1. Important Information

|  |  |
| --- | --- |
| **1.1** | Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers. |
| **1.2** | This application will only be processed when all investment requirements are met, once monies reflect in the Hollard Life bank account and subject to the terms and conditions of the Hollard Linked Endowment and applicable legislation. |
| **1.3** | If you are requesting an unit transfer please ensure that:   1. The administrator from which you are transferring allows for this. 2. 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. |
| **1.4** | It is imperative that you familiarise yourself with the Hollard Linked Endowment Information Document. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre or on our web site at [www.hollard.co.za](http://www.hollard.co.za/). |
| **1.5** | 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. |
| **1.6** | The daily cut-off for receipt of instructions is **12h00.** |
| **1.7** | Any instructions received on a public holiday or over a weekend will be processed on the next available working day. |

1. Document Checklist

|  |  |
| --- | --- |
| **Please ensure to include all of the below documents as part of your Hollard Linked Endowment Investment Application:**  **Please note: Where a Customer Due Diligence (CDD) Exemption is not in place with your Financial Services Provider, the full set of CDD documentation is required. This is available on the Hollard website** [www.hollard.co.za](http://www.hollard.co.za)**:** | |
|  | Completed application form. |
|  | A signed Investment Quotation. |
|  | For a Model Portfolio investment, a Hollard Investment Managers Client Mandate. The Client Mandate is available from your Financial Advisor. |
|  | Certified copy of your South African green bar-coded ID/new smart card ID or valid passport, with visible photograph and legible text. |
|  | CDD documents as per the CDD requirements list available on the Hollard website [www.hollard.co.za](http://www.hollard.co.za/). |
|  | Proof of banking details (cancelled cheque or bank statement, not older than 3 months). |
|  | Proof of deposit of funds/transfer to the Hollard Life bank account. |
|  | Confirmation of your income tax number. |
|  | For a transfer, a recent statement of your investment from the transferring administrator. |
|  | Completed Investor Declaration (see the last section of this form) should you choose to invest into one or more Qualified Investor Hedge Funds. |

|  |  |
| --- | --- |
| **If you have a representative acting on your behalf, the following must be supplied for such a person:** | |
|  | Proof of authority to act. |
|  | CDD documents as per the CDD requirements list available on the Hollard website [www.hollard.co.za](http://www.hollard.co.za/). |

1. Policyholder Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | | Full Name & Surname: | | | | |  | | | | | | | | | | | |
| ID/Passport No: | | | | | |  | | | | | | Date of Birth: | | | | | |  | | | |
| **Residential Address:** | | | | | | | | | | | | | | | | | | | | | |
| Complex Name: | | | | | |  | | | | | | | | | | | | | Unit No: | |  |
| Street/Farm Name: | | | | | | | |  | | | | | | | | | | | Street No: | |  |
| Suburb/District: | | | | | |  | | | | | | | | | | | | |  | | |
| City/Town: | | | |  | | | | | | | | | | | | | | | Code: |  | |
| **Postal Address:** | | | | | | | | | | | | | | | | | | | | | |
| Postal address is as per the residential address | | | | | | | | | | | Yes | | No | | | If No, please complete a postal address below? | | | | | |
| **Address Type:** | | | | | PO Box | | | | Private Bag | | Postnet Suit | | | | Box/Bag/Suite No: | | | | |  | |
| Post Office Name: | | | | | | |  | | | | | | | | | | | | Code: |  | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | |
| Home: | |  | | | | | | | | | | | | Mobile: | | |  | | | | |
| **\*Email:** | | |  | | | | | | | | | | | | | | | | | | |
| **\*Unless specifically instructed, Hollard Investments will send all investment statements via email. Refer to the section on Reporting and Correspondence.** | | | | | | | | | | | | | | | | | | | | | |

1. Source of Funds & Investment Amount

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4.1** | Source of Funds: | | | | | | | |
|  | Bonus | Savings | | Salary | | Inheritance | Other |  |
|  | Initial Premium Amount: | | **R** | |  | | | |

