

# Initial Investment

## Endowment

### Individuals



This form will only be accepted when submitted with:

- Clients onboarding for first time: 'Client Details - New to Nedgroup Investments Individual' form
- Clients wishing to invest into a new product: 'Client Details - Existing Individual Investor' form

### 1. Investor details

Investor name

SA ID number / Passport number

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### 2. Investment details

#### Intended purpose of investment

☐

Invest for over 5 years

#### Nature of relationship with Nedgroup Investments

☐

Invest a single amount with frequent withdrawals

☐

Invest multiple amounts with frequent withdrawals

☐

Invest a single amount with occasional withdrawals

☐

Invest a multiple amounts with occasional withdrawals

#### Investment amount

Total lump sum amount  
(including phase-in, if applicable)

R

#### Phase-ins

Do you require your investment to be phased in

☐

Yes

☐

No

If 'Yes', please submit the relevant 'Phase-in' form available from our Client Services Centre.

If you elect to phase-in your investment, the investment amount will be invested into Nedgroup Investments Core Income Fund and phased in monthly over the selected period into the designated unit trust portfolio(s).

3. Unit trust portfolio selection

Please note:

- Income distributions will be reinvested (after tax if applicable)

Financial planning fees (if applicable)

- If no fees have been specified, 0% will apply
- If a fee higher than the maximum is specified, the maximum will apply
- Initial financial planning fees in respect to debit orders will be deducted off each debit order amount before investing into the selected unit trust portfolio

			Only applicable if investing with a Financial Planner		
Unit trust portfolio	Lump sum amount (excl phase-in)	Debit order amount	Initial fee (excl VAT)		Annual fee (excl VAT)
			Lump sum	Debit order	
	R	R	%	%	%
Total (R)	R	R			

Fee account selection (if required)

Please note:

If the funds are depleted in the specified unit trust portfolio, the fees will be recovered from the original unit trust portfolio.

Indicate the unit trust portfolio from which the fee is to be recovered.

Investment contract details

Only required if you would like to split your total investment amount across more than one policy, which will result in multiple investment contracts.

Please indicate the amount to be invested in each policy:

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

Each amount will be invested proportionately in the unit trust portfolios selected. All details on this instruction form will apply to each policy.

4. Payment details

Please note:

- We do not accept cash deposits
- We will only process your instruction once we have received proof of payment
- Interest will be earned (at the rate applicable to the above mentioned bank account) from the first day after the investment amount has been deposited until invested

Lump sum:

All lump sum payments must be paid into our bank account via electronic funds transfer (EFT).

Once we accept your investment, we will send you an SMS with our bank account details.  
Please transfer your investment amount and use your SA ID number (or passport number if Foreign national) as the reference.

Debit Order:

Please note:

- Debit order escalation percentage cannot exceed 20%
- For your debit order to come into effect on the selected date, your debit order instruction must reach us no later than five business days before the selected date. If all requirements are not met, your debit order instruction will be processed on the selected date in the following month
- Debit order contributions can only be withdrawn 45 days after the investment date

Debit order amount

R

Commencement month

M

M

Y

Y

Y

Y

Collection date1st15th20th27th

Escalation rate per annum5%10%15%Other %

5. Investor bank account details

It is mandatory to complete this section.

Please note:

- No third-party payments will be processed
- If the bank account used to fund this investment differs from the one below, please provide us with alternate bank account details by completing the 'Third-party funding your investment' form available from our Client Services Centre
- Payments will be delayed if the name of the account holder as registered with the bank is different from that completed below

Name of account holder (as registered with bank)

Name of bank

Account number

Name of branchCode

Account typeCurrentSavingsCountry

## 6. Details of life assured

**Please note:**

- At least one life assured must be nominated.

### First life assured

Title and surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Passport expiry date	<input type="text"/>	Passport country <input type="text"/>

### Second life assured

Title and surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Passport expiry date	<input type="text"/>	Passport country <input type="text"/>

## 5. Beneficiary nominations

**Please note:**

- Beneficiary nominations will only be accepted on written instruction from the investor. Persons acting on behalf of the investor may not nominate beneficiaries. Beneficiary nominations made by Persons acting on behalf of the investor will be rendered null and void
- Please nominate beneficiaries for both proceeds and ownership
- On death of the investor if the life assured is alive, beneficiary for ownership will be applied. If the life assured is deceased, beneficiary for proceeds will be applied
- On death of the last life assured, if the investor is alive the policy will pay out to the investor

Please nominate a beneficiary for proceeds

First beneficiary for proceeds

Percentage allocation  
(no decimals)

%

Relationship

If beneficiary is an individual

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number  
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory)

+

(0)

Email address

Second beneficiary for proceeds

Percentage allocation  
(no decimals)

%

Relationship

If beneficiary is an individual

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number  
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory)

+

(0)

Email address

Third beneficiary for proceeds

Percentage allocation  
(no decimals)

%

Relationship

If beneficiary is an individual

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number  
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory)

+

(0)

Alternative contact number

+

(0)

Email address (mandatory)

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory)

+

(0)

Email address



Please nominate a beneficiary for ownership

You may only nominate one beneficiary for ownership

Is your beneficiary for ownership the same as one of your beneficiaries for proceeds?

YesNo

If 'Yes', which beneficiary?

If 'Yes', then the following information is not required.

If 'No', please complete the following section.

If beneficiary is an individual

Relationship

Title and surname

First names

Date of birth

D

D

M

M

Y

Y

Y

Y

SA ID number

Passport number  
(if foreign national)

Passport expiry date

D

D

M

M

Y

Y

Y

Y

Passport country

Nationality

Cell phone number (mandatory) +  (0)

Alternative contact number +  (0)

Email address (mandatory)

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Cell phone number (mandatory) +  (0)

Email address

7. Consent of spouse

Are you married in community of property? ☐ Yes ☐ No

If 'Yes', in terms of the Matrimonial Property Act, 1984, the written consent of your spouse is required to authorise your beneficiary nominations.

Name of spouse

I consent to the beneficiary nominations detailed herein.

Signature of spouse

Date 

D	D	M	M	Y	Y	Y	Y
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