

## GROUP RETIREMENT ANNUITY FUND APPLICATION



### BEFORE YOU INVEST

Make an informed decision:

- Read our [Product Range brochure](#) to make sure you have chosen the right product to suit your needs.
- Refer to the [fund factsheets](#) (minimum disclosure documents) and the [Allan Gray Local Investment Platform Fund List](#) for information on the unit trusts we offer. Certain unit trusts are subject to availability.

Consider getting financial advice:

- Allan Gray does not provide financial advice. However, we believe in the merits of good independent advice.
- If you are not comfortable making your own investment decisions, consider using the services of an independent financial adviser (IFA). To locate an IFA in your area, refer to the '[Find an independent financial adviser](#)' section of our website.



### ADDITIONAL INFORMATION

- Your unit trust selection must comply with Regulation 28 of the Pension Funds Act that limits the maximum exposure you may have to various asset classes, for example: 75% in equities, 25% in property and 30% in foreign assets (with an additional 10% in African assets).
- To check whether your selection complies, you can use the [Regulation 28 calculator](#) on our website, or contact your financial adviser or our Client Service Centre.



### STEP 1

#### COMPLETE THE FORM & AGREE TO CONDITIONS OF MEMBERSHIP

- Make sure you have your tax identification number on hand.
- Complete all the information on the form to ensure that there is no delay in processing your investment.
- Read the [Conditions of Membership](#) to understand the rules of your investment.
- You will need an investment overview to complete this form. This is available from your financial adviser or our Client Service Centre.

You may need to complete additional forms, depending on the specifics of your investment:

- Are you representing the investor? Complete the '[Acting on behalf of the investor](#)' form.
- Would you like to phase in your investment? Complete the '[Phase-in instruction](#)' form.



### STEP 2

#### SEND DOCUMENTS

Send us the documents listed below:

Email: [grouppra@allangray.co.za](mailto:grouppra@allangray.co.za)

- Completed 'Group Retirement Annuity Fund application' form
  - Copy of your South African bar-coded ID or valid passport (if foreign national)
  - Where a unit transfer is required, please provide a recent statement of your investment
  - Any related instructions (e.g. '[Acting on behalf of the investor](#)' form) and supporting documents for those form
- In certain instances we may contact you requesting additional documents.

- Please note your employer will make payment into the following Allan Gray bank account and send us proof of payment on your behalf



### STEP 3

#### MAKE PAYMENT

Pre-approved beneficiary: Allan Gray Retirement  
Account name: Allan Gray Retirement Annuity Fund - Allan Gray Group Savings RA  
Bank: First National Bank  
Branch code: 20-41-09 - Global Transactional Services Cape Town  
Account type: Current  
Account number: 627 176 095 75  
Reference number: GRA and your company name



### WHAT HAPPENS NEXT?

- We will process your instruction once we receive all the required completed documents and the money reflects in the Allan Gray Group Retirement Annuity Fund bank account.
- You will receive confirmation once your instruction has been processed.
- You will receive an Allan Gray Online account with this investment and will be contacted to activate your Allan Gray Online account within two business days of your instruction being processed.



Contact us if you need help:

Call 0860 000 654 between 07:30 - 17:30 (Mon - Fri) or Email: [info@allangray.co.za](mailto:info@allangray.co.za)

## GROUP RETIREMENT ANNUITY FUND APPLICATION

The Allan Gray Retirement Annuity Fund's registration number is 12/8/0037186/R and its tax approval number is 18/20/4/41566. Allan Gray Investment Services Proprietary Limited, an approved fund administrator and authorised administrative financial services provider, is the Administrator.

### 1. Provide us with your details

Employer's registered name

Title  Surname

First name(s)

Date of birth         Country of birth

ID number (passport number if foreign national)

Email

We will send all communications to you via email. If you do not have an email address, we will post all communications to you.

Mobile  Telephone (h)

Telephone (w)

Residential address   
  
 Postal code

Postal address   
 If the same as residential address, please tick this box.   
  