1. Source of Funds Declaration (only to be completed if a 3rd party payment)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, the undersigned | |  | | | | | | | *(full name & surname of third party)* | |
|  | | *(ID number)* | | confirm that I am aware that an amount of | | | **R** | | | has been |
| transferred from my | | |  | | | *(bank name)* account, with account number | | | | |
|  | | | to Hollard. | | | | | | | |
|  |  | | | |  | | |  | | |

|  |  |  |
| --- | --- | --- |
| 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: | | |
|  | | *(full name & surname of applicant/investor)* |
|  | *(ID number).* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I further acknowledge that I am not entitled to make any changes or decisions regarding the policy. | | | | | | |
| 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: |  |

1. Policyholder Tax Registration Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE NOTE THIS SECTION IS COMPULSORY AND ALL APPLICABLE FIELDS MUST BE COMPLETED.** | | | | | |
| **6.1** | South African Income Tax Number: | |  | |  |
|  | | **If you are unable to provide a Tax number, state the reason below:** | | | |
|  | |  | | | |
|  | |  | | | |
| **6.2** | Are you registered for Tax Purposes anywhere other than South Africa? | | | **Yes** | |
|  | If ‘Yes’, please list the country or countries in which you are registered for tax purposes, together with any Tax Identification Number (TIN) if relevant. You will be regarded as a resident for tax purposes if you have a Tax Identification Number for that country. | | | | |
|  |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Country of Tax Residency** | | | **Tax Identification Number** | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | |  | | |
|  | |  | | | | | |
| **6.3** | | **Residency and Nationality:** | | | | | |
|  | **Country of Residence:** | | |  | | **Nationality:** |  |
|  | **Country of Birth:** | |  | | | | |

1. Person Acting on Behalf of Policyholder

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Capacity:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent | | | | | | | | | | | | | Court Appointed | | | | | | | | | | Estate Late Executors | | | |
| Curatorship | | | | | | | | | | | | | Trustees | | | | | | | | | | Power of Attorney | | | |
| **Please note that certified proof of the capacity stated above will be required on the submission of this application, without which it will not be processed.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | | | Full Name & Surname: | | | | | |  | | | | | | | | | | | | | | |
| ID/Passport No: | | | | | |  | | | | | | | | | Date of Birth: | | | | | |  | | | | | |
| **Residential Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complex Name: | | | | | |  | | | | | | | | | | | | | | | | | Unit No: | | |  |
| Street/Farm Name: | | | | | | | |  | | | | | | | | | | | | | | | Street No: | | |  |
| Suburb/District: | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
| City/Town: | | | |  | | | | | | | | | | | | | | | | | | | Code: | |  | |
| **Postal Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address is as per the residential address | | | | | | | | | | | | | | Yes | | No | | | If No, please complete a postal address below? | | | | | | | |
| **Address Type:** | | | | | PO Box | | | | | Private Bag | | | | Postnet Suit | | | | | | Box/Bag/Suite No: | | | | |  | |
| Post Office Name: | | | | | | |  | | | | | | | | | | | | | | | Code: | |  | | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home: | |  | | | | | | | | | | | | | | | Mobile: | | | |  | | | | | |
| \*Email: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Residence: | | | | | | | | |  | | | | | | | | | Nationality: | | | |  | | | | |
| Country of Birth: | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature of person acting on behalf on Policyholder: | | |  | | | | |
| Date: | | |  | |  | | | |
|  | | | | | | | |
| **7.1** | Please Provide your South African Income Tax Number: | | |  | | | |
|  | **(If you unable to provide Tax No. state reason below :)** | | |  | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| **7.2** | Are you registered for Tax Purposes anywhere other than South Africa? | | | | | | Yes |
| Signature of person acting on behalf of Policyholder: | |  | | | | | |
| Date: | |  | | | |  | | |

