

## 1. Important Information



- 1.1 Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers.
- 1.2 Premier Product Solutions (Pty) Ltd ('The Administrator') is the administrator of this investment.
- 1.3 Protected Nominees (Pty) Ltd is an independent company approved by the Financial Services Board that holds assets for the investor's exclusive benefit.
- 1.4 This application will only be processed when all investment requirements are met, once monies reflect in the Protected Nominees bank account and subject to the relevant terms and conditions of the Hollard Investment Plan and applicable legislation.
- 1.5 If you are requesting a unit transfer please ensure that:
  - a. The administrator from which you are transferring allows for this.
  - b. The underlying investment portfolios you select and their class are available from Hollard Investments at the time of the transfer. If not, you must switch into an available investment portfolio and class before the transfer is completed. Please arrange this with your current administrator prior to the transfer.
- 1.6 It is imperative that you familiarise yourself with the Hollard Investment Plan Information Document. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre or on our website at [www.hollard.co.za](http://www.hollard.co.za).
- 1.7 All documents can be sent via email to [customercare@hollardinvestments.co.za](mailto:customercare@hollardinvestments.co.za) or faxed to +27(0)11 351 3816.
- 1.8 The daily cut-off for receipt of instructions is **14h00**.
- 1.9 Any instructions received on a public holiday or over a weekend will be processed on the next available working day.

## 2. Document Checklist



**Please ensure to include all of the below documents as part of your Hollard Investment Plan Application:**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Completed investment application form.   |
| <input type="checkbox"/> | A signed Investment Quotation.   |
| <input type="checkbox"/> | CRS and FATCA Entity and/or Individual Self-certification Form (where applicable)  |
| <input type="checkbox"/> | For a Model Portfolio investment, a signed Client Mandate. The Client Mandate is available from your Financial Advisor.  |
| <input type="checkbox"/> | CDD/FICA documents as per the CDD/FICA requirements list available on the Hollard website <a href="http://www.hollard.co.za">www.hollard.co.za</a> .   |
| <input type="checkbox"/> | Completed Dividend Tax exemption form, if the investor is exempt from Dividend Tax or qualifies for a reduced rate.  |
| <input type="checkbox"/> | In the event that Hollard Investments does not receive a valid and complete exemption form, Dividend Tax will be deducted at the default rate of 20% from all dividends received and reinvested into the Investment Account. |

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Proof of banking details (cancelled cheque or bank statement, not older than 3 months).  |
| <input type="checkbox"/> | Proof of deposit of funds/transfer to the Protected Nominees bank account.<br><b>Important warning:</b> If you have received banking details via email, please contact us at the number provided on our website to confirm the banking details before making payment. This is safety measure to prevent your email from being intercepted and compromised by fraudsters (e.g. when fraudsters hack email accounts, intercept, and redirect bank details and/or statements and then change the bank account details to reflect the fraudsters account details). Hollard and the administrator will not accept any liability or responsibility as a result of a compromised email that results in losses incurred for payments based on fraudulent emails. |
| <input type="checkbox"/> | Confirmation of your income tax number.  |
| <input type="checkbox"/> | For a transfer, a recent statement of your investment from the transferring administrator.   |

### 3. Investor Details



|            |                                |  |                  |  |
|------------|--------------------------------|--|------------------|--|
| <b>3.1</b> | <b>Registered Entity Name:</b> |  |                  |  |
|            | Registration Number:           |  |                  |  |
|            | Country of Incorporation:      |  |                  |  |
|            | Incorporation Date:            |  | VAT Reg. Number: |  |

|            |  |  |  |  |
|------------|--|--|--|--|
| <b>3.2</b> | <b>Type of Entity:</b>   |  |  |  |
|            | <input type="checkbox"/> Sole Proprietor   | <input type="checkbox"/> Trust   |  |  |
|            | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Close Corporation                                 |  |  |
|            | <input type="checkbox"/> Listed Company  | <input type="checkbox"/> Unlisted Company                                  |  |  |
|            | <input type="checkbox"/> South African Registered Company  | <input type="checkbox"/> Foreign Registered Company                        |  |  |
|            | <input type="checkbox"/> Retirement Fund (Pension, Provident, Benefit, RA etc.)  | <input type="checkbox"/> RSA Government (Provincial Admin./Municipalities) |  |  |
|            | <input type="checkbox"/> Other (If selected, please provide a detailed description of the nature of the entity named as the beneficial owner.) |  |  |  |
|            |  |  |  |  |

