

## Debit Order Form (For starting new debit orders or make amendments to existing debit orders) etfSA Retirement Annuity Fund

A) IMPORTANT INFORMATION	
1. Please send completed form to etfSA by:	
Email – <u>rafunds@etfsa.co.za</u> or Fax – 086 692 4543 2. For any assistance please contact us on – (010) 446-0374	
B) INVESTOR DETAILS	
Policy Number	
Title Surname	
First name(s)	
ID Number or Passport (if no RSA ID)	
Contact Number Mobile Number	r
Email Address	
C) INVESTMENT OPTIONS	
Source of Funds Salary Transfer Donation Investment	Inheritance Other
Minimum investment per portfolio: Initial lump sum: R5000 Additional Lump s	sum: R1000 Debit order: R300
1. Create new debit order on the following portfolios:	
Portfolio	Amount (R)
Wealth <b>Conservator</b> Fund (CPI + 3%)	
Wealth <b>Builder</b> Fund (CPI + 5%)	
Wealth <b>Enhancer</b> Fund (CPI + 7%)	
Wealth <b>Protector</b> Fund (Cash Fund)	
Wealth Default Fund (Strategic Asset Allocation Benchmark Fund)	
Debit Order Date (if applicable) 25 <sup>th</sup> 3 <sup>rd</sup>	
Debit order annual increase5%10%15%20%	Other
2. Amend my current debit order or recurring payment on the following	ng portfolios / ETFs:
2. Amend my current debit order or recurring payment on the followin Portfolio	ng portfolios / ETFs: New debit order amount (R)
	New debit order
Portfolio	New debit order

Wealth **Default** Fund (Strategic Asset Allocation Benchmark Fund)

Wealth **Protector** Fund (Cash Fund)

2. An	nend my curren	t debit order	date (tick the	new date required):
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25 <sup>tr</sup>	n	3 <sup>rd</sup>
Commence my debit order on the following date:		
3. Amend my current debit order annual	increase:	
5% 10% 15%	20%	Other
4. Amend my debit order bank details as	indicated below:	

Please include proof of bank account details with this form in the form of a current bank statement, not older than **3 months**, which reflects the account holders' full name and the bank account number. Please note that no credit card statements will be accepted.

Name of Account Hol	der												
Name of Bank													
Branch Name								Bran	ich Co	de			
Account Number							Acco	ount T	уре				

## **Debit Order Authority**

- I/We hereby request, instruct and authorize the Administrator to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my account).
- I/We understand that all such withdrawals from my/our bank account shall be treated as though they had been signed by me/us personally.
- 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 10 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 10 business days prior to the first debit order date.
- The debit order will only be actioned on the signing of this Authority.
- Bank reference number on your bank statement will be NPDDTHECYC1

Signature of bank account holder

Date (ccyy-mm-dd)