 Postal code

### Industry (this section must be completed)

Please provide us with the nature of your main industry or business activities.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Agriculture, forestry, fishing                           | <input type="checkbox"/> | Information technology, telecoms             | <input type="checkbox"/> |
| Arms, aerospace, defence, military                       | <input type="checkbox"/> | Jewellers, dealers in precious metals/stones | <input type="checkbox"/> |
| Arts, antique dealers, auction houses                    | <input type="checkbox"/> | Laundry, dry cleaning                        | <input type="checkbox"/> |
| Broadcasting, entertainment                              | <input type="checkbox"/> | Mining, quarrying                            | <input type="checkbox"/> |
| Business, professional services                          | <input type="checkbox"/> | Motor trade, auto repair, scrap metal        | <input type="checkbox"/> |
| Car wash, auto detailing                                 | <input type="checkbox"/> | Pharmaceutical                               | <input type="checkbox"/> |
| Casinos, bookmakers, gambling                            | <input type="checkbox"/> | Private household                            | <input type="checkbox"/> |
| Community, social activities                             | <input type="checkbox"/> | Professional sports                          | <input type="checkbox"/> |
| Construction, real estate services                       | <input type="checkbox"/> | Restaurants, bars                            | <input type="checkbox"/> |
| Consumer lending, pawnbroking, payment service providers | <input type="checkbox"/> | Retail stores: convenience, liquor, tobacco  | <input type="checkbox"/> |
| Cryptocurrency providers                                 | <input type="checkbox"/> | Storage, logistics                           | <input type="checkbox"/> |
| Electricity, water, gas                                  | <input type="checkbox"/> | Travel, tourism, leisure                     | <input type="checkbox"/> |
| Financial, property, trusts                              | <input type="checkbox"/> | Unemployed (minor, student, homemaker)       | <input type="checkbox"/> |
| Government, state-owned enterprises                      | <input type="checkbox"/> | Wholesale, retail, manufacturing             | <input type="checkbox"/> |
| Healthcare, medical, education                           | <input type="checkbox"/> |  |                          |

**Occupation (this section must be completed)**

Please provide us with your primary occupation.

Managing director, senior managing official    
 Manager    
 Non-executive director   
 Non-management employee    
 Self-employed, owner    
 Senior management, executive   
 Unemployed (minor, student, homemaker)



**Note:** You may be required to submit proof.

**Political exposure**

Are you a foreign prominent public official or a domestic prominent influential person? Yes  No

If yes, please specify \_\_\_\_\_

Are any of your immediate family members or close associates foreign prominent public officials or domestic prominent influential persons? Yes  No

If yes, please specify \_\_\_\_\_

**2. How much would you like to invest?**

- The amount of your initial regular contribution is agreed between you and your employer.

Lump sum amount R  and/or Regular contribution amount R

Select your payment frequency    Monthly     Quarterly     Biannually     Annually

**How would you like to invest your money?**

You must allocate your lump sum and/or regular contribution into one or more unit trusts. Indicate the percentage per unit trust in the table below:

Unit trust	Unit trust class	Lump sum	Regular contribution
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
_____	<input type="text"/>	<input type="text"/> %	<input type="text"/>
		100%	100%

Please ensure that the percentages allocated across unit trusts add up to your total lump sum/regular contribution amounts.

**Would you like to pay your annual fees from the Allan Gray Money Market Fund?**

You may choose to have your annual administration fees and annual financial adviser fees (if applicable) paid from the Allan Gray Money Market Fund. If you choose to do so, please ensure that you have allocated a portion of your investment to the Allan Gray Money Market Fund. If no option is selected, fees will be deducted from the relevant unit trusts.

If you would like to pay your annual fees from the Allan Gray Money Market Fund, please tick this box.

**3. Are you transferring your lump sum from another fund?**

**Estimated transfer amount:** R

Will this be a unit transfer? Yes  No  (Unit transfers are subject to the rules of the transferring fund/insurer.)

- Transfer from a pension or provident fund
- Transfer due to pension interest in a divorce order (from a retirement annuity fund only)
- Transfer from another retirement annuity fund
- Transfer from a pension/provident preservation fund

If you are transferring from another retirement fund, please complete the transferring fund's details below.