|            |                             |  |            |  |
|------------|-----------------------------|--|------------|--|
| <b>3.3</b> | <b>Residential Address:</b> |  |            |  |
|            | Complex Name:               |  | Unit No:   |  |
|            | Street/Farm Name:           |  | Street No: |  |
|            | Suburb/District:            |  |            |  |
|            | City/Town:                  |  | Code:      |  |

Premier Product Solutions (Pty) Ltd (Reg. No.2021/848795/07) is an authorised Financial Services Provider, FSP No. 52376. Suite 206, Strauss Daly Building, 41 Richford Circle, Ridgeside Office Park, Umhlanga, Kwazulu Natal Tel: +27 (0)12 945 9002 Email: info@premierfin.co.za.

Hollard Life Assurance Company Limited (Reg. No.1993/001405/06) a licensed life insurer FSP No.17697, and Hollard Investment Managers (Pty) Ltd (Reg. No.1997/001696/07), FSP No.32521 are authorised Financial Services Providers. 22 Oxford Road, Parktown, Johannesburg, 2193, Tel: 0860 202 202, Fax: +27 (0)11 351 3816, Email: [customercare@hollardinvestments.co.za](mailto:customercare@hollardinvestments.co.za)

|   |                                 |                                      |                                       |  |  |
|---|---------------------------------|--------------------------------------|---------------------------------------|--|--|
| <b>Postal Address:</b>  |                                 |                                      |                                       |  |  |
| Postal address is as per the residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please complete a postal address below? |                                 |                                      |                                       |  |  |
| Address Type:   | <input type="checkbox"/> PO Box | <input type="checkbox"/> Private Bag | <input type="checkbox"/> Postnet Suit | <input type="checkbox"/> Box/Bag/Suite No: |  |
| Post Office Name:   |                                 |                                      |                                       | Code:                                      |  |

|            |  |         |  |
|------------|--|---------|--|
| <b>3.4</b> | <b>Contact Details:</b>  |         |  |
|            | Contact Person:  |         |  |
|            | Home:  | Mobile: |  |
|            | *Email:  |         |  |
|            | <b>*Unless specifically instructed, Hollard Investments will send all investment correspondence via email. Refer to the section on Reporting and Correspondence.</b> |         |  |

|            |   |  |
|------------|---|--|
| <b>3.5</b> | <b>Source of Income:</b>  |  |
|            | Source of income is a requirement in terms of the Financial Intelligence Centre Act (FICA) 38 of 2001. Please indicate how you earn a living. Supporting documents may be required. |  |
|            | Source of income (e.g. Capital, Company Profits, Donations, Savings):   |  |

## 4. Investor Tax Registration Details

**Please note this section is compulsory and all applicable fields must be completed.**

|            |   |  |
|------------|---|--|
| <b>4.1</b> | Are you a South African Resident?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4.2</b> | If "No" what is your country of residency?  |  |
| <b>4.3</b> | South African Income Tax Number:  |  |
|            | <b>If you unable to provide an income Tax Number, please state the reason below:</b>  |  |
|            |   |  |
| <b>4.4</b> | Is the entity incorporated or organised or has a place of effective management outside South Africa?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4.5</b> | Does the entity have tax obligations, tax liabilities or tax residencies outside of South Africa?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4.6</b> | If "Yes" is selected for 4.4 or 4.5, please complete a <b><u>CRS &amp; FATCA Self-certification Form for entities.</u></b>      |  |
| <b>4.7</b> | Do any of the controlling persons of the entity:  |  |
|            | a) Have tax obligations, tax liabilities or tax residencies outside of South Africa; or   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            | b) Hold citizenship or nationalities outside South Africa (including US citizenship), or are they a US person or a US national? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |   |  |