1. Life Assured

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **8.1** | **Please note:** A life assured that is nominated must be a natural person. | | | | | | |
| **8.2** | It is assumed that the Policyholder is the first life assured and any details completed below will be deemed to be an additional life assured. | | | | | | |
| **8.3** | The death benefit will be paid to the nominated beneficiaries on the death of the last surviving life assured. | | | | | | |
|  |  | | | | | | |
|  | **1st Life Assured:** | | | | | | |
|  | Title: |  | | Full Name & Surname: |  | | |
|  | **Contact Details:** | | | | | | |
|  | \*Email: | |  | | | | |
|  | **Tel:** |  | | | | **ID/Passport No:** |  |
|  | Date of Birth: | | |  | |  | |
|  |  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2nd Life Assured:** | | | | | | |
|  | Title: |  | | Full Name & Surname: |  | | |
|  | **Contact Details:** | | | | | | |
|  | \*Email: | |  | | | | |
|  | **Tel:** |  | | | | **ID/Passport No:** |  |
|  | Date of Birth: | | |  | |  | |

1. Beneficiary for Ownership Details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9.1** | A Beneficiary for Ownership is a natural person or trust nominated by the Policyholder to become the owner of the policy in the event of Policyholder’s death, should the Policyholder not be the last surviving Life Assured. | | | | | | | | | | |
| **9.2** | If no Beneficiary for Ownership is nominated, the deceased’s estate will become the Policyholder, should the Policyholder not be the last surviving Life Assured. | | | | | | | | | | |
| **9.3** | **Beneficiary for Ownership details-Natural Person:** | | | | | | | | | | |
| Title: | | |  | | | Full Name & Surname: | | |  | | | |
| ID/Passport No: | | | | | | |  | | | Date of Birth: | |  |
| **Contact Details:** | | | | | | | | | | | | |
| Home: | | | |  | | | | | | Mobile: |  | |
| **\***Email: | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| **9.4** | | **Beneficiary for Ownership details - Trust** | | | | | | | | | | |
| Registered Trust Name: | | | | | | | |  | | | | | |
| Registration Number: | | | | | | | |  | | | | |
| **Contact Details:** | | | | | | | | | | | | |
| Home: | | | |  | | | | | | Mobile: |  | |
| \*Email: | | | |  | | | | | | | | |

1. Beneficiary Details for Proceeds

|  |  |
| --- | --- |
| **10.1** | The Policyholder may nominate one or more parties (natural or juristic), to receive a benefit on the death of the last surviving life assured. If no beneficiary is nominated, it will be assumed, in the case of the Policyholder being a natural person and on their death, that the beneficiary will be the estate of the deceased |
| **10.2** | If no beneficiary is nominated, I hereby confirm that my estate is the nominated beneficiary?  Yes |
| **10.3** | The Policyholder may change the beneficiaries appointed in this application by completing the Linked Endowment Change of Details Form. |

|  |  |
| --- | --- |
| **10.4** | **Beneficiary Nominations:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name and Surname** | **Relationship** | **ID No./Reg. No.** | **% of Benefits** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **100%** |

1. Investment Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11.1** | The minimum investment amount is **R100 000** per policy. | | | | | | | | | | | | |
| **11.2** | In the case of a unit transfer, a Unit Transfer Request Form must accompany this application form. | | | | | | | | | | | | |
| **11.3** | **Source of Funds:** | | Bonus | | | Savings | Inheritance | | | Salary | Other: | |  |
| **11.4** | **Investment Method (Please enter the total investment amount for all policies):** | | | | | | | | | | | | |
|  | **Once-off Investments** | | |  | **Investment Amount:** | | | | **R** | | | **(Excluding the Unit Transfer Amount)** | |
|  | **Unit Transfer** | | |  | **Estimated Transfer Amount:** | | | | **R** | | |  | |
| **11.5** | **Investment Allocation:** | | | | | | | | | | | | |
|  | 1. Please refer to the latest Hollard Linked Endowment Investment Portfolio List for the list of Investment Portfolios options. This is available on the Hollard website or from your Financial Advisor. | | | | | | | | | | | | |
|  | 1. Please provide the Hollard Linked Endowment Investment Quotation number in the table below. This quote must be attached to this investment application form. **Please take note of the following**:  * Should multiple policies be required with the same investment amount, fees and portfolio allocation, the same quote can be used for investment purposes (Insert the same quote number for each policy. * If different investment amounts, fees and portfolio allocations apply, a separate quote will be required for each policy. * If you wish to invest into more than five policies, please copy this section of a new investment application form with the additional policy details required and attach it to this application. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | | **Quote No.** | | | | | | **Investment Lump Sum per Policy** | | | | | | |
| **1st Policy** | | **LE** | | | | | | **R** | | | | | | |
| **2nd Policy** | | **LE** | | | | | | **R** | | | | | | |
| **3rd Policy** | | **LE** | | | | | | **R** | | | | | | |
| **4th Policy** | | **LE** | | | | | | **R** | | | | | | |
| **5th Policy** | | **LE** | | | | | | **R** | | | | | | |

