Initial Investments

Living Annuity Plus

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 deta	ils								
Investor name									
SA ID number / Passpo	rt 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			
Transferring from:	Retiren	nent Annuity Fund	Pension Fund	Provident Fund
	Pensio	n Preservation Fund	Provident Preservation	n Fund
Full name of transferor ir	stitution (Adminis	trator)		



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
- $\cdot\,$ 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%)	%		

Percentage allocation for death benefit

Would you like to apply the 5-year exclusion?

Yes* No

This means that 100% will be paid to your dependents on death if this occurs within the first 5 years. This also means you will not receive any top-ups during this time.

* Even if you select 'Yes', you still need to provide the elected percentages which will come into effect after 5 years.



Elected percentage is the percentage of your market value to be allocated to your beneficiaries on death.

Remaining percentage is the percentage that will be deducted from your market value prior to your death . claim being processed, thereby reducing your death benefit.



Please note:

Initial purchase of a living annuity

- Regardless of whether you choose a rand amount or a percentage, your income must fall within the regulatory limits of 2.5% and 17.5% per year (both subject to change by the regulatory authority and / or legislation)
- The income from your Living Annuity account group may only be amended annually during your anniversary month subject to the applicable cut-off dates
- 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

Income details

F	requency choice	Income requirement									
	Select one	Percentage OR Rand amount (before tax)									
~		%	Rand amount								
	Monthly in arrears										
	Quarterly in advance										
	Biannually in advance										
	Annually in advance										



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 b	ank)		
Name of bank				
Account number				
Name of branch			Code	
Account type	Current	Savings Country		

7. 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)				%		Rel	atior	nship			
If beneficiary is an indiv	vidu	al									
Title and surname											
First names											
Date of birth	D	D	Μ	Μ	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	

Second beneficiary

Percentage allocation	0/	Deletter entre s	
(no decimals)	%	Relationship	
, ,			

If beneficiary is an individual

Title and surname													
First names													
Date of birth	D	D	Μ	Μ	Y	Y	Y	Y					
SA ID number													
Passport number (if foreign national)													
Passport expiry date								Y	Passport country	у			
Nationality													
Cell phone number (mandato	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) (0) (0) (0) (0) (0) (0) (0) (0) (0)
Email address	



Third beneficiary

Percentage allocation		B 1 11 1 1	
	%	Relationship	
(no decimals)			
(

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	y) +		(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) (0) (0) (0) (0) (0) (0) (0) (0)
Email address	



Fourth beneficiary

Percentage allocation % Relationship %				
(no decimals)	Percentage allocation	0/	Relationshin	
	(no decimals)	70	Relationship	

If beneficiary is an individual

Title and surname												
First names												
Date of birth	D	D	Μ	Μ	Y	Y	Y	Y				
SA ID number												
Passport number (if foreign national)												
Passport expiry date								Y	Passport country			
Nationality												
Cell phone number (mandato	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	

If you would like to nominate additional beneficiaries, please attach a separate list signed by the investor detailing the information required above.

