm that in the event that I have renounced my US citizenship, I shall furnish the administrator with the requisite declaration/evidence in the form of a certificate from the Department of Home Affairs.
14. I hereby indemnify the Administrator against any liability for any loss or damage suffered by me as a result of inaccurate or incomplete information contained herein.
15. I agree to pay the following negotiated fees to my financial advisor on this and all future transactions until otherwise specified.

Please specify the percentage, excluding VAT.

	Initial advice fee (excluding VAT)	Annual advice fee (excluding VAT)
Lump sum investment	%	%
Recurring investment	%	%

The maximum initial advice fee is 3%, excluding VAT. You can indicate a different initial fee for lump sum and recurring investments.

The maximum annual advice fee is 1%, excluding VAT. The annual fee is the same for lump sum and recurring investments.

Signed at _____

Date:

Y	Y	Y	Y	M	M	D	D
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Signature of investor (or duly authorised person(s) where applicable): _____

Signature of person acting on behalf of investor (if applicable): _____

Capacity of person acting on behalf of investor: _____