

SECTION 4: BANKING / PAYMENT DETAILS

All payments are made electronically to the current, transmission or savings bank account of the registered investor only. No payments will be made to credit card or market-linked accounts. No Third Party bank accounts are permitted.

Debit orders will be collected on the 1st or the 15th of each month.

Debit orders are applied on the 1st or the 15th of each month. If the selected day falls on a weekend or public holiday it will be effected on the next business day. The cut-off for all debit order notices to be processed in a particular month is by 14:00, five business days before the selected day.

Would you like this bank account change to apply to **all** your recurring debit orders: Yes No

If No, please indicate the unit portfolio/s to which the changes is to apply in the table below:

Unit Trust Portfolio		Account number
	or	
	or	
	or	

Bank account details

Account Holder

Bank

Branch Name

Branch code

Account Number

Account Type Current

Savings

Transmission

Date for change of bank details to become effective: / /

Please confirm debit order change: Increase Decrease Cancel

R

Effective date / /

Do you want to cancel the debit order? Yes No

Regular Withdrawal Payments

The cut-off for instructions is 14:00, Money Market cut-off is 11:30. If received after the cut-off the next business day pricing will apply.

Payment Frequency Monthly Quarterly Bi-annually Annually

Regular Withdrawal Payments 1st 15th 25th Start date / /

Participatory interests will be redeemed at the price calculated according to the requirements of the Collective Investment Schemes Control Act, 2002, and in line with the terms and conditions of the relevant Deeds and will be paid to the unitholder within 2 business days. Inter-bank rules may apply.

Portfolio Name	Account Number	Rand Amount (R)	Units		Percentage
				Or	<input type="text"/> %
				Or	<input type="text"/> %

TOTAL INVESTMENT AMOUNT

Change Monthly Withdrawal

Account Number	Rand Amount (R) to Rand Amount (R)

Do you want to cancel the monthly withdrawal? Yes No

Would you like this bank account change to apply to **all** your recurring withdrawal and income distribution payment instructions:

If No, please indicate the unit portfolio/s and transaction type to which the changes is to apply in the table below: Yes No

Unit Trust Portfolio Name	Account Number	Recurring withdrawal <input checked="" type="checkbox"/>	Income distribution <input checked="" type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate how we should administer the income distributed from your unit trust portfolio/s in future.

Unit Trust Portfolio Name	Account Number	Payout <input checked="" type="checkbox"/>	OR	Reinvest <input checked="" type="checkbox"/>
		Payout <input type="checkbox"/>		Reinvest <input type="checkbox"/>
		Payout <input type="checkbox"/>		Reinvest <input type="checkbox"/>
		Payout <input type="checkbox"/>		Reinvest <input type="checkbox"/>

Declaration

- + I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.
- + I have read, understood and agree to the Terms and Conditions.

Signature of investor(s) or legal guardian

Date

/

/

/

/

/

CONTACT DETAILS

+ Physical Address

Boutique Collective Investments
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Bella Rosa Village
Bella Rosa Street
Bellville
7530

+ Contact us

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Email: clientservices@bcis.co.za | compliance@bcis.co.za
Visit our website: www.bcis.co.za

Should you have any complaints, please send an email to complaints@bcis.co.za

ASISA

AN ORDINARY MEMBER OF THE ASSOCIATION FOR SAVINGS & INVESTMENT SA

+ Custodian / Trustee

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