

ENDOWMENT

MAKE AN INFORMED DECISION

Before investing, read the Terms and Conditions of the Fund carefully to decide if the product meets your financial needs. Consider getting financial advice if you are not familiar with financial markets and products. View the Mosaic Invest Balanced Portfolio disclosure document for information about the objectives, risks and fees relevant to your investment choice.

COMPLETE THE FORM AND SUBMIT DOCUMENTS

Complete all relevant sections of this form and submit it, together with the documents listed below, to client.services@mosaic.co.za.

- A clear copy of your South African ID or Passport (if Foreign National);
- A document less than three months old containing your residential address;
- A copy of your bank statement;
- A document issued by the South African Revenue Service bearing income tax registration number;
- Proof of your deposit or your electronic fund transfer;
- If applicable, a completed "Acting on Behalf of the Investor form" plus the supporting documents referred to therein;

PRODUCT BANK ACCOUNT DETAILS

Payment to be made into the following account:

Account Name	Prescient Endowment
Account Number	6220 653 2477
Bank	FNB
Branch	Corporate Account Services (250 655)
Type of Account	Current
Reference Number	Your South African ID Number or Passport Number (if Foreign National) and Country of Issue

PRODUCT FEES

An Administration Fee will be recovered through a sale of units in your Investment Account. The fees that apply are set out below. Please see the Terms and Conditions for a description of the Investment Options and the applicability of Value Added Tax (VAT).

Administration Fee (% of Investment Account)	R0-5m	R5-10m	>R10m
Internal Investment Options	0.22%	0.17%	0.15%

CUT OFF TIMES

We will only process your instruction once we receive all the required documents and the investment amount reflects in our product bank account. Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next day. Instructions in respect of a money market portfolio must be received by 11:00.

FINAL STEPS

We will send you confirmation once the investment is finalised. Thank you for choosing to invest with us.

CONTACT US

If you need help with this form, contact Mosaic Invest on 011 083 7145 or client.services@mosaic.co.za.

PERSONAL DETAILS

New Investor Existing Investor Client Number

Title Surname

First Name(s) Male Female

Date of Birth Nationality

ID or Passport Number (if Foreign National)

Income Tax Number Marital Status Single Married Divorced

Street Address **Postal Address**

c/o Same as Street Address Yes No

Unit c/o

Complex Line 1

Street Number Line 2

Street Line 3

Suburb Line 4

City Postal Code

Postal Code Country

Country

Telephone (H) Fax

Telephone (W) Cell

Email

Specify your preferred method of receiving correspondence Email Postal Address

BANKING DETAILS

South African bank account in the name of the Investor:

Account Holder Bank

Account Number Type of Account

Name of Branch Branch Code

Signature of Account Holder

South African bank account details for electronic collection / debit order deduction (if different from the above):

Account Holder Bank

Account Number Type of Account

Name of Branch Branch Code

Signature of Account Holder

METHOD OF PAYMENT

1. You may invest a minimum lump sum of R10 000:

Amount

Please note that any bank charges associated with cash deposits will be recovered from your Investment Account.

Cheque Deposit All cheques need to be endorsed as "Non Transferable" and deposited directly into the product account. Banks do not accept cheques of more than R500 000. The investment will only be made when cheques are cleared.

Electronic / Internet Transfer Electronic internet transfers may take up to two business days to appear in the bank account. An investment may only be made upon receipt of documentation and funds into the account.

Electronic Collection Collected within two business days after the receipt of this form. Electronic collection is restricted to a maximum of R500 000 per debit. Multiple debits will be processed on the same day for higher amounts.

Collection Date (if Electronic Collection)

Specify the source of funds (e.g. salary, investment proceeds, sale of assets, inheritance, etc.). We reserve the right to request documentary proof (e.g. income statement, bank statement, etc.).

2. You may set a regular debit order for a minimum of R500 per month:

Monthly debit order amount to be collected on the 1st of the month or on the 15th of the month

If the debit order amount is below R500, a bank charge of R4.30 will be deducted from the contribution prior to the investment being made. If the 1st or the 15th falls on a weekend or public holiday, the funds will be deducted on the first business day thereafter. Any debit order instruction / amendment must be received in writing at least five business days prior to the selected debit order date in order for it to be acted upon.

Commencement Date Annual Escalation %

YOUR INVESTMENT

Investment Portfolio	Investment Amount	Debit Order
Mosaic Invest Balanced Portfolio	100%	100%

NOMINATED LIFE INSURED

At least one, but a maximum of two lives assured may be nominated below:

	Life Assured 1	Life Assured 2
Surname		
First Name(s)		
ID Number		
Relationship		
Contact Number		
Email Address		

BENEFICIARY NOMINATIONS

Either a beneficiary for proceeds OR a beneficiary for ownership may be nominated. If no beneficiary for proceeds is nominated, Policy benefits will be paid to your estate.

The spouse's signature is required if the investor is married in community of property and nominates a beneficiary other than the investor's spouse.

Marital Contract Community of Property Antenuptial Contract

I hereby agree to the nominations:

Full Name of Spouse Signature of Spouse

a) Beneficiary for Proceeds

	Beneficiary 1	Beneficiary 2
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		
	Beneficiary 3	Beneficiary 4
Surname		
First Name(s)		
ID Number		
Relationship		
Share %		
Contact Number		
Email Address		

a) Beneficiary for Ownership

Only one beneficiary for ownership must be nominated.

	Beneficiary 1
Surname	
First Name(s)	
ID Number	
Relationship	
Contact Number	
Email Address	

AUTHORISATION AND DECLARATION

1. I have read and fully understood all the pages of this application and agree to the Terms and Conditions of the Living Annuity Policy.
2. I understand that this application and any further documents read with the Policy document constitute the entire agreement between Prescient and me.
3. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
4. I have not received any advice, guidance or recommendation regarding this investment from Prescient or the Administrator.
5. I authorise the Administrator to deduct any electronic collections from the specified bank account, and to pay any applicable fees and charges, including negotiated fees to a Financial Advisor (if relevant).
6. I authorise the Administrator to accept instructions from persons duly appointed and authorised by me in writing, e.g. my Financial Advisor. I will not hold Prescient or the Administrator liable for any losses that may result from unauthorised instructions given to them.
7. I authorise the Administrator to accept and act upon instructions in the prescribed format by facsimile or e-mail and hereby waive any claim that I have against Prescient or the Administrator and indemnify Prescient and the Administrator against any loss incurred as a result of the Administrator receiving and acting on such communication or instruction.
8. I consent to the Administrator making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the Administrator obtaining any other information concerning me from any source whatsoever to enable the Administrator to process this application.

	Investor
Signature	
Full Name	
Signed at	
Date	