

SatrixNOW Investment Amendment 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.
- When you sell some or all of your units, monies will be paid out directly to your bank account.
- 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 ([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 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.



SatrixNOW Investment Amendment Form

1. Investor details

Full SatrixNOW account number _____

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 (<i>work</i>)			
Telephone (<i>home</i>)			
Cell/Mobile		n.a.	

2. Which details would you like to change?

Please select the details you wish to change. Complete and submit only the corresponding sections you have selected together with this form.

- ☐ Update bank details - **Form A**
- ☐ Update debit order instructions - **Form B**
- ☐ Update Financial Adviser instructions - **Form C**

3. Investor /Legal Entity 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).

4. Debit Order Authority

- I instruct and authorise Satrix or its agents to draw direct debits against my bank account noted below (or any bank or branch to which I/we may transfer my account).
- I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 3 business days' written notice.
- I/We agree that receipt of this instruction by the Administrator (as defined in the Terms and Conditions) shall be regarded as receipt thereof by my/our bank.
- In order to activate the debit order, the Administrator must receive the application form at least 3 business days prior to the first debit order date.
- The debit order will only be actioned on the signing of this Authority.
- There is a 40 day holding period on SATRIX units bought with the most recent debit order.

Signature of Investor	_____	Date	_____
Authorised signatory	_____	Date	_____
Authorised signatory	_____	Date	_____
Authorised signatory	_____	Date	_____

Form A – Update bank details

New debit order bank details

(All fields marked with * are compulsory)

*Account number _____

*Name of account holder _____

*Name of bank _____

Branch Code _____ Name of Branch _____

*Type of account Cheque ☐ 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.)

Signature of bank account holder _____ Date _____

Authorised signatory _____ Date _____

Authorised signatory _____ Date _____

Authorised signatory _____ Date _____



Form B - Update debit order instructions

Please select your instruction

☐ Cancel my debit order

End date _____

☐ Change my existing debit order

Start date _____

Debit order amendment instruction

- Please ensure that the amounts allocated across investments below add up to your total monthly debit order amounts.
- View our Minimum Disclosure Documents (MDDs) on our website www.satrix.co.za.
- Ad hoc changes to your debit order contributions or intermediary fees may result in a change to the Effective Annual Cost (EAC) calculation. You can find out more information on your EAC on our website www.satrix.co.za/products.

Fund Selection	Value	Cancel debit order (select if you would like us to cancel this debit order)

Total debit order investment amount R _____

How would you like your debit order to work?

 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 %

Permission to debit bank account

(All fields marked with * are compulsory)

*Name of account holder _____

*Identity number _____

*Name of bank _____ *Account number _____

*Name of branch _____ *6-digit branch code _____

*Type of account Current ☐ Savings ☐

I instruct and authorise Satrix or its agents to draw direct debits from my bank account as per my instruction

Signature of bank account holder/ _____ Date _____

Authorised signatory _____ Date _____

Authorised signatory _____ Date _____

Authorised signatory _____ Date _____

Authorised signatory _____ Date _____



Form C – 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