## 5. Investments Details

|            |  |   |                          |
|------------|--|---|--------------------------|
| <b>5.1</b> | The minimum once-off investment amount or transfer amount is <b>R5, 000</b> .<br>The minimum debit order amount is <b>R500 per month</b> .   |   |                          |
| <b>5.2</b> | Please note, <b>debit orders are restricted to a maximum of R1 000 000 per debit</b> .   |   |                          |
| <b>5.3</b> | <b>Investment Method</b>   |   |                          |
|            | <input type="checkbox"/> <b>Once-off Investment</b>  | Investment Amount:                      | <b>R</b>                 |
|            | <input type="checkbox"/> <b>Recurring Investment</b>   | Investment Amount:                      | <b>R</b>                 |
|            | <input type="checkbox"/> <b>Unit Transfer</b>  | Estimated Transfer Amount:              | <b>R</b>                 |
| <b>5.4</b> | <b>Transfer Details:</b>   |   |                          |
|            | In the event of multiple transfers, amounts will be invested as and when they are received by the Administrator, provided all requirements have been met.  |   |                          |
|            |  | <b>Registered Name of Administrator</b> | <b>Investment Number</b> |
|            | <b>Transfer 1</b>  |   |                          |
|            | <b>Transfer 2</b>  |   |                          |
| <b>5.5</b> | <b>Investment Allocation:</b>  |   |                          |
|            | <p><b>a.</b> Please see the latest Portfolio List to confirm your selection of Investment Portfolios. The Portfolio List is available on our website at <a href="http://www.hollard.co.za">www.hollard.co.za</a>.</p> <p><b>b.</b> Please provide the Investment Quotation number in the table below. This quote must be attached to this investment application form.<br/>Quote Number: _____</p> <p><b>c.</b> Phase-in Election: You may elect to gradually invest into your selected Investment Portfolios from the Hollard Prime Money Market Fund by means of a fixed instalment phase-in over a 3, 6, 9 or 12 month period. This option is only available for your initial investment and not for additional investments, and is not available if you are investing in a Model Portfolio. The phase-in instruction is processed on the 15th day of each month over the preferred term selected. Should the 15th fall on a weekend or public holiday, the phase-in will be processed on the first working day thereafter.</p> |   |                          |
|            | Do you require a phase-in? <input type="checkbox"/> Yes (If Yes, please select the term below by ticking one option.)  |   |                          |
|            | Phase-in Term: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months  |   |                          |

## 6. Source of Funds

|            |                                  |                                  |                                  |  |                                |
|------------|----------------------------------|----------------------------------|----------------------------------|--|--------------------------------|
| <b>6.1</b> | Source of Funds:                 |                                  |                                  |  |                                |
|            | <input type="checkbox"/> Capital | <input type="checkbox"/> Savings | <input type="checkbox"/> Company | <input type="checkbox"/> Profit/Donation | <input type="checkbox"/> Other |

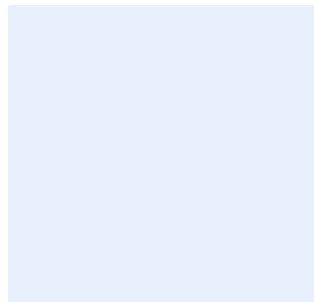
## 7. Source of Funds Declaration (only to be completed if 3<sup>rd</sup> party payment)

|  |                    |  |
|--|--------------------|--|
| I, the undersigned   |                    | <i>(full name &amp; surname of third party)</i>        |
|  | <i>(ID number)</i> | confirm that I am aware that an amount of R            |
| transferred from my  |                    | <i>(bank name)</i> account, with account number        |
|  |                    | to the Protected Nominees bank account.                |
| I further confirm that I am aware that the investment with Hollard will not be made in my name but will be invested in the |                    |  |
| name of:   |                    |  |
|  |                    | <i>(full name &amp; surname of applicant/investor)</i> |
|  |                    | <i>(ID number).</i>                                    |