Registered name

Policy number

Contact telephone number

**4. Method of payment**

Your employer will deduct the agreed contribution amount from your salary and pay the contribution amount via EFT (electronic fund transfer) into the Allan Gray Retirement Annuity Fund - Allan Gray Group Savings RA bank account.

**5. Please provide us with your tax information**

- This section applies to all investors whether you are registered for tax or not.
- The South African Revenue Service (SARS) requires all financial services providers to collect tax information from their clients.
- If you are an existing investor and have additional tax information that you are required to disclose in order to meet FATCA or CRS legislative requirements, please complete the '[Change in tax details for individual investors](#)' form.
- Please refer to our 'Tax guide' at the end of this form if you need help understanding the terms used in this section.

**5.1 If you are a South African resident for tax purposes, please tick the box below**

I declare that I am a resident for tax purposes in South Africa.

Tax identification number (TIN) provided to you by SARS

**5.2 If you are a non-South African resident for tax purposes, please tick the box below**

I declare that I am not a resident for tax purposes in South Africa.

Country of residence for tax purposes

TIN or its functional equivalent (FE) provided to you by your tax authority

Although not a tax resident in South Africa, are you registered for tax in South Africa? Yes  No

If yes, please provide your TIN provided to you by SARS

## 6. Your family circle and nominees

If you die before you retire from the Allan Gray Retirement Annuity Fund (the Fund), the trustees of the Fund are responsible for allocating your benefits in terms of Section 37C of the Pension Funds Act (the Act). According to the Act, the trustees must perform the following three duties:

1. Identify and find all of your dependants. Section 1 of the Act defines dependants as spouses, children, anyone proven to have been financially dependent on you at the time of your death, anyone legally entitled to maintenance, as well as anyone who may have become financially dependent on you had you not died.
2. Decide how to allocate the benefit based on the outcome of their investigation. The individuals that you have asked the trustees to consider when they allocate the benefit (your nominees) will also be taken into account.
3. Decide on how the benefit will be paid to your beneficiaries.

For more information on how death benefits must be dealt with by the trustees, please refer to '[Understanding the death claims process of retirement funds](#)', which is available on our website.

- Please complete the details of all spouses, life partners, children and all other individuals that are financially dependent on you.
- For each individual, please indicate whether you want to nominate them and, if so, the benefit percentage.
- Please specify any other individuals, legal entities or trusts you want to nominate.
- The total of percentages across all your nominations must add up to 100%.
- If you are already a member of the Fund, this nomination will apply to all your investment accounts in the Fund. If you do not make a nomination, your existing nomination will apply.
- Only you can make nominations. If this application form is signed by anyone else other than you, these nominations will be invalid.

### Spouses (current and previous) and life partners (current)

Please provide the details of your spouse or partner. If you have more than two spouses or life partners, please attach a signed copy of this section to the application form.

Title  Surname   
 First name(s)   
 ID number (passport number if foreign national)   
 Date of birth         Telephone number   
 Relationship   
 I nominate this individual Yes  No  Benefit  %

Title  Surname   
 First name(s)   
 ID number (passport number if foreign national)   
 Date of birth         Telephone number   
 Relationship   
 I nominate this individual Yes  No  Benefit  %

Title  Surname   
 First name(s)   
 ID number (passport number if foreign national)   
 Date of birth         Telephone number   
 Relationship   
 I nominate this individual Yes  No  Benefit  %

**Children**

Please provide the details of all your children irrespective of their age (include adopted children and children born out of wedlock, but exclude stepchildren). If you have more than four children, please attach a signed copy of this section to the application form.