|  |  |  |
| --- | --- | --- |
| **6th Policy** | **LE** | **R** |
| **7th Policy** | **LE** | **R** |
| **8th Policy** | **LE** | **R** |
| **9th Policy** | **LE** | **R** |
| **10th Policy** | **LE** | **R** |

1. Payment Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **12.1** | Once-off debit requests cannot be accommodated. | | | | |
| **12.2** | No cash deposits will be accepted. | | | | |
| **12.3** | Cheque deposits, electronic transfers and internet transfers should be made to the bank account below. | | | | |
| **12.4** | If Hollard Investments does not receive a completed application form and required documentation within 10 days from the date the monies are received in the bank account, Hollard Investments will return the deposited monies to the source bank account. | | | | |
| **12.5** | Please use your identity number as a payment reference to assist in the timeous processing of this instruction. | | | | |
|  | | | | | |
|  | **Hollard Banking Details:** | | | | |
|  | **Bank Name:** | Standard Bank |  | **Branch Code:** | 00 02 05 |
|  | **Account Name:** | HLAC-Hollard Inv Inflow Acc |  | **Branch Name:** | Johannesburg |
|  | **Account Type:** | Business Current Account |  | **Account Number:** | 000 335 665 |

1. Reporting and Correspondence

|  |  |
| --- | --- |
| **13.1** | 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. |
| **13.2** | Do you require all correspondence to be sent to your nominated Financial ServicesProvider (FSP) in addition to being sent to you?  Yes  No |

1. Financial Services Provider (FSP) Details and Declarations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practice Name (FSP): | |  | FSP Number: |  | |
| Financial Advisor Name: | |  | Financial Advisor Code: | |  |
|  |  | | | | | |
| **14.1** | **Policyholder Insurance Replacement Details and FSP Declaration:** | | | | | |
|  | 1. Is this application to replace the whole or any part of your existing insurance with an assurer, whether the replacement is to occur immediately or to replace the insurance discontinued within the past four months? If ‘Yes’ the FSP must discuss this with you and complete a Replacement Policy Advice Record.  Yes | | | | | |
|  |  | | | | | |

|  |  |
| --- | --- |
|  | 1. I, the FSP named herein, hereby declare that I have requested and recorded the client’s response to the question above with regard to replacement and that the client is fully aware of the possible detrimental consequences of the replacement of an insurance policy. I further declare that, irrespective of the client’s response to the question above, I have explained to the client the meaning of replacement, that a replacement is potentially prejudicial and that where a replacement is considered, the client is legally entitled to comprehensive information regarding the consequences of replacement. |
| **14.2** | **FAIS Declaration:** |
|  | 1. 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 Policyholder. 2. I, the appointed FSP named herein, hereby declare that I have fully explained to the Policyholder 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 Policyholder does not understand the implications of their decision and the associated consequences. 3. Further, I warrant that I have explained all fees that relate to this investment to the Policyholder and I understand and accept that the Policyholder may withdraw his/her authority for payment to me in writing to Hollard Investments. |
| **14.3** | **FICA Declaration:**  The FSP declares and confirms in terms of the Financial Intelligence Centre Act, No 38 of 2001 (the Act) that:   1. 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. 2. 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. 3. I will perform these functions in accordance with the Regulation exemption in place for my FSP, who acts as the primary accountable institution herein, and the Product Provider.  Yes |
| **14.4** | **Policyholder Fee and Discretionary Mandate Declaration:** |
|  | 1. 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.  Yes |
|  | 1. I confirm my understanding that if I have not selected ‘Yes’, only transaction instructions received from, and signed by me, will be acted upon. |
|  | 1. 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. |
|  | 1. 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. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. I confirm that the Policyholder named herein and I have agreed to the payment of the specified Initial Financial Advisor and Financial Advisor Annual Fee, as specified in the investment quotation (If a fee is not specified in the quote, a zero initial and annual fee will be applied). 2. I furthermore confirm that I have signed this declaration of my own free will and I regard it as binding. | | | | | | | |
|  |  | | | | | | | |
| Financial Advisor Signature: | |  | |  | Policyholder Signature: |  | |
| Date: | |  |  |  | Date: |  |

1. Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

|  |  |
| --- | --- |
| **15.1** | I hereby voluntary consent to Hollard Life processing my Personal Information, including but not limited to the actions listed below, for the purpose of administrative functions in terms of this contract:. |
|  | 1. Processing of this application. |
|  | 1. Processing of any subsequent instructions submitted. |
|  | 1. Communicating with me on matters pertaining to my investment. |
|  | 1. Providing me with, but not limited to quarterly investment statements, annual tax; certificates (where applicable), transaction confirmations, updated policy wording etc. |
| **15.2** | I expressly and voluntary consent to Hollard Life disclosing and transferring my Personal Information to Hollard Life contracted administrators for administrative and/ or servicing purposes in connection with this contract. |
| **15.3** | I further consent to the processing of my personal information by way of trans-bordering flow of information where applicable. This will occur where my Personal Information has to be sent to offshore service providers for purposes of outsourcing in connection with the administration and / or servicing of this contract. |
| **15.4** | Where my Personal Information is transferred outside the borders of the Republic of South Africa, such is done only to countries that have similar privacy laws to that of the Republic of South Africa or where such facilities are bound contractually to no lesser than those imposed by POPIA. |
| **15.5** | I acknowledge that in terms of Section 11 (3) of POPIA that I have the right to object, at any time, to the processing of my Personal Information in the prescribed manner, on reasonable grounds relating to my particular situation, unless legislation provides for such processing. On receipt of an objection Hollard Life will put a hold on any further processing of my Personal Information until the objection has been resolved. |
| **15.6** | I acknowledge that I have the right to lodge a complaint to the Information Regulator. |
| **15.7** | I acknowledge that I have the right to at any time ask Hollard Life to provide me with:   * + 1. the details of any of my Personal Information which Hollard Life holds on my behalf; and     2. the details as to what Hollard Life has done with my Personal Information |

|  |  |
| --- | --- |
| **15.8** | POPIA requires that all of my Personal Information supplied must be complete accurate and up to date. Whilst Hollard Life will use its best endeavours to ensure that my Personal Information is reliable, I acknowledge that it will be my responsibility to advise Hollard Life of any changes to my Personal Information as and when this may occur. |
| **15.9** | Hollard Life may use my Personal Information for the promotion of all other Hollard Investments products. |
| **15.10** | I understand the purposes for which my Personal Information is required and for which it will be used. |
| **15.11** | I give Hollard permission to process my Personal Information as provided above. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| Signed at |  | | | on this |  | day of |  | |
| **(Place)** | | | | **(Day)** | | **(Month & Year)** | | |
| Signature: | |  | | | | | | |
| Official Capacity: | |  |  | | | | |  |

1. Policyholder Declaration

|  |  |
| --- | --- |
| **16.1** | All declarations and statements given in this application will apply to each of the linked endowment policies applied for in this application form. I further understand and acknowledge that all future transactions must be instructed at a policy level. |
| **16.2** | I hereby agree that the Policy Conditions and Policyholder Schedule, as provided on acceptance by Hollard Life of this Application request, form the basis of my contract with Hollard Life, together with any annexures, written amendments and endorsements. Hollard Life may amend the terms and conditions of the policy after giving written notice of the proposed changes, provided that any such changes may not adversely affect any accrued right or benefit that I may have under the policy, unless such a change is required by legislation or a regulatory authority. |
| **16.3** | Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction, I have obtained the consent of my spouse to use the monies to facilitate this investment. |
| **16.4** | The policy is an endowment with a five-year restricted period, after which the policy becomes open ended |
| **16.5** | I confirm that I have read and understood the Hollard Linked Endowment Information Document that is available on the Hollard website or from my Financial Services Provider. |
| **16.6** | I confirm I have reviewed the criteria necessary for investment in this policy and that I meet the Policyholder criteria. |
| **16.7** | I have satisfied myself that under any taxation or assurance legislation to which I may be subject, I am permitted to effect the policy. |
| **16.8** | I declare that all statements given in this application are true and correct, and agree that they shall form part of the contract between Hollard Life and me with regard to the policy. I also understand that the answers to all questions and statements given herein, and any other documents required by Hollard Life, shall be considered part of my contract with Hollard Life. |