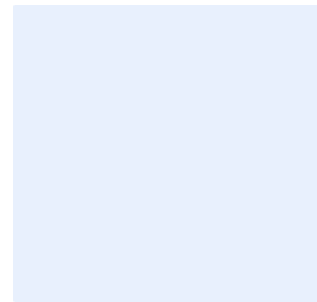
|   |  |            |  |
|---|--|------------|--|
| I further acknowledge that I am not entitled to make any changes or decisions regarding the investment. |  |            |  |
| Complex Name:   |  | Unit No:   |  |
| Street/Farm Name:   |  | Street No: |  |
| Suburb/District:  |  |            |  |
| City/Town:  |  | Code:      |  |

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
(Place) (Day) (Month & Year)

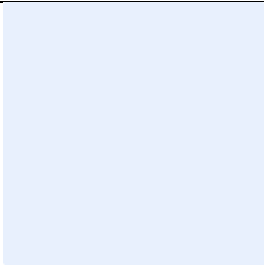
Signature of bank  
account holder:



Signature of bank  
account holder:



## 8. Recurring Debit Order Details

|   |                                  |   |                                       |                                 |  |
|---|----------------------------------|---|---------------------------------------|---------------------------------|--|
| Hollard Investments must receive this instruction 10 days prior to the debt order date. Please supply proof of bank account details for the bank account.                                   |                                  |   |                                       |                                 |  |
| Please debit my account on the:   |                                  |   |                                       |                                 |  |
| <input type="checkbox"/> 1 <sup>st</sup>  | <b>OR</b>                        | <input type="checkbox"/> 20 <sup>th</sup>   | Of the month,                         | (dd/mm/yy)                      |  |
| commencing on the:  |                                  |   |                                       |                                 |  |
| <b>Banking Details:</b>   |                                  |   |                                       |                                 |  |
| Account Holder:   |                                  |   |                                       |                                 |  |
| Bank Name:  |                                  |   | Account Number:                       |                                 |  |
| Branch Name:  |                                  |   | Code:                                 |                                 |  |
| Account Type:   | <input type="checkbox"/> Savings | <input type="checkbox"/> Cheque/Current   | <input type="checkbox"/> Transmission | <input type="checkbox"/> Other: |  |
| CDD/FICA documents are required for the bank account holder, should the bank account holder be a party other than the investor. Please refer to the CDD/FICA Requirements list for details. |                                  |   |                                       |                                 |  |
| <b>The bank account holder hereby authorises Protected Nominees to draw direct debits against the bank account detailed below.</b>  |                                  |   |                                       |                                 |  |
| <b>Signature of Bank Account Holder</b>   |                                  |  |                                       |                                 |  |
| <b>Date:</b>  |                                  |   |                                       |                                 |  |

## 9. Regular Withdrawal Details

|   |  |
|---|--|
| <b>You may schedule a regular withdrawal payment from your Investment Account. Please note the following:</b> |  |
| <b>9.1</b>  | Please supply proof of banking details for the bank account provided.  |
| <b>9.2</b>  | No third party bank payments are permitted.  |
| <b>9.3</b>  | The minimum regular withdrawal amount is <b>R500</b> per withdrawal.   |
| <b>9.4</b>  | To allow for the bank clearance, contribution via a recurring debit order can only be withdrawn after 45 days and those made by deposit after 10 days. |

