



- To view the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to [www.satrix.co.za](http://www.satrix.co.za)
- The terms and conditions are available on the web ([Terms and Conditions](#))
- If you cannot access the link provided above this can be obtained from our Client Services Centre or directly from our website.
- To comply with regulatory requirements we have to identify and verify you before investing your funds.
- The investment will be finalised once we receive the fully completed, dated and signed form, with all the necessary supporting documents
- If you wish to make an EFT payment, we will provide you with our bank details and your client account number once your Unit Trust account is opened.



**Completing the information correctly** will ensure that the investment is processed without delays

- All information must be accurately completed
- The form must be completed, **dated and signed** by the registered investor, or authorised signatories with valid authorisation from the investor such as a power of attorney or a mandate
- Do not write any instructions outside the allocated fields
- Initial any changes made
- Return **pages 2 to 5** to us with the relevant additional sections below.
- Complete and return the following sections if you want like to:
  - **appoint a financial adviser / broker** - Form A
  - **authorisation from a bank account holder** - Form B
  - **invest on behalf of the investor** - Form C



**Please submit the following verification documents:**

- Copy of ID document or Passport or Smart card (both sides) or passport (if foreign national)

**Please submit the following verification documents if you are acting on behalf of an investor:**

- The abovementioned documents for the authorised person
- Investor authorisation, such as a power of attorney or mandate



**Forms - Send the completed form and supporting documents to:**

E-mail [UTinstructions@satrixsupport.co.za](mailto:UTinstructions@satrixsupport.co.za)

**Enquiries - If you have any questions, contact us at:**

Tel 0860 111 401

E-mail [unittrusts@satrix.co.za](mailto:unittrusts@satrix.co.za)



**Cut off times**

**Fund type**

Money market funds  
All other funds

**Cut off time**

13:00  
15:00

**All required documents must be provided before the cut off time in order for your instruction to be processed on the same day.**

Initial \_\_\_\_\_

## 1. Investor identity information

All fields in section 1 are mandatory.

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Other Citizenship \_\_\_\_\_

Identity number \_\_\_\_\_

**OR** Passport (if foreign national): \_\_\_\_\_ **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_

Country \_\_\_\_\_ (ddmmccyy)

Occupation \_\_\_\_\_ Self Employed Yes  No

Email address \_\_\_\_\_

Residential address \_\_\_\_\_

Postal code \_\_\_\_\_

Country \_\_\_\_\_

Contact numbers	International dialling code	Area code	Number
Telephone ( <i>work</i> )			
Telephone ( <i>home</i> )			
Cell/Mobile		n.a.	

Please specify your regular source of income

Salary  Inheritance  Bonus  Pension or Provident lump sum

Savings  Other (Specify) \_\_\_\_\_

## 2. Investor classification

Please mark the applicable option with an "X", and complete where necessary

Please mark the applicable option with an "X", and complete where necessary

Sanlam Group Employee pay code \_\_\_\_\_

Sanlam Private Wealth (SPW)

Sanlam Private Wealth (SPW) Portfolio Managers BDA Number \_\_\_\_\_

Initial \_\_\_\_\_

### 3. Investment fund details

Name your Investment Goal \_\_\_\_\_

(example Peter's University fund)

Please select the fund(s) you would like to invest in, and indicate the amount you would like to invest.

If you are unsure about which funds suit your needs, please consult your broker or Sanlam financial adviser.

Please review the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to [www.satrix.co.za](http://www.satrix.co.za).

Unit trust fund(s)	Class*	Lump sum deposit (you deposit)	Lump sum debit order collection (we collect)	Monthly debit order collection	Income distribution (Please tick selection)	
					Reinvest	Payout
Satrix ALSI Index Fund						
Satrix Top 40 Index Fund						
Satrix Balanced Index Fund						
Satrix Bond Index Fund						
Satrix Dividend Plus Index Fund						
Satrix Equally Weighted Top 40 Index Fund						
Satrix Low Equity Balanced Index Fund						
Satrix Momentum Index Fund						
Satrix Money Market Index Fund						
Satrix Property Index Fund						
Satrix Quality Index Fund						
Satrix RAFI 40 Index Fund						
Satrix Swix 40 Index Fund						
Satrix MSCI World Index Fund						
Satrix Capped Swix ALSI Index Fund						
Satrix Mid Cap Index Fund						
Satrix Smartcore Index Fund						

\*Please note: If you do not specify a class you will be allocated to a default class.

