DESTINY

RETIREMENT ANNUITY FUND

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 authorised financial services provider, is the Administrator.

1. You will need an investment overview to complete this form. If you do not already have one then please contact the client call centre on 0860 003863(FUND) or destiny@gib.co.za.
2. Please complete all relevant sections of this application in order to process this investment.
3. Please read the Conditions of Membership that apply to this investment. This is available via www.destinyfund.co.za.
4. Please email the required documents in the checklist below to destiny@gib.co.za.
5. The administrator will only finalise the processing of your application when all required documents are received and once the money reflects in the Destiny Fund bank account.

Document checklist

- ☐ Completed Destiny Retirement Annuity Fund application (pages 1 – 6)
- ☐ Signed Destiny Retirement Annuity Fund Investment Overview
- ☐ Copy of your South African bar-coded ID, valid passport (if foreign national) or birth certificate (if minor)
- ☐ Proof of your bank details (e.g. cancelled cheque or bank statement)
- ☐ Proof of bank deposit or transfer into the Destiny Retirement Annuity Fund bank account

2. DETAILS OF INVESTOR / MEMBER

Title ☐☐☐☐ Surname

First Name(s)

Date of Birth d d / m m / c c y y Country of Birth

ID number (Passport number if foreign national)

Income tax number

Residential address

Postal code

Postal address
If the same as above, please tick this box. ☐

Postal code

Business address

Postal code

Telephone (H) | Telephone (W)

Fax | Cell

Email

Communication

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

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

Secure online access

I want secure online access to my investments Yes ☐ No ☐

If yes, the online account will be activated within five business days after the processing of this application. If a legal guardian is acting on behalf of the investor, he/she will be given online access to this investment.

Person acting on behalf of the investor

Please insert name of legal guardian/s or person/s with a power of attorney to act on behalf of this investor.

Title | Surname

First Name(s)

Date of Birth d d / m m / c c y y | Country of Birth

ID number (Passport number if foreign national)

Income tax number

Residential address

Postal code

Telephone (H) | Telephone (W)

Fax | Cell

Email

3. CONTRIBUTION DETAILS

Investment amount

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

Lump sum contribution	Regular contribution
R	R

Investment allocation

All Destiny Portfolios comply with Regulation 28.

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, for example: 75% in equities, 25% in property and 25% in foreign assets.

4. PORTFOLIO SELECTION

See Fact Sheets at www.destinyfund.co.za.

Destiny LifeStage Model Y ☐ N ☐

% Allocation (if no above)

Market Enhanced Portfolio	
Moderate Portfolio	
Conservative Portfolio	
Defensive Portfolio	
Money Market Portfolio	
Satrix Enhanced Balanced Tracker Fund	

5. PAYMENT DETAILS

Source of contribution

Transfer (via a transferring fund) ☐ Savings/Bonus/Salary ☐

Other (please specify)

5.1 Transfer (via a transferring fund)

		Estimated amount
Transfer from a pension or provident fund	☐	R
Transfer due to pension interest in a divorce order	☐	R
Transfer from another retirement annuity fund	☐	R

Transferring fund details

Registered name

Registration number

Policy number

Contact telephone number

5.2 Savings ☐ Bonus ☐ Salary ☐

Method of payment

Cheque deposit	☐	All cheques must be endorsed as non-transferable and deposited directly into the Fund's bank account. Contributions invested with cheque deposits can only be disinvested after 14 days.
Electronic / Internet transfer	☐	Electronic / internet transfers may take up to two days to appear in the Fund's bank account. This is only available for lump sum contributions.
Electronic collection by the Administrator	☐	The Administrator will debit your account within two business days of receiving the application form and all relevant documents. If your investment amount exceeds R500 000 we will debit your account in R500 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.
Direct order	☐	Please complete the 'Bank debit authority' details section. Contributions invested with a debit order can only be disinvested after 32 days.

6. BANK DEBIT AUTHORITY

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

Bank accountholder details

Name of accountholder		Name of bank	
Type of account		Account Number	
Branch name		Branch Code	

Electronic collection by the Administrator

Total amount R

Debit order details

Total amount R commencing on / m m / c c y y

If the 1st 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 1st 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% ☐

If no escalation rate is completed a 0% escalation will be applied

If the bank accountholder is a third party individual, a copy of their South African bar-coded ID and proof of bank account is required. If the bank accountholder is a third party legal entity we require proof of bank details, copy of all the signatories' identity documents and either a copy of the resolution of signatories signed by all signatories or a letter from the bank listing the authorised signatories on the account.

Signature of bank accountholder____ Date d d / m m / c c y y

7. THE FUND'S DETAILS

Destiny Retirement Annuity Fund

FSB Registration Number: 12/8/38116/R

Bank account details

Cheque deposits, electronic transfers and internet transfers should be made to the bank account number below. It is important that the correct reference numbers are used so that the Administrator can identify your contribution. Electronic transfers may not reflect immediately.

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

8. DETAILS OF DEPENDANTS

If there are more dependants, please attach a signed copy of this section to the application form. 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

Postal Code

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

Postal Code

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

Postal Code

Email

Telephone Relationship

9. BENEFICIARY NOMINATIONS

You may nominate beneficiaries to receive the benefit on your death. Legislation requires the Trustees to use their discretion when allocating a death benefit. Please refer to the Conditions of Membership for more detail. 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.

Total number of beneficiaries

Title Surname

Name(s)

ID / Passport number Relationship Benefit %

Title Surname

Name(s)

ID / Passport number Relationship Benefit %

Title Surname

Name(s)

ID / Passport number Relationship Benefit %

Title Surname

Name(s)

ID / Passport number Relationship Benefit %

10. INVESTOR DECLARATION

1. I confirm that all information provided in this form and all other documents signed by me in connection with this application, whether in my handwriting or not, is correct.
2. I am responsible for the accuracy and completeness of all answers, statements or other information provided by me or on my behalf.
3. I have not received advice from the Administrator in respect of this application.
4. I confirm that the Administrator may accept instructions in the prescribed format or via various electronic means.
5. I confirm that the Administrator may accept instructions from any authorised third party who has been appointed and authorised by me in writing.
6. I have read and understood the investment overview.
7. I have read, understood and agree to the Conditions of Membership.

Signature of investor ______________________________ Date d d / m m / c c y y

5/2018