|      |   |  |   |                                       |                                   |
|------|---|--|---|---------------------------------------|-----------------------------------|
| 9.5  | The regular withdrawal payment will be processed via the sale of units from your investment portfolios, and as such will be subject to Capital Gains Tax. |  |   |                                       |                                   |
| 9.6  | Hollard Investments must receive this instruction or any changes or cancellation thereof 5 days prior to the payment date.                                |  |   |                                       |                                   |
| 9.7  | If the payment falls on a non-business day, the payment will be processed on the previous working day.  |  |   |                                       |                                   |
| 9.8  | Unless an Income and Expense account has been selected, the regular withdrawal will be deducted proportionately across all investments portfolios.        |  |   |                                       |                                   |
| 9.9  | Regular Withdrawal amount:  | R  |   |                                       |                                   |
| 9.10 | Payment Frequency:  | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Bi-Annually  | <input type="checkbox"/> Annually |
| 9.11 | Regular Withdrawals to be paid on:  | <input type="checkbox"/> 1 <sup>st</sup> <b>OR</b> <input type="checkbox"/> 24 <sup>th</sup> of the month in which it falls due. |   |                                       |                                   |
| 9.12 | <b>Banking Details:</b>   |  |   |                                       |                                   |
|      | Account Holder:   |  |   |                                       |                                   |
|      | Bank Name:  |  | Account Number:                         |                                       |                                   |
|      | Branch Name:  |  | Code:                                   |                                       |                                   |
|      | Account Type:   | <input type="checkbox"/> Savings   | <input type="checkbox"/> Cheque/Current | <input type="checkbox"/> Transmission | <input type="checkbox"/> Other:   |

## 10. Reporting, Correspondence and Online Access

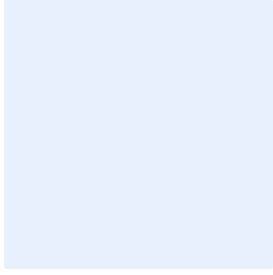
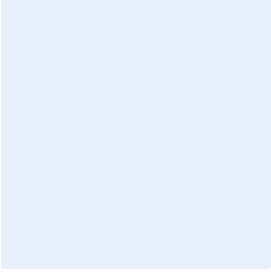
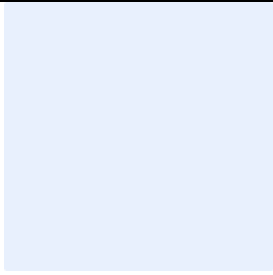
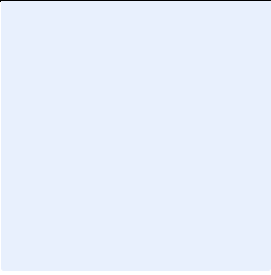
|                                      |  |
|--------------------------------------|--|
| <b>Reporting and Correspondence</b>  |  |
| 10.1                                 | It is your responsibility to ensure that the details for reporting and correspondence held by Hollard Investments are current and accurate. Hollard Investments will not be held liable for communications of any nature not being received by you, or any circumstances that may arise as a result of such non-receipt. |
| 10.2                                 | Do you require all correspondence to be sent to your nominated Financial Services Provider (FSP) in addition to being sent to you? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Manage your Investment Online</b> |  |
| 10.3                                 | The contact person provided will receive a Hollard Investments Online account with this investment. Hollard Investments Online enables you to view your investment details. We need an email address to set up your online account.  |
| 10.4                                 | Email Address to be used for Online Access:  |
| 10.5                                 | If you <b>do not</b> want online access, please tick this box <input type="checkbox"/>   |

## 11. Financial Services Provider (FSP) Details and Declarations

|                         |  |                         |  |
|-------------------------|--|-------------------------|--|
| Practice Name (FSP):    |  | FSP Number:             |  |
| Financial Advisor Name: |  | Financial Advisor Code: |  |

