SatrixNOW Additional Investment Form
(Individual and Non-Individual Investors)

- Manual client transactions incur an additional fee (over and above the platform fee) of 0.05%.
- Please note that you will only be able to switch back to online transacting 6 months after your last conversion.
- All distributions are automatically reinvested, nett of costs.
- Statements will only be available quarterly, you may contact the client services centre to obtain your latest balance.

- View the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to www.satrix.co.za
- The terms and conditions are available on the web or through the following link: (Terms & Conditions)
- If you cannot access the link provided above this can be obtained from our Client Services Centre or directly from our website www.satrixnow.co.za
- Initial any changes you make on the form.
- The registered investor or authorised signatory must date and sign the form.
- Complete and return the following sections if applicable:
  - **Authorisation from bank account holder** - Form A

Our contact details
Send the completed form and supporting documents to:

E-mail:	If you are an individual: If you are a broker/adviser:	instructions@satrixnow.co.za advisers@satrixnow.co.za
Postal:		PO Box 411449, Craighall 2024

Enquiries

Tel	010 020 2250
E-mail:	helpme@satrixnow.co.za
Website	www.satrix.co.za

Turnaround Time	The turnaround time for your instruction will be **7 business days** from receiving all necessary and completed documentation. Instructions received on public holidays and weekends or after **13:00** on a business day will be deemed to have been received on the following business day.

All required documents must be provided before we can process your instruction.

SATRIX OWN THE MARKET

SatrixNOW Additional Investment Form
(Individual and Non-Individual Investors)

1. Investor details

Title ________ Full name(s) ______________________________

Surname ______________________________

Date of Birth ______________ City of Birth ______________________________

Country of Birth ______________________________ Nationality ______________

SA ID number ______________________________

OR

Passport (if foreign national):

Number ______________ Expiry date ______________ Country ________

OR

US Citizens social security number ______________________________

Gender Male ☐ Female ☐

Marital status Single ☐ Married ☐ Divorced ☐ Widowed ☐

Name of Legal Entity ______________________________

Entity type ______________________________

Legal Entity Registration number ______________________________

Country of Incorporation ______________________________

Email address ______________________________

Residential address ______________________________

______________________________ Postal Code ________

City ______________________________ Province ________

Postal address ______________________________
Only complete if different from residential address ______________________________ Postal Code ________

	International dialling code	Area code	Number
Telephone *(work)*			
Telephone *(home)*			
Cell/Mobile		n.a.	

2. Investment Instruction

Please select the fund you would like to invest in, and indicate the amount you would like to invest.
Please review the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to www.satrix.co.za

Fund range	Tax Free Savings Account	Lump sum deposit (R)	Monthly recurring debit order (R)
Satrix Divi ETF			
Satrix Fini ETF			
Satrix Global Aggregate Bond ETF			
Satrix ILBI ETF			
Satrix Indi ETF			
Satrix Momentum ETF			
Satrix MSCI China ETF			
Satrix MSCI EM ESG Enhanced ETF			
Satrix MSCI Emerging Markets ETF			
Satrix MSCI World ESG Enhanced ETF			
Satrix MSCI World ETF			
Satrix Nasdaq 100 ETF			
Satrix Property ETF			
Satrix Quality ETF			
Satrix Rafi 40 ETF			
Satrix Resi ETF			
Satrix S&P500 ETF			
Satrix SA Bond ETF			
Satrix Swix ETF			
Satrix Top 40 ETF			

If you intend to transfer money into your Tax Free Savings Account from another Tax Free Product, please provide your fund choice and indicate an estimate of the amount.

3. Payment instructions

You have the following options for payment:

3.1 We collect funds via debit order

Deduct the new amount(s) ☐ Monthly ☐ Quarterly ☐ Annually

Deduct the new amount(s) on ☐ 1st ☐ 3rd ☐ 15th ☐ 25th day of each month starting ___________

Annual increase Yes ☐ No ☐ Annual increase start date ____________________

% of annual increase ☐ %

Debit Order banking details

☐ Debit order is from my existing bank account

OR

☐ Debit order is from my new bank account (**Complete Section 5**)

OR

☐ Debit Order is from a third party bank account (**Complete Form A**)

OR

3.2 You pay via an Electronic Fund Transfer (EFT)

☐ Lump sum deposit

Bank:	ABSA Bank
Branch:	Investor Services
Branch Code:	336005
Account number:	4064804630
Reference:	Please use your SatrixNow SX Account number

OR

3.3 Transferring in from another Tax Free Product Provider

☐ Tax Free lump sum transfer

- In addition to this form, a Tax Free Savings Account Transfer form is required to be completed. Please contact our Client Contact Centre to obtain this form.

