

# **SatrixNOW Manual Activation Form**



- 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.



#### Our contact details

#### Send the completed form and supporting documents to:

E-mail: If you are an individual: instructions@satrixnow.co.za If you are a broker/adviser: 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

The turnaround time for your instruction will be **7 business days** from receiving all Time 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.



# **SatrixNOW Manual Activation Form**

| 1. Investor deta                          | ails           |               |             |             |
|---|----------------|---------------|-------------|-------------|
| Full SatrixNOW acco                       | ount number    |               |             |             |
| Title                                     | Full name(s)   |               |             |             |
| Surname                                   |                |               |             |             |
| Date of Birth                             |                | City of Birth |             |             |
| Country of Birth                          |                |               | Nationality |             |
| SA ID number                              |                |               |             |             |
| OR  |                |               |             |             |
| Passport (if foreign r                    | national):     |               |             |             |
| Number                                    |                | Expiry date   |             | Country     |
| OR  |                |               |             |             |
| US Citizens social s                      | ecurity number |               |             |             |
| Gender                                    | Male           | Female        |             |             |
| Marital status                            | Single         | Married       | Divorced W  | idowed      |
| Name of Legal Entit                       | у              |               |             |             |
| Entity type                               |                |               |             |             |
| Legal Entity Registra                     | ation 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. KYC Questio   | ns                        |            |
|------------------|---------------------------|------------|
| 2.1. Source of I | ncome                     |            |
| Please specify w | hat your primary source o | of income? |
| Bonus            | Commission                | F          |

|     |      | Bonus         |     | Commission                   |      | Fees               |     | Inheritance                  |
|-----|------|---------------|-----|------------------------------|------|--------------------|-----|------------------------------|
| -   |      | Rental        |     | Rental Income                |      | Inheritance        |     | Interest and Dividends       |
| -   |      | Gifts         |     | Retirement Proceeds          |      | Salary             |     | Proceeds from sale of assets |
| -   |      | Savings       |     | Other (Please specify)       |      | !                  |     |                              |
| L   |      |               |     |                              |      |                    |     |                              |
| 2.2 | 2 S  | ource of A    | ccc | ount Funds                   |      |                    |     |                              |
| F   | Plea | se select the | SO  | urce of funds from which you | r ac | counts will be fur | nde | 1                            |

| Bonus   | Commission             | Fees        | Inheritance                  |
|---------|------------------------|-------------|------------------------------|
| Rental  | Rental Income          | Inheritance | Interest and Dividends       |
| Gifts   | Retirement Proceeds    | Salary      | Proceeds from sale of assets |
| Savings | Other (Please specify) | <br>'       |                              |

## 2.3 Current Earning Status

| What sector of | toes vour              | current | earnings   | come f | rom? |
|----------------|------------------------|---------|------------|--------|------|
| Wilat Sector C | io <del>c</del> o youi | Current | carrilligs | COITIC | OIII |

|   | Private Sector Employment                 | Retired    |
|---|---|------------|
| ľ | Public Sector Employment                  | Student    |
|   | Self-employed / Consultant / Entrepreneur | Unemployed |

# 2.4 Income Band (R)

| 0 – 189 880       | 296 541 – 410 460 | 708 311 – 1 500 000 |
|-------------------|-------------------|---------------------|
| 189 881 – 296 540 | 410 461 – 708 310 | 1 500 001 and above |

### Income distribution payments

If you have switched the total investment value of a fund, we will pay out distributions accrued to your bank account.

#### 3. 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 |

<sup>\*</sup>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 – Update Financial Adviser details

| Please select your instruction  |   |
|---|---|
| Appoint an Intermediary Remove an I   | ntermediary 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   | e fee (excluding VAT)                                       |
| Upfront advice fee (max 3%)   |   |
| Annual advice fee (max 1%)  |   |
| <ul> <li>If you do not fill in any fees, it will default to 0%.</li> <li>If you have selected a fee greater than that of the fund's</li> <li>Any fees indicated on this form will be applied to all futu</li> <li>Upfront advice fees are applied to recurring investments investments</li> </ul> | re transactions.  |
| Upfront Advice Fee  |   |
| Upfront advice fees are subject to a maximum of 3%. Upfront advice fees are applied to recurring investments and ded  | ucted before the investment is made on your Client Account. |
| Annual Advice Fee   |   |
| The annual advice fee is calculated on your daily holdings baland to your Financial Adviser by the 5 <sup>th</sup> of the month. The fee will be units will be sold in order to recoup the fee. Annual advice fees a  | deducted from any distributions where available, otherwise  |
| Intermediary declaration  |   |
| Declare that I am a licensed financial service provider or a repres   | entative of a financial service provider.                   |
| Intermediary signature  | Date  |
| Signature of Investor   | Date  |
| Authorised signatory  | Date  |
| Authorised signatory  | Date  |
| Authorised signatory  | Date  |