### 4. Source of funds for this investment

Please specify where the funds for this investment come from

Salary     Inheritance     Savings     Bonus     Other (Specify) \_\_\_\_\_

Do these funds originate from a Sanlam policy?    Yes     No     If "Yes", policy number \_\_\_\_\_  
(Section 5 is not applicable)

Initial \_\_\_\_\_

## 5. Payment instructions

You have the following options for payment

### 5.1 We collect funds via debit order

Lump sum collection

- We will debit your bank account within 3 business days if all your documentation is in order.
- Amounts are restricted to a maximum of R1 million per debit. Use the EFT payment option in section 5.2 for amounts exceeding R1 million.

and/or

Monthly debit order on the \_\_\_\_\_ (dd) day of each month starting \_\_\_\_\_ (mmccyy)  
(This date is only between the 1<sup>st</sup> and the 28<sup>th</sup>).

Annual increase \_\_\_\_\_ %

Annual increase date \_\_\_\_\_ (mmccyy)

### Payment selection

Payment is from my own bank account  
(Complete Section 6)

OR

Payment is from a third party bank account  
(Complete Form B).

For use when opening an investment for a Minor, or if the debit order is being paid by a third party.

OR

### 5.2 You pay via an Electronic Fund Transfer (EFT)

Lump sum deposit

- Once your account has been opened, you will receive notification and payment instructions.

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## 6. Investor bank details

The banking details specified will be used for

- Disinvesting units
- Income distribution payments
- Debit order

Payments will only be made into the account of the registered investor. Payments cannot be made to third parties.

Name of account holder \_\_\_\_\_

Identity number \_\_\_\_\_

Name of bank \_\_\_\_\_

Account Number \_\_\_\_\_

Name of branch \_\_\_\_\_

Branch code \_\_\_\_\_

Type of account Current  Savings

I Instruct and authorise Satrix or its agents to draw direct debits against my bank account as per this instruction and section 3 & 5.

Signature of bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

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## 7. Investor interaction preference

I would like to receive SMS notifications when I transact on my account Yes  No

I want to receive marketing information Yes  No

## Ways to manage and track your investment

We will send you all your investment correspondence to the email which you provided.

In line with Satrix's responsibility towards the environment, we will no longer send postal statements.

If post is your only means of receiving correspondence, please contact our Client Support Centre

Initial \_\_\_\_\_

## 8. Tax status

We require this information in order to report to the South African Revenue Services (SARS) for FATCA (Foreign Account Tax Compliance Act) and CRS (Common Reporting Standards) as per the Automatic Exchange of Information for International tax compliance.

Is South Africa your primary country of tax residence Yes  No

Are you registered to pay tax in RSA Yes  No

If yes, please provide your RSA Tax Identification Number (or reason why one has not been issued)

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Are you registered for tax in any other country? Yes  No

If "Yes", please provide your Tax Identification Number for each country (or reason why none has been issued).

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

## Withholding tax status

I qualify for a Dividends tax exemption, Dividends tax reduced rate or Withholding Tax on Interest in terms of the Income Tax Act. Yes  No

If "Yes", please complete a *Dividends tax exemption DTD(EX)*, *Dividends tax reduced rate DTD(RR)* or *Withholding Tax on Interest Declaration Form (WTI)* form, available on our website [www.satrix.co.za](http://www.satrix.co.za).

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## 9. Investor declaration

By signing this application form I agree that I have read and understand the application form and related terms and conditions ([Terms and Conditions](#))

If you cannot access the link provided above this can be obtained from our Client Services Centre or directly from our website.

Signature of investor \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory\* \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory\* \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

\*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

Initial \_\_\_\_\_

Complete and submit this section with your investment application form if you received advice from a financial adviser

### Important information

- Only one financial adviser is applicable per investor code.
- All fees are explained in the Minimum Disclosure Documents (MDD).