|             |   |
|-------------|---|
| <b>11.1</b> | <p><b>FAIS Declaration:</b></p> <p><b>a.</b> I declare that I am a licensed FSP and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002 and subordinate legislation thereto, to the Investor.</p> <p><b>b.</b> I, the appointed FSP named herein, hereby declare that I have fully explained to the Investor named herein, the details and constraints of the investment in question and have received confirmation from them of their understanding thereof, that Hollard Investments has the right to review this investment application if at any time they feel the Investor does not understand the implications of their decision and the associated consequences.</p> <p><b>c.</b> Further, I warrant that I have explained all fees that relate to this investment to the Investor and I understand and accept that the Investor may withdraw his/her authority for payment to me in writing to Hollard Investments.</p>  |
| <b>11.2</b> | <p><b>FICA Declaration:</b></p> <p>The FSP declares and confirms in terms of the Financial Intelligence Centre Act, No 38 of 2001 (the Act) that:</p> <p><b>a.</b> I have identified and verified the details of the parties to this contract and transaction in terms of the requirements of Section 21 of the Act.</p> <p><b>b.</b> I have obtained copies of the clients' identification and verification documents and will retain records thereof in terms of the requirements of Section 22 of the Act.</p>   |
| <b>11.3</b> | <p><b>Investor Fee and Discretionary Mandate Declaration:</b></p> <p><b>a.</b> I confirm that I have entered into a mandate with the FSP named herein, who is an approved discretionary FSP and I have attached a signed copy of the mandate to this instruction. <input type="checkbox"/> Yes</p> <p><b>b.</b> I confirm my understanding that if I have not selected 'Yes', only transaction instructions received from, and signed by me, will be acted upon.</p> <p><b>c.</b> I further confirm my understanding of the fact that if I have selected 'Yes', Hollard Investments and/or the administrator will act on all transaction instructions received from the nominated FSP irrespective of whether or not authorization for the transaction in question is received from me.</p> <p><b>d.</b> I indemnify Hollard Investments and the administrator against any losses whatsoever that may occur as a result of transaction instructions carried out, where such instructions are signed and submitted to Hollard Investments and/or the administrator by the FSP without my knowledge.</p> <p><b>e.</b> I, the undersigned, confirm that I have read and completed, whether in my handwriting or not, this declaration and understand its implications.</p> |



|  |   |  |  |
|--|---|--|--|
|  | <p><b>f.</b> I confirm that the Investor named herein and I have agreed to the payment of the Initial Financial Advisor Fee and Annual Financial Advisor fee, as specified in the investment quotation (If a fee was not specified in the quotation, a zero initial and annual fee will be applied. I furthermore confirm that I have signed this declaration of my own free will and I regard it as binding.</p> |  |  |
| <b>11.4</b>                            | <b>Signature:</b>   |  |  |
| Financial Advisor<br>Signature:        |    | 1 <sup>st</sup> Investor<br>Signature: |   |
| Date:                                  |   | Date:                                  |  |
| 2 <sup>nd</sup> Investor<br>Signature: |   | 3 <sup>rd</sup> Investor<br>Signature: |  |
| Date:                                  |   | Date:                                  |  |

## 12. The Privacy of Your Information

In order to provide investment products to you, we have to process your personal information. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for investment, you agree to the processing and sharing of your personal information.

We care about the privacy, security and online safety of your personal information and we take our responsibility to protect this information very seriously. Below is a summary of how we deal with your personal information. For a more detailed explanation, please read our official Privacy Notice on our website.

|             |  |
|-------------|--|
| <b>12.1</b> | <b>Processing your personal information:</b> We have to collect and process some of your personal information in order to provide you with our products and services, and also as required by tax and other legislation.   |
| <b>12.2</b> | <b>Sharing your personal information:</b> We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your investment, withdrawals and contribution amounts. We do this to assess withdrawals, prevent fraud and to conduct surveys. If applicable, we may also share your personal information to trace you. |

Premier Product Solutions (Pty) Ltd (Reg. No.2021/848795/07) is an authorised Financial Services Provider, FSP No. 52376. Suite 206, Strauss Daly Building, 41 Richfond Circle, Ridgeside Office Park, Umhlanga, Kwazulu Natal Tel: +27 (0)12 945 9002 Email: info@premierfin.co.za.