|  |  |  |
| --- | --- | --- |
| **16.9** | I agree that my policy will not commence until receipt, by Hollard Life, of my duly completed quotation, investment application, supporting documentation and investment amount. I further understand that the policy will not participate in investment returns of the selected portfolios until the allocated amount is invested. | |
| **16.10** | I understand that ownership of the underlying assets of the policy will vest with the insurer and not the Policyholder. | |
| **16.11** | I acknowledge that a notice period is required for investment and withdrawal purposes. | |
| **16.12** | I confirm my understanding of the fact that the withdrawal value from this investment is limited by legislation and limited to the value of the underlying investments less any fees where applicable. In terms of current legislation, the surrender value in the first five years of the policy may not exceed the premium plus 5% per annum, compounded since the policy inception date. Should the value of the policy be less than R10 000, the full amount will be paid out. | |
| **16.13** | I understand that a “cooling-off” period is offered in relation to this product. In addition I understand that the investment amount returned will be subject to movements in the market value of any assets purchased by Hollard Life to provide the benefits specified in the policyholder schedule from the date of policy acceptance to the date of processing the “cooling-off”. Should the Policyholder effect this 31 day “cooling-off” period then Hollard Life will claw back any commission paid to the financial services provider on the premium received. Each case will be reviewed on merit. | |
| **16.14** | I confirm that no advice has been provided to me by Hollard Life and that I am solely responsible for the selection of the investment portfolios to be held within the policy. Further, I understand that information, opinions and any communication from Hollard Life, whether written, oral or implied are expressed in good faith and is not intended as investment advice. | |
| **16.15** | I understand that Hollard Life is not responsible for the returns or the performance of the investment portfolios held in the policy. | |
| **16.16** | I confirm that I have read all relevant documentation associated with this policy and I fully understand the financial risks associated herewith. | |
| **16.17** | I acknowledge that I am fully aware of the restrictions in respect of unregulated investment portfolios and have not been solicited by the Financial Services Provider to enter into such investments, and in particular into any unregulated international investments, where applicable. | |
| **16.18** | I understand that the policy does not guarantee any capital, or any investment returns, however some of the available underlying investment portfolios may offer a guarantee. The policy benefits are determined solely by reference to the returns of the selected linked investment portfolios held for the purpose of the investment. | |
| **16.19** | I acknowledge and agree that all facsimile/electronic representations of all documents, including this investment application, and any other instructions hereafter, including mandates, consents, Investment Portfolio List, 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 Life. I hereby waive any rights I may have or may obtain against Hollard Life arising directly or indirectly from any losses or damages that I may suffer because Hollard Life acted on any purported facsimile/electronic representations, and I indemnify Hollard Life against any claims, demands or actions suffered by me because they acted on a facsimile/electronic representation. |
| **16.20** | I accept the risks associated with email communication and understand that Hollard Life shall not be liable in the event that Hollard Life has not received my communications, whether due to the failure, malfunction or delay of any networks or electronic or mechanical device or otherwise. |