#### On-going advice fee:

- This annual advice fee is not applicable to funds or classes where a trailer fee is already included in the service fee.
- The annual advice fee is calculated on the daily market value of the investment portfolio, paid to the financial adviser monthly. It is paid in arrears and from the sale of units from the investor's client account, thereby reducing their units.

### Financial adviser personal details

I wish to appoint the following financial adviser as the preferred adviser on all my Satrix Accounts.

Advisor / Broker code \_\_\_\_\_

Full name(s) \_\_\_\_\_

Surname \_\_\_\_\_

### Fee instruction

#### On-going advice fee

I agree to pay the following On-going Advice Fee (negotiable up to a maximum of 1.15%, excluding VAT)

Unit Trust Fund Name	On-going Advice Fee %

- If you do not fill in any fees, it will default to 0%.
- If the fund selected does not allow an On-going advice fee, the fee will default to 0%.
- If you have selected a fee greater than that of the fund's maximum, the fee will default to the fund's maximum.
- Any fees indicated on this form will be applied to all future transactions.

Signature of investor \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory\* \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory\* \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

\*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

Initial \_\_\_\_\_

## Sanlam financial adviser / broker declaration

Sanlam financial adviser:

### Financial advice

It is the adviser's responsibility to complete the advice documents for this transaction and forward them, with this application form, to Satrix.

### FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

Copies of these documents are attached.

Does this application replace the whole or part of an existing product? Yes  No

If "Yes", please provide a completed replacement advice record with the FAIS documents.

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**Signature of Sanlam financial adviser**

Broker:

### FSP license

I declare that I am a licensed financial services provider or a representative of a financial service provider. I am authorised to sell unit trusts.

FSP license number: \_\_\_\_\_

### FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

I will keep a record of the verification documents required in terms of FICA. I will make available, on request, copies of these documents as well as details of the verification procedures followed.

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**Signature of broker**

Initial \_\_\_\_\_

- Complete and submit this section if the payment is from a third party's bank account
- Copy of Identity document and proof of address are required for the third party payer

Investor Code (s) \_\_\_\_\_

Investor name and surname \_\_\_\_\_

### Third Party information

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Identity number \_\_\_\_\_

**OR** Passport (if foreign national): **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_

(ddmmccyy)

Country \_\_\_\_\_

Residential address \_\_\_\_\_

Postal code \_\_\_\_\_

Country \_\_\_\_\_

Email address \_\_\_\_\_

Cell / Mobile \_\_\_\_\_

Relationship to investor \_\_\_\_\_

Occupation \_\_\_\_\_

Self Employed  Yes  No

Nature of self-employment \_\_\_\_\_

Please specify where the funds for this investment come from.

Salary  Inheritance  Savings  Bonus  Other (Specify) \_\_\_\_\_

### Third Party banking details

Bank account holder \_\_\_\_\_

Name of bank \_\_\_\_\_

Account number \_\_\_\_\_

Name of branch \_\_\_\_\_

Branch code \_\_\_\_\_

Type of account Current  Savings

### Declaration

I instruct and authorise Satrix or its agents to draw direct debits against my bank account as per the instruction in section 3 and 5.

Signature of bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory on bank account \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Initial \_\_\_\_\_



**Important information**

- This form must be completed by **all** parties stated in the [FICA document](#).
- Each person is required to complete the sections below. In the event that more than one page is required, copies of this section can be made and must accompany the fully completed application form.
- Documents must be provided as stated in the [FICA document](#).

Investor name and surname \_\_\_\_\_

**Personal details**

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Permanent residential address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Identity number \_\_\_\_\_

**OR** Passport (if foreign national): **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_

Country \_\_\_\_\_ (ddmmccyy)

Email address \_\_\_\_\_

Cell / Mobile \_\_\_\_\_

Relationship (e.g. parent, guardian) \_\_\_\_\_

Primary country of tax residence \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Are you a registered tax payer of any country other than your primary country of residence? Yes  No

If "Yes" please complete the information below for each country of tax residency.

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

**Declaration and signature**

I certify that the information I have provided above is true and correct.

\*Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

\*Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

\*Only authorised signatories acting on behalf of the investor must sign (e.g. parent, guardian, etc.)

Initial \_\_\_\_\_