Title \_\_\_\_\_ Surname \_\_\_\_\_  
 First name(s) \_\_\_\_\_  
 ID number/birth certificate number (passport number if foreign national) \_\_\_\_\_  
 Date of birth  D D M M Y Y Y Y  Telephone number \_\_\_\_\_  
 I nominate this individual Yes  No  Benefit    %

Title \_\_\_\_\_ Surname \_\_\_\_\_  
 First name(s) \_\_\_\_\_  
 ID number/birth certificate number (passport number if foreign national) \_\_\_\_\_  
 Date of birth  D D M M Y Y Y Y  Telephone number \_\_\_\_\_  
 I nominate this individual Yes  No  Benefit    %

Title \_\_\_\_\_ Surname \_\_\_\_\_  
 First name(s) \_\_\_\_\_  
 ID number/birth certificate number (passport number if foreign national) \_\_\_\_\_  
 Date of birth  D D M M Y Y Y Y  Telephone number \_\_\_\_\_  
 I nominate this individual Yes  No  Benefit    %

Title \_\_\_\_\_ Surname \_\_\_\_\_  
 First name(s) \_\_\_\_\_  
 ID number/birth certificate number (passport number if foreign national) \_\_\_\_\_  
 Date of birth  D D M M Y Y Y Y  Telephone number \_\_\_\_\_  
 I nominate this individual Yes  No  Benefit    %

**Other individuals who you support financially**

Please provide the details of anyone else who you support financially. This may include for example your stepchildren, parents, grandparents, brothers or sisters. If there are more individuals who you support financially, please attach a signed copy of this section to the application form.

Title \_\_\_\_\_ Surname \_\_\_\_\_  
 First name(s) \_\_\_\_\_  
 ID number (passport number if foreign national) \_\_\_\_\_  
 Date of birth  D D M M Y Y Y Y  Telephone number \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 I nominate this individual Yes  No  Benefit    %

Title \_\_\_\_\_ Surname \_\_\_\_\_  
 First name(s) \_\_\_\_\_  
 ID number (passport number if foreign national) \_\_\_\_\_  
 Date of birth  D D M M Y Y Y Y  Telephone number \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 I nominate this individual Yes  No  Benefit    %

**Other individuals, legal entities or trusts you would like to nominate as beneficiaries**

If you want to nominate other individuals, legal entities or trusts not mentioned previously please complete the details below. If you want to nominate more nominees, please attach a signed copy of this section to this form.

**Individual**

Title  Surname   
 First name(s)   
 ID number (passport number if foreign national)   
 Date of birth         Telephone number   
 Relationship   
 Benefit    %

**Legal entity or trust**

Name of legal entity or trust   
 Registration or Master's reference number   
 Contact person   
 Telephone number   
 Benefit    %

**Your additional information**

Please provide any information regarding family circumstances or other factors, which you think the trustees should know of and which will help them to distribute the death benefit fairly.

**7. How will we communicate with you?**

We will send all communications to you via email.\*

\*If you do not have an email address, we will send all communications via post. Allan Gray does not accept any liability and can in no way be held responsible or liable for any damages, claims or losses caused directly, indirectly or consequently as a result of using the South African Post Office if your preferred method of communication is post.

**Manage your investments online**

You will receive an Allan Gray Online account with this investment. Allan Gray Online enables you to view your personal and investment details (e.g. bank account details, account balance, transaction history) and manage your investments (e.g. perform transactions) online. We need an email address to set up your online account.

If you do not want online access, please tick this box.

