Initial Investment

Living Annuity

Funded by a transfer of an existing living annuity from another insurer

Individuals

The Nedgroup Investments Living Annuity is underwritten by Nedgroup Structured Life Limited

FSCA Registration number:	10/10/1/002	SARS tax directive reference number:	10/10/1/0002
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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

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

Investment amount

	Estimated amount	R									
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Transfer details

Full name of transferor institution (Administrator)								
Registered name of transferor fund								
Transferor fund reference / investor number								







Do you require your investment to be phased in

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).

Yes

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 is higher than the maximum is specified, the maximum will apply

		Only applicabl with a Financ	
Unit trust portfolio	Percentage allocation	Initial fee (excl VAT)	Annual fee (excl VAT)
		Lump sum	
	%	%	%
Total (must equal 100%)	%		

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.

4. Income payment details

Please note:

- If your current payment frequency is in arrears (except monthly), you will not be able to transfer your existing living annuity unless the existing insurer has changed the payment frequency to 'in advance' before the transfer to this living annuity
- Your income must remain the same until your income anniversary month (i.e. the month in which you first purchased your living annuity)
- · Your income will be captured from the transfer paperwork provided by the transferring insurer
- Refer to the Living Annuity Payment Schedule on our website for more information on income revision cut-off dates and income payment dates. **Payments are made on or around the 20th business day of each month**. Please note that payments to Nedbank accounts will reflect the day after the payment date. Due to bank processing times, payment to other banks may take up to two business days to reflect
- · If not indicated below, tax will be deducted in accordance with income tax legislation
- If a tax rate lower than the rate applicable in terms of the tax tables is required, a tax directive must be submitted with this form. This directive will be valid only for the period stipulated thereon. You may renew this by applying to SARS. If a new updated tax directive is not received prior to the expiry of the outdated one, normal tax table rates will apply

Please indicate a required tax rate if different from the standard tax table	%		
Should withdrawals to fund your income be made proportionally from all unit trust p	ortfolios?	Yes	No

If 'No', please specify the unit trust portfolio(s) from which withdrawals are to be made.

Please note:

• Should the value of the unit trust portfolio(s) selected become depleted, withdrawals will be processed proportionately from the remaining unit trust portfolios

Unit trust portfolio	Percentage allocation
	%
	%
	%
	%
	%
Total (must equal 100%)	%

5. Investor bank account details

It is mandatory to complete this section.

Please note:

- No third-party payments will be processed
- 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 holde	er (as registered with	n bank)		
Name of bank				
Account number				
Name of branch				Code
Account type	Current	Savings	Country	

6. 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 indicate below in what proportion your beneficiaries are to share in these proceeds
- Beneficiary percentage allocation must equal 100%, no decimals allowed

First beneficiary

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 (mandato	ry) + (0) (0)
Email address	

Second beneficiary

Percentage allocation (no decimals)	%	Relationship	

If beneficiary is an individual

Title and surname									
First names									
Date of birth	D	D	Μ	М	Y	Y	Y	Y	
SA ID number									
Passport number (if foreign national)									
Passport expiry date									Passport country
Nationality									
Cell phone number (mandator	ry)	+			(0)			
Alternative contact number		+			(0)			
Email address (mandatory)									

If beneficiary is a legal entity

Registered name	
Registration number	
Country of incorporation	
Cell phone number (mandato	ry) + (0)
Email address	

Third beneficiary

Percentage allocation	0/	Deletienelein	
(no decimals)	%	Relationship	

If beneficiary is an individual

Title and surname					
First names					
Date of birth	D D	MM	Y Y Y	Y	
SA ID number					
Passport number (if foreign national)					
Passport expiry date				Y Passport country	
Nationality					
Cell phone number (mandator	/) +		(0)		
Alternative contact number	+		(0)		
Email address (mandatory)					

If beneficiary is a legal entity

Registered name	
Registration number	
Country of incorporation	
Cell phone number (mandato	(0) + (0)
Email address	

Fourth beneficiary

Percentage allocation (no decimals)	%	Relationship	

If beneficiary is an individual

Title and surname										
First names										
Date of birth	D	DN	M	Y Y	Y	Y				
SA ID number										
Passport number (if foreign national)										
Passport expiry date							Passport country			
Nationality										
Cell phone number (mandato	ry) +	-		(0)						
Alternative contact number	4	+		(0)						
Email address (mandatory)										

If beneficiary is a legal entity

Registered name	
Registration number	
Country of incorporation	
Cell phone number (mandato	ry) + (O)
Email address	