Transferring Tax Free Product Provider name ____________________

Tax Free Savings Account number to be transferred from ____________________

4. Investor banking details

Use bank details for the following: ☐ Debit order

Payments will only be made into the account of the registered investor. Payments cannot be made to third parties.

Bank account holder ____________________

ID number / Entity registration number ____________________

Name of bank ____________________

Account number ____________________

Name of branch ____________________

Branch code ____________________

Type of account Current ☐ Savings ☐

Please submit proof of your South African bank account with this application form (copy of bank statement or bank letter not older than 3 months, reflecting the bank name, account holder's full name and bank account number.)

I instruct and authorise Satrix or its agents to draw direct debits from my bank account as per my instruction in sections 3 & 4.

Signature of bank account holder ____________________ Date ____________

Authorised signatory on bank account
(if applicable) ____________________ Date ____________

5. Investor declaration

I / We confirm that I / we:

- have read and understood the important notes, on the first page as well as the terms and conditions.
- have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Signature of Investor ____ Date ____________________

Authorised signatory* ____ Date ____________________

Authorised signatory* ____ Date ____________________

*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

Form A
Authorisation from bank account holder

- Complete and submit this section if the payment is from a third party's bank account.
- Copy of Identity document is required for the third party payer.

Third party information

Title ____________ First name(s) ____________________

Surname ____________________

Date of birth ____________ Country of birth ____________

ID number ____________________

OR Passport (if foreign national): **OR** Social security number ____________

Number ____________________

Expiry date ____________________

Country ____________________

Residential address ____________________

____________________ Postal code ____________

Country ____________________

Email address ____________________

Cell / Mobile ____________________

Relationship to investor ____________________

Self Employed ☐ Yes ☐ No

Nature of self-employment ____________________

Please specify where the funds for this investment come from.

☐ Salary ☐ Inheritance ☐ Savings ☐ Bonus ☐ Other (Specify) ____________

Third party banking details

Bank account holder ____________________

Name of bank ____________________

Account number ____________________

Name of branch ____________________

Branch code ____________________

Type of account Current ☐ Savings ☐

Declaration

I instruct and authorise Satrix or its agents to draw direct debits against my bank account as per the instruction in section 1 and 3.

Signature of bank account holder ____________________ Date ____________

Authorised signatory on bank account ____________________ Date ____________

Form B – Update Financial Adviser Details

Please select your instruction

☐ Appoint an Intermediary ☐ Remove an Intermediary ☐ Change of advice fee

Important Information

Only one financial adviser is applicable per investor.
Advice fees are applied across all ETF holdings per account and not at a fund level.

Financial Adviser details

Adviser / broker code ________________________________

Name(s) ________________________________

Surname ________________________________

Fee Instruction

I agree to pay the following Upfront advice fee and Annual advice fee (excluding VAT)

Upfront advice fee (max 3%)	
Annual advice fee (max 1%)	

- If you do not fill in any fees, it will default to 0%.
- If you have selected a fee greater than that of the fund's maximum, the fee will default to the fund's maximum.
- Any fees indicated on this form will be applied to all future transactions.
- Upfront advice fees are applied to recurring investments only, no upfront advice fees are applied to lump sum investments

Upfront Advice Fee

Upfront advice fees are subject to a maximum of 3%.
Upfront advice fees are applied to recurring investments and deducted before the investment is made on your Client Account.

Annual Advice Fee

The annual advice fee is calculated on your daily holdings balance and deducted monthly from your Client Account and paid to your Financial Adviser by the 5th of the month. The fee will be deducted from any distributions where available, otherwise units will be sold in order to recoup the fee. Annual advice fees are subject to a maximum of 1%.

Intermediary declaration

Declare that I am a licensed financial service provider or a representative of a financial service provider.

Intermediary signature ________________________________ Date ________________

Signature of Investor ________________________________ Date ________________

Authorised signatory ________________________________ Date ________________

Authorised signatory ________________________________ Date ________________

Authorised signatory ________________________________ Date ________________