Hollard Life Assurance Company Limited (Reg. No.1993/001405/06) a licensed life insurer FSP No.17697, and Hollard Investment Managers (Pty) Ltd (Reg. No.1997/001696/07), FSP No.32521 are authorised Financial Services Providers. 22 Oxford Road, Parktown, Johannesburg, 2193, Tel: 0860 202 202, Fax: +27 (0)11 351 3816, Email: [customer@hollardinvestments.co.za](mailto:customer@hollardinvestments.co.za)

|             |  |
|-------------|--|
| <b>12.3</b> | <b>Protecting your personal information:</b> We take every reasonable precaution to protect your personal information (including information about your activities) from theft, unauthorised access and disruption of services.                      |
| <b>12.4</b> | <b>Receiving marketing from us:</b> Please contact us on 0860 202 202 if you want to change your marketing preferences. Remember that even if you choose not to receive marketing from us, we will still send you communications about this product. |

## 13. Investor Declaration

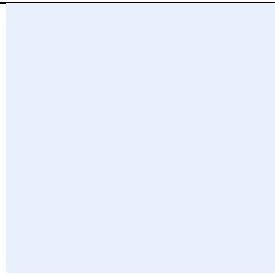
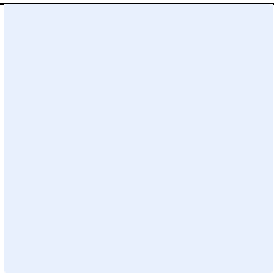
|              |  |
|--------------|--|
| <b>13.1</b>  | I confirm that all the statements contained herein are true and accurate at the time of signing this document.   |
| <b>13.2</b>  | I confirm that this Financial Advisor, as authorised representative of the FSP named herein, is my appointed Financial Advisor.  |
| <b>13.3</b>  | I accept and bind myself to the terms and conditions of the Hollard Investment Plan.   |
| <b>13.4</b>  | I confirm that the residential address provided will be the Domicilium Citandi et Executandi, all letters and notices served on this address will be deemed to have been received by me, and accept that I am responsible for updating this address to ensure I receive all notifications as and when they are issued by Hollard Investments or the administrator. I may change my residential address by providing written notice to Hollard Investments. |
| <b>13.5</b>  | I confirm that I have read and understood the Hollard Investment Plan Information Document that is available on the Hollard website or from my Financial Advisor.  |
| <b>13.6</b>  | I understand that this application and all the information contained herein shall form part of my contract with Premier Product Solutions and Hollard Investments.   |
| <b>13.7</b>  | I understand and accept all risks associated with this investment. In addition, I confirm that I have read all relevant documentation associated with this investment.   |
| <b>13.8</b>  | I confirm that I am the legal owner of the monies which are to be utilised to facilitate this investment or have gained the signed permission of the third party bank account holder as included in this application.  |
| <b>13.9</b>  | I confirm that none of the investments to be managed / transferred is from the proceeds of any unlawful activity, or is in contravention of the Prevention of Organised Crime Act 121 of 1998 and the Financial Intelligence Centre Act 38 of 2001. I further declare that all approvals have been granted and that the required notifications have been made in respect of the abovementioned extracts of legislation.                                    |
| <b>13.10</b> | Hollard Investments and/or the administrator reserves the right to request any additional evidence to identify the source of this investment.  |
| <b>13.11</b> | Any variations to the terms of this agreement made by me or my Financial Advisor will only be binding if accepted in writing by Hollard Investments and/or the administrator. No act or omission will be construed as an acceptance of a variation to this agreement.  |
| <b>13.12</b> | If the contributions due in terms of this investment application are represented by a lump sum transfer from another approved administrator, I hereby authorise and instruct the transferring administrator to pay such amount to Protected Nominees with immediate effect.  |

Premier Product Solutions (Pty) Ltd (Reg. No.2021/848795/07) is an authorised Financial Services Provider, FSP No. 52376. Suite 206, Strauss Daly Building, 41 Richfond Circle, Ridgeside Office Park, Umhlanga, Kwazulu Natal Tel: +27 (0)12 945 9002 Email: [info@premierfin.co.za](mailto:info@premierfin.co.za)  
Hollard Life Assurance Company Limited (Reg. No.1993/001405/06) a licensed life insurer FSP No.17697, and Hollard Investment Managers (Pty) Ltd (Reg. No.1997/001696/07), FSP No.32521 are authorised Financial Services Providers. 22 Oxford Road, Parktown, Johannesburg, 2193, Tel: 0860 202 202, Fax: +27 (0)11 351 3816, Email: [customercare@hollardinvestments.co.za](mailto:customercare@hollardinvestments.co.za)

