

Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Fax	<input type="text"/>	Cell	<input type="text"/>
Email	<input type="text"/>		

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	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>		
Date of Birth	<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"/>	Postal code	<input type="text"/>
<input type="text"/>		
<input type="text"/>		

Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
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Email	<input type="text"/>		

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	<input type="text"/>	R <input type="text"/>

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**

Portfolio Selection

% Allocation (if no above)

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	<input type="checkbox"/>	R	<input type="text"/>
Transfer due to pension interest in a divorce order	<input type="checkbox"/>	R	<input type="text"/>
Transfer from another retirement annuity fund	<input type="checkbox"/>	R	<input type="text"/>

Transferring fund details

Registered name

Registration number

Policy number

Contact telephone number

5.2 Savings **Bonus** **Salary**

Method of payment

Cheque deposit	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="text"/>	Name of bank	<input type="text"/>
Type of account	<input type="text"/>	Account Number	<input type="text"/>
Branch name	<input type="text"/>	Branch Code	<input type="text"/>

Electronic collection by the Administrator

Total amount R

Debit order details

Total amount R commencing on / /

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 / /

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	<input type="text" value=""/>	Surname																						
Name(s)																								
ID / Passport number									Relationship									Benefit	<input type="text" value=""/>	%				
Title	<input type="text" value=""/>	Surname																						
Name(s)																								
ID / Passport number									Relationship									Benefit	<input type="text" value=""/>	%				
Title	<input type="text" value=""/>	Surname																						
Name(s)																								
ID / Passport number									Relationship									Benefit	<input type="text" value=""/>	%				
Title	<input type="text" value=""/>	Surname																						
Name(s)																								
ID / Passport number									Relationship									Benefit	<input type="text" value=""/>	%				

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
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 /

m	m
---	---

 /

c	c	y	y
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