

NOVARE UNIT TRUST DEBIT ORDER INSTRUCTION FORM

Novare CIS (RF) (Pty) Ltd | Registration Number: 2013/191159/07 | SARS Registration Number: 9649/248/16/9

NOVARE[®]

CIS

- All sections must be completed in full
- Indicate all options by means of a cross [X]
- Initial any amendments made to the application form
- Ensure that all information provided is accurate and true
- No instruction will be processed unless all requirements have been met
- **The daily cut-off for receipt of instructions is 14h00.**
- Completed forms are to be faxed to us on **0860 668 273 (0860 novare)** or e-mailed to **transact@novare.com**
- Should you have any queries regarding this application, please contact Novare CIS (RF) (Pty) Ltd ("Novare") on **0800 668 273 (0800 novare)** or e-mail **clientservice@novare.com**

(A) INVESTOR DETAILS

Existing investor number (if applicable):

Title: Surname:

First name(s):

ID/Passport/Trust/Registration number: Gender: M F

Home Telephone: (code) Work Telephone: (code)

Cell Number: (code) Fax: (code)

E-mail address:

Source of funds (compulsory):

(B) NEW DEBIT ORDER DETAILS

I/We the undersigned, authorise Novare CIS (RF)(Pty) Ltd to draw against my/our bank account the debit order investment amounts in terms of this application on the 1st 7th 15th 28th day of each month for the investment at the ruling price on that day commencing on

D D M M C C Y Y . All such withdrawals from my/our account will be treated as though they have been signed by me/us personally, and I/we request the bank to debit my/our account with these drawings. I/We acknowledge that debit order investments are subject to a 14-day clearance period.

Please increase my monthly debit order by the percentage indicated in Section D – Investment Options on the anniversary date each year for the duration of the debit order.

Cancellation

I/We agree that although this authority may be cancelled by me/us, such cancellation will not cancel my investments in the Novare CIS scheme. I/We shall not be entitled to any refund of amounts which Novare has withdrawn while this authority was in force, if such amounts were legally owing to Novare.

Assignment

I/We acknowledge that this authority may be ceded or assigned to a third party if the investments in the Novare CIS scheme is also ceded or assigned to that third party, but in the absence of such assignment of the investments in the Novare CIS scheme, this authority cannot be assigned to any third party.

Authorised signature

Date

(C) EXISTING DEBIT ORDER DETAILS

DEBIT ORDER INCREASE

Please increase my debit order as follows:

From:

To:

Effective:

DEBIT ORDER DECREASE

Please decrease my debit order as follows:

From:

To:

Effective:

DEBIT ORDER TERMINATION

Please terminate my debit order

of:

Effective:

DEBIT ORDER REINSTATEMENT

Please reinstate my debit order with the amount

of:

Effective:

(D) INVESTMENT OPTIONS

	Fee class	Lump sum investment (min. R5 000)	Debit order (min. R500 p.m.)	Annual debit order increase	Income distribution	
					Reinvest	Paid out
SA MULTI ASSET INCOME						
<i>Novare Capital Preserver Fund of Funds</i>						
SA MULTI ASSET MEDIUM EQUITY						
<i>Novare Balanced Fund</i>						
WORLD WIDE ASSET ALLOCATION FLEXIBLE						
<i>Novare Worldwide Flexible Fund of Funds</i>						

(E) BANKING DETAILS

The details specified below must be in the investor's name.

Bank: Account number:

Branch: Branch code:

Type of account: Current Transmission Savings

Name of account holder:

A cancelled cheque or a copy of a bank statement (less than three months old) must accompany this application form as confirmation of proof of bank details. No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor). We are unable to facilitate payments to credit cards or market-linked accounts. Maitland Group South Africa Limited ("Administrator") executes all payment instructions electronically. No payment will be made by cheque.

The Administrator executes all payment instructions electronically. No payment will be made by cheque. I hereby acknowledge that the same terms and conditions that are applicable to my original investment apply to this investment.

Authorised signature

Date

(F) FINANCIAL ADVISOR DETAIL AND DECLARATION

Contact name: FSP name:

Financial advisor account number: Registration number:

FSP license number:

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Collective Investment Schemes Control Act, 2002, and the Financial Advisory and Intermediary Services Act, No. 37 of 2002, and subordinate legislation thereto, to the investor.
- acknowledge and confirm that, in my/our capacity as the primary accountable institution with Novare being the secondary accountable institution, I/ we have established and verified the identity of the client in accordance with Section 21 of the Financial Intelligence Centre Act, 2001 ("the Act"), and will keep records of such identification and verification according to the provisions of Section 22 of the Act.
- warrant that I/we have explained all fees that relate to this investment to the investor and I/we understand and accept that the investor may withdraw his/her authority for payment to me/us in writing to the fund.

Signed at: on

Signature of financial advisor

(G) FINANCIAL ADVICE FEES

(Please select an option)

I acknowledge that I did not receive financial advice from either Novare or a financial advisor; OR

I hereby confirm that the Financial Advisor whose details are completed in the "Financial Advisor Details and Declaration"

Section above, is my appointed Financial Advisor and agree to payment of fees as follows:

Initial advice fee: . % (Negotiable to maximum 3% exclusive of VAT. Applied to each contribution and deducted before investment is made).

Ongoing advice fee: . % per annum of the market value of the investment portfolio, charged by way of unit reduction and paid to the Financial Advisor monthly in arrears (Negotiable to maximum 1% exclusive of VAT. If initial advice fee of greater than 1.5% is selected, then the maximum annual advice fee is 0.5%). This annual advice fee is not part of the normal annual management fee charged by the relevant Fund/s.

This authority may be withdrawn by written notice to Novare.

Authorised signature

Date

(H) INVESTOR SIGNATURE

I hereby acknowledge that this same terms and conditions that are applicable to my original investment apply to this investment.

Authorised signature

Date

Novare CIS (RF) (Pty) Ltd

3rd Floor, The Cliffs Office Block 1, Niagara Way,
Tyger Falls, Carl Cronje Drive, Bellville, 7530
PO Box 4742, Tygervalley, 7536
Tel: 0800 668 273 (0800 novare) Fax: 0860 668 273 (0860 novare)
Website: www.novarecis.co.za E-mail: clientservice@novare.com

Novare CIS (RF) (Pty) Limited is a registered Manager in terms of the Collective Investment Schemes Control Act (Act 45 of 2002)

NOVARE[®]
CIS

Updated version: October 2021 | Ver1.2021