

LIVING ANNUITY

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;
- If applicable, a SARS tax directive.

PRODUCT BANK ACCOUNT DETAILS

Payment to be made into the following account:

Account Name	Prescient Living Annuity
Account Number	6211 833 7337
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

SOURCE OF FUNDS

You may only invest a minimum of R100 000 in the Living Annuity Fund by transferring a benefit from another fund.

Transferor 1 Pension Fund Provident Fund Retirement Annuity Fund Transfer from Living Annuity Policy

Transferring Fund / Insurer	<input type="text"/>		
FSB Registration Number	<input type="text"/>	Contact Number	<input type="text"/>

Amount

Transferor 2 Pension Fund Provident Fund Retirement Annuity Fund Transfer from Living Annuity Policy

Transferring Fund / Insurer	<input type="text"/>		
FSB Registration Number	<input type="text"/>	Contact Number	<input type="text"/>

Amount

BANKING DETAILS

South African bank account in the name of the Investor:

Account Holder	<input type="text"/>	Bank	<input type="text"/>
Account Number	<input type="text"/>	Type of Account	<input type="text"/>
Name of Branch	<input type="text"/>	Branch Code	<input type="text"/>

YOUR INVESTMENT

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

INCOME PAYMENT DETAILS

Your pre-tax annuity income may only be between a minimum of 2.5% p.a. and a maximum of 17.5% p.a. This section does not apply to transfers from existing annuities.

Select an income percentage or Rand amount of income:

Income Percentage or Rand Amount

Select the frequency of your income payments:

Monthly in Arrears
 Quarterly in Advance
 Bi-annually in Advance
 Annually in Advance

Do you want to specify an income tax rate? Yes No

Your tax on your income is calculated based on the SARS income tax tables. A SARS tax directive is required if the tax rate specified is lower than that calculated from the income tax tables.

BENEFICIARY NOMINATIONS

If no beneficiary is nominated, policy benefits will be paid to your estate.

	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		

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

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	