Important Information

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| **1.1** | Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers. |
| **1.2** | You may not transfer benefits from a guaranteed life annuity to the Hollard Living Annuity. |
| **1.3** | For an additional contribution into your Policy, an Effective Annual Cost (EAC) Disclosure must be requested from our Customer Care team on 0860 202 202 or customercare@hollardinvestments.co.za. The EAC Disclosure number must be inserted in the appropriate sections of this form and the disclosure document attached to this instruction. |
| **1.4** | After making an additional contribution the percentage that determines your annuity income payment as well as the frequency of your payment will remain the same as the original policy. If you wish to change the percentage or the frequency of your annuity payment, you may do so on your next policy anniversary date. The policy anniversary date will remain the same as the policy anniversary date of the original investment. |
| **1.5** | All the terms and conditions applicable to your existing Hollard Living Annuity will be applicable to this additional contribution. |
| **1.6** | This application will only be processed when all investment requirements are met and once funds reflect in the Hollard Life bank account. |
| **1.7** | All documents can be sent via email to 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 at the next available working day. |
| **1.10** | If you are requesting a unit transfer please ensure that:1. The rules of the transferring fund/insurer allow for such a transaction.
2. The underlying investment portfolios you select and their classes 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 fund/insurer.
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Document Checklist­

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| **Please ensure to include all of the below documents:** |
|[ ]  Completed additional contribution form. |
|[ ]  An EAC Disclosure document. This can be obtained from the Hollard Investment Customer Care team on 0860 202 202. |
|[ ]  For a transfer, a recent statement of your investment from the transferring administrator. |
|[ ]  For a model portfolio investment, a completed Client Mandate must be provided. The Client Mandate is available from your Financial Advisor. |

Investor Details

|  |  |  |  |
| --- | --- | --- | --- |
| Investment Number: |  | **Investor Name:** |  |
| **Contact Details:** |  |
| **Home:** |  | **Mobile:** |  | **\*Email:** |  |
| Please indicate if these are new contact details? | [ ]  Yes | [ ]  No |

Investment Details

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| **4.1** | Is this a Unit Transfer? | [ ]  Yes |
| **4.2** | An Effective Annual Cost (EAC) Disclosure must be requested from our Customer Care team on 0860 202 202 or customercare@hollardinvestments.co.za. The EAC Disclosure number must be inserted for and the disclosure document attached to this instruction form. |
|  | EAC Disclosure Number: |  |  |
| **4.3** | Invest initiated by means of:  |
|  | [ ]  New Investment (Upon Retirement) | [ ]  Transfer from another administrator (Select only **ONE**) |
| **4.4** | Estimated Investment Amount: | **R** |  |
| **4.5** | **Transfer Details:** |
|  | 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. |
|  | **Registered name of source fund/insurer** | **Policy Number** |

|  |  |  |  |
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| **Transfer 1** |  |  |  |
| **Transfer 2** |  |  |  |
| **Transfer 3** |  |  |  |
|  |  |  |  |
| **4.6** | **Income and Expense Account:** |
|  | You can choose to have your annual administration fee, Financial Advisor annual fee and your annuity payments deducted from a nominated expense account, designated as the Hollard Prime Money Market Fund. |
|  | **Do you require an Income and Expense account?** | [ ]  Yes |
|  | If Yes, please ensure to select the Hollard Prime Money Market Fund as one of your underlying investment portfolios. |
|  | If the Income and Expense account does not have sufficient funds at the time that annual fees and annuity payments are deducted, annual fees and annuity payments will be deducted proportionally from the remaining investment portfolios in the investment account. |
| **4.7** | **Investment/Model Portfolio Choice:** |
|  | If you are selecting new investment portfolios in your Investment Account, please see the latest portfolio list to confirm your selection. The portfolio list is available on our website at www.hollard.co.za. |
|  | If you are investing in a model portfolio, please provide the model portfolio name in the table below (and not the names of the investment portfolios in which the model portfolio invests). You may invest in one or a combination of investment portfolios and/or model portfolios. |
|  |  |
|  | **Investment Portfolio Name/Model Portfolio Name** | **Percentage** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  |  | **%** |
|  |  | **Total:** | **100%** |

1. Financial Service Provider (FSP) Details and Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Name (FSP): |  | FSP Number:  |  |
| Financial Advisor Name:  |  | Financial Advisor Code: |  |
|  |
| **Please select an initial fee that will apply to this instruction. If a fee is not specified, a zero-initial fee will be applied.** |
| Initial Fee: | **%** | (Financial Advisor Initial Fee may not exceed 1.5% excl.VAT) |

|  |  |  |
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|  |  |  |
| Financial Advisor Signature: |  |  | Investor Signature: |  |
| Date: |  | Date: |  |  |

1. Investor Declaration

|  |  |
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| **6.1** | I confirm that all information provided in this form is correct. |
| **6.2** | I have not received advice from Hollard Investments in respect of this application. |
| **6.3** | I understand and accept all risks associated with this investment. In addition, I confirm that I have read and understood all relevant documentation associated with this investment. |
| **6.4** | I have read and understood the Hollard Living Annuity 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. |

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