|  |  |
| --- | --- |
| **16.21** | I confirm that the funds invested in terms of this agreement are not the proceeds of any unlawful activity, as defined in the Prevention of Organised Crime Act 21 of 1998 and the Financial Intelligence Centre Act (FICA) 38 of 2001, including any other applicable and existing regulatory framework. |
| **16.22** | I further warrant that I am the beneficial owner of the investment amount or that I am duly and validly authorised to invest the investment amount with Hollard Life. |
| **16.23** | I agree the individual applicant named herein, if a natural person, will be the life assured thereon. |
| **16.24** | I hereby acknowledge that my Financial Services Provider (FSP), as specified in this application, is my appointed FSP. |
| **16.25** | I acknowledge that Hollard Life will levy an income tax recovery charge and a capital gains tax recovery charge on Investment Portfolios. I confirm that I have read and understood the tax recovery charges applicable to my selection, as specified on the investment quotation. Hollard Life reserves the right to amend these fees at Hollard‘s sole discretion. I will receive prior written notice in the event of a change. |
| **16.26** | I acknowledge that the value of the death benefit will be the market value of the investment at the time of processing the death claim. |
| **16.27** | I acknowledge that Hollard Investments will levy an annual administration fee per policy as confirmed on the investment quotation applicable to this application. I further acknowledge that I have reviewed and signed this investment quotation which disclose the fees applicable to my investment. I acknowledge that Hollard Life reserves the right to amend these fees at its sole discretion and that I will receive prior written notice in the event of a change. |
| **16.28** | 0.50% of the value of the pooled Investment Portfolio may be held in cash to facilitate the deduction of annual fees. This cash portion is incorporated into the daily unit price of the Investment Portfolio (if applicable) and as such will not reflect on my Investment Account. |
| **16.29** | An investment in a segregated mandate investment portfolio will be charged an additional Annual Administration fee of 0.20% per annum excl. VAT over and above the Annual Administration fee. |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed at |  | | | | on this |  | day of |  | |
| **(Place)** | | | | **(Day)** | | | **(Month & Year)** | | |
| Signature: | |  | | | | | | | |
| Official Capacity: | |  |  | | | | | |  |

|  |
| --- |
| **\* If the applicant is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder.** |

1. Qualified Investor Hedge Fund Declaration

|  |  |  |
| --- | --- | --- |
| **17.1** | The South African Hedge Fund industry is now subject to legislation which regulates the Funds under the Collective Investment Schemes (CIS) Act. The regulations are intended to provide a greater level of protection and certainty for investors. The legislation allows for two categories of Hedge Funds: A Retail Investor Hedge Fund, and a Qualified Investor Hedge Fund. Each Hedge Fund is registered as one of these categories. | |
| **17.2** | A Retail Investor Hedge Fund is intended to be marketed to a broader retail market. As such these funds are subject to more stringent legislation regarding transacting frequency, levels of leverage, underlying investment instruments and risk management, amongst other things. | |
| **17.3** | A Qualified Investor Hedge Fund is intended for a more technically astute investor and is subject to less stringent limitations. Qualified Investors or their Financial Advisors should have demonstrable knowledge and experience which enables them to assess the merits and risks of a Qualified Hedge Fund investment. | |
| **17.4** | You have chosen to invest into one or more Qualified Investor Hedge Funds within your Hollard Linked Endowment Policy, and we therefore require that you complete the below declaration. | |
|  |  | I/We confirm that I/We am aware that I/We am investing into one or more Qualified Investor Hedge Funds within my Hollard Linked Endowment Policy. |
|  |  | I/We confirm that my/our appointed financial advisor has demonstrable knowledge and experience to advise me/us regarding the merits and risks of a Qualified Investor Hedge fund investment. My financial advisor has explained this investment to me/us. I/We confirm that I/We understand the nature and risks of the investment I/We am making. I/We acknowledge the inherent risk associated with the selected Hedge Fund(s) and understand that there are no performance guarantees. |
|  |  | **OR** |
|  |  | I/We confirm that I/We have the required demonstrable knowledge and experience in financial and investment matters to assess and select this investment in a Qualified Investor Hedge Fund. I/We confirm that I/We understand the nature and risks of the investment I am making. I/We acknowledge the inherent risk associated with the selected Hedge Fund(s) and understand that there are no performance guarantees. |
|  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed at |  | | | on this |  | day of |  | |
| **(Place)** | | | | **(Day)** | | **(Month & Year)** | | |
| Signature: | |  | | | | | | |
| Official Capacity: | |  |  |  | | | |  |

|  |
| --- |
| **\* If the applicant is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder.** |