|              |  |
|--------------|--|
| <b>13.13</b> | I understand and acknowledge that due to the nature of this investment there is no cooling off period.   |
| <b>13.14</b> | I acknowledge and agree that all facsimile/electronic representation of all documents, including this application form, and any other instructions hereafter, including mandates, consents, commitments and the like, which purport to emanate from me, shall be deemed to have been given by me in the form actually received by Hollard Investments and the administrator. I hereby waive all rights I may have or may obtain against Hollard Investments and the administrator arising directly or indirectly from any losses or damages that I may suffer because Hollard Investments and the administrator acted on any purported facsimile/electronic representation, and I indemnify Hollard Investments and the administrator against any claims, demands or actions suffered by them because they acted on a facsimile/electronic representation. |
| <b>13.15</b> | I consent to Hollard Investments and the administrator distributing all communications to me via email. I indemnify Hollard Investments and the administrator for the security of information sent by email at my request, for the proper and complete transmission of the information contained in the communication and for any delay in its receipt.  |
| <b>13.16</b> | I understand that until Hollard Investments and the administrator have received all necessary documentation and monies, the investment will not commence.  |
| <b>13.17</b> | I understand that Hollard Investments and the administrator will not be held responsible for any delays in processing as a result of the delays caused by, or initiated by the Managers of the underlying Investment Portfolios.   |
| <b>13.18</b> | I understand that I am solely responsible (in consultation with my Financial Advisor(s)) for the selection of the investment portfolios to be held within the investment and that neither Hollard Investments nor the Administrator has not given me any advice in relation thereto.   |
| <b>13.19</b> | I have satisfied myself that under any taxation or assurance legislation to which I may be subject, I am permitted to effect the investment.   |
| <b>13.20</b> | I understand and agree to pay all the charges and investment fees applicable to this investment.   |
| <b>13.21</b> | The Managers of the underlying Investment Portfolios will levy an Annual Portfolio Management Fee and Initial Management Fee (if applicable). The full list of Investment Portfolio Management fees are available on the Portfolio List which can be found on the Hollard website <a href="http://www.hollard.co.za">www.hollard.co.za</a> .   |
| <b>13.22</b> | I acknowledge that the administrator will levy an annual administration fee on the Investment account according to a weighted average fee scale for 3 <sup>rd</sup> party manager funds, and a flat fee scale for investments into the Hollard Prime Unit Trust Funds. These fees may differ in certain circumstances. I further acknowledge that I have reviewed the signed investment quotation applicable to this investment which disclose the fees applicable to my investment. Hollard Investments reserve the right to amend these fees at its sole discretion. I will receive prior written notice in the event of a change.   |

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| Investment Value  | Annual Admin Fee if fully invested in 3rd Party Manager Funds – Weighted Fee (Excl. VAT) | Annual Admin Fee if fully invested in Hollard Prime Unit Trust Funds – Flat Fee (Excl. VAT)* |
|---|--|--|
| From R0.0 to R1 million   | 0.45%  | 0.25%  |
| Next R500 000   | 0.40%  |  |
| Next R500 000   | 0.35%  |  |
| Thereafter  | 0.25%  |  |
| *Should the Investor not be fully invested in Hollard Prime Unit Trust Funds within the Investment Account, the annual administration fee will be calculated proportionally using the two fee scales provided in the table above for the respective portfolios. |  |  |
| <b>13.23 Signature</b>  |  |  |
| Signed at _____ on this _____ day of _____  |  |  |
| (Place) (Day) (Month & Year)  |  |  |
| 1 <sup>st</sup> Investor<br>Signature   |        | 2 <sup>nd</sup> Investor<br>Signature  |
| Date  |  | Date   |
| Official Capacity:  |  | Official Capacity:   |
| 3rd Investor<br>Signature   |      |  |
| Date:   |  |  |
| Official Capacity:  |  |  |