**8. Investor declaration**

- I acknowledge that the Fund does not collect my contributions and that my employer will deduct my contributions from my salary and pay it into the Allan Gray Group Retirement Annuity Fund bank account on my behalf.
- I authorise the Administrator to accept any transactions or payment change my employer submits on my behalf.
- I acknowledge that there is no obligation on the Fund or the Administrator to ensure that the contribution or the correct contributions are made by me or on my behalf as the Fund does not determine the contributions.
- I will not hold the Fund or the Administrator liable for any loss or damages resulting from incorrect or late payments that my employer makes.
- I confirm that all information provided in this form and all other documents signed by me in connection with this application, whether in my handwriting or not, is correct.
- I am responsible for the accuracy and completeness of all answers, statements or other information provided by me or on my behalf.
- I have not received advice from the Administrator regarding this application.
- I confirm that the Administrator may accept signed instructions by fax or via other electronic means.
- I confirm that the Administrator may accept instructions from any authorised third party who has been appointed and authorised by me in writing.
- I understand that where I have completed the details of a person, entity or trust, and I have not completed 'yes' or 'no' to the question 'I nominate this individual, entity or trust' and I have not completed a percentage (%) allocation, the person, entity or trust will not have been nominated by me to share in the death benefit.
- I have read and understood the investment overview. The version number is compulsory for the application to be processed. Investment overview version number:
- I have read, understood and agree to the [Conditions of Membership](#).
- I agree that my contractual relationship with the Administrator will be subject to South African law and regulation (including but not limited to exchange control and tax requirements).
- I confirm that if I am not a South African resident, my investment through the Administrator is based on my own initiative and not due to any offer or solicitation by the Administrator.
- I acknowledge and consent to the Administrator sharing my tax information provided in section 5 with any other entity in the Allan Gray group with whom I may have an investment account or product so that the entity can report my tax information to SARS, where required. My most recent tax declaration will replace all previous declarations made.
- I acknowledge that SARS may share my tax information with my local tax authority to adhere to the Foreign Accounts Tax Compliance Act (FATCA) and the Organisation for Economic Co-operation and Development's (OECD) Common Reporting Standard (CRS).
- I undertake to inform the Administrator in writing if the circumstances referred to in the declaration above change.
- Under penalties of perjury, I declare that I have examined the tax information completed in section 5 on this form and to the best of my knowledge believe it is true, correct and complete.

Signature of investor \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If you have an independent financial adviser for this investment, please tick this box and complete the next section of this form.



## 9. Complete this section if you have an independent financial adviser

### Provide us with your financial adviser's details

Name and surname of financial adviser

Name of financial services provider (FSP)

Financial adviser code

Financial adviser's assistant dealing with this transaction

### What negotiable fees must be paid to your financial adviser for this investment?

I agree to the following negotiated fees on this and all future transactions until otherwise specified:

Initial  .  % Maximum 3.0% (excluding VAT) deducted prior to the investment being made. Where the annual fees are more than 0.5%, initial fees are capped at 1.5%. If it is agreed that no initial fee is payable, please insert 0%. Initial fees are not paid on transfers from another Retirement Annuity Fund in terms of Section 14 of the Pension Funds Act, 1956.

Annual  .  % Maximum 1.0% (excluding VAT) of the investment account. Where the initial fee is more than 1.5%, the maximum annual fee is 0.5%. If no annual fee is payable, please insert 0%.

### Who should we communicate with?

Who should we send your transaction confirmations to? Me  Financial adviser  Both

If no option is selected, your transaction confirmations will be sent to both you and your financial adviser.

Who should we send your statements and other communications to? Me  Financial adviser  Both

If no option is selected, your communications will be sent to you only.

### Provide authorisation for your financial adviser to submit instructions on your behalf

You may authorise the financial services provider (FSP) to submit instructions for this investment on your behalf, either online or via forms. If the FSP holds a 'Category II' licence with the Financial Sector Conduct Authority (FSCA), it is licensed to exercise discretion and submit instructions on your behalf. To do this for all your investments, the FSP will need a mandate (instruction) from you.

Have you entered into a mandate with this FSP to exercise discretion and submit instructions on your behalf? Yes  No

Alternatively, if your financial adviser holds a 'Category I' licence with the FSCA, they are not licensed to exercise discretion and submit instructions on your behalf. However, you may authorise them to submit online instructions for this investment only on your behalf.

Do you authorise this financial adviser to submit instructions (excluding withdrawals) on your behalf via Allan Gray Online?

Yes  No

**10. Investor declaration for clients with a financial adviser**

- I confirm that this financial adviser, as authorised representative of the FSP above, is my appointed financial adviser.
- I confirm that the Administrator may accept instructions from my financial adviser who has been appointed by me in writing.
- I confirm that my appointed financial adviser and any other third parties with whom I have an agreement to manage this investment (e.g. a discretionary investment manager) will have access to my investment details via a secure electronic channel.
- I understand and agree that all instructions submitted by my financial adviser will be governed by the relevant and latest **Conditions of Membership** in force as at the date the instruction is submitted.
- I acknowledge and agree that the Administrator will not be held liable for acting on any instructions submitted by my financial adviser and I indemnify the Administrator from all direct or indirect claims (including claims for consequential damages) in this regard.
- I have read and agree to the investor declaration in section 8.

Signature of investor \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**11. This section must be completed by your financial adviser****Financial adviser FAIS declaration**

- I have made the disclosures required in terms of the Financial Advisory and Intermediary Services (FAIS) Act, No. 37 of 2002 to the investor.
- I have explained all fees that relate to this investment to the investor. I understand and accept that the investor may write to the Administrator to cancel future fees.

**Financial adviser online instruction declaration**

- In the absence of a mandate, I acknowledge and agree that I will only act on my client's instruction when submitting instructions via Allan Gray Online.
- I have read, understood and agree to the **Terms and Conditions** applicable to submitting instructions via Allan Gray Online.
- I acknowledge and agree that the Administrator will not be held liable for acting on any instructions submitted by me, and I indemnify the Administrator from all direct or indirect claims (including claims for consequential damages) in this regard.
- I understand that the Administrator reserves the right, at any time, to review my licence and/or to audit or request copies of my client's consent (whichever applicable) for instructions that I have submitted via Allan Gray Online.

Signature of financial adviser \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## Tax guide

The following definitions and explanations may help you complete the tax information sections of the form.

DWT/IWT		
Term	Definition	Explanation
DWT	Dividend withholding tax	DWT is a tax imposed on shareholders on receipt of dividends. DWT is categorised as a withholding tax, as the tax is withheld and paid to SARS by the company paying the dividend or by a regulated intermediary.
IWT	Interest withholding tax	IWT will be applied to local interest distributed to non-South African residents for tax purposes. IWT is categorised as a withholding tax, as the tax is withheld and paid to SARS by the company paying the interest or by a regulated intermediary.
TIN or its FE	Tax identification number (TIN) or its functional equivalent (FE) i.e. the number that functions as a TIN	<p>The number that each jurisdiction issues to identify an individual for tax purposes. The TIN could be called something different (e.g. FE) in different countries.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>▪ SA: Income tax number issued by SARS.</li> <li>▪ US: For an individual this would be their US Social Security number.</li> <li>▪ UK: National Insurance number or Unique Taxpayer Reference.</li> </ul>

FATCA and CRS		
Term	Definition	Explanation
Additional tax information	Global tax information	Additional tax information relates to the disclosure of each tax jurisdiction where the investor could be liable to declare their assets and income - regardless of where the asset is housed, or income is earned.
CRS	Common Reporting Standard	The Common Reporting Standard calls on jurisdictions to obtain information from their financial institutions and automatically exchange that information with other jurisdictions on an annual basis.
FATCA	Foreign Accounts Tax Compliance Act	FATCA stands for the Foreign Accounts Tax Compliance Act and is a United States (US) initiative aimed at reducing the potential for offshore tax evasion. FATCA requires that financial institutions outside the US provide the Inland Revenue Service (IRS) with financial account information they hold on US citizens.
US	Acronym	United States (of America)
US citizen	A citizen of the United States of America	<p>The term 'US citizen' means:</p> <ul style="list-style-type: none"> <li>▪ An individual born in the US</li> <li>▪ An individual who has a parent who is a US citizen</li> <li>▪ A former immigrant who has been naturalised as a US citizen</li> <li>▪ An individual born in Puerto Rico</li> <li>▪ An individual born in Guam</li> <li>▪ An individual born in the US Virgin Islands</li> </ul>
US person	Defines which individuals and organisations fall into the definition	'US person' means an individual that is a US citizen or a resident in the United States.
US reportable account	Financial account that falls in scope by the FATCA legislation for reporting to the IRS	Any account that is held by one or more specified US persons, or by a non-US entity with one or more controlling persons that are specified US persons.

If you need more information, please visit the following websites:

- DWT/IWT: <http://www.sars.gov.za/>
- FATCA: <https://www.irs.gov/>
- CRS: <https://www.oecd.org/>