

ANNEXURE B

The purpose of this form is for you to inform the fund and its administrator that you have appointed a financial adviser to assist you in choosing to purchase the LA Retirement Fund's in-fund living annuity including the associated on-going advice related to this option. This form serves as confirmation that you voluntarily agree to a fee arrangement with your adviser and that the amount will be deducted from your invested retirement capital. This form must accompany the voluntary retirement claim form or the reorganisation and compulsory early retirement form in the event that you have appointed a financial adviser.

YOUR PERSONAL AND CONTACT DETAILS

Title Dr Mr Mrs Ms Prof Fund membership number

Surname First names

Identity number Date of birth

Home telephone number Work telephone number

Cellphone number Fax number

Email address

SECTION I: TO BE COMPLETED BY THE FINANCIAL ADVISER

FINANCIAL ADVISER DETAILS

Full names and surname (compulsory)

Identity number FAIS number

Brokerage name VAT registration number

Office telephone number Cellphone number

Fax number

Email address

Postal address

Postal code

CONSULTANCY FEES PAYMENT DETAILS

Name of bank Branch code

Account holder's name Account number

Name of bank Type of account

Savings Cheque Transmission

FINANCIAL ADVISER DECLARATION

I, the undersigned confirm the following:

- I have made the disclosures required, in terms of the FAIS Act 37 of 2002, to the Member.
- I have explained all the fees that related to my appointment to the Member.
- I understand and accept that the Fund may set a maximum advice fee and that they may review it from time to time.
- I understand and accept that the Member is entitled to cancel my appointment at any time by giving the Fund advance written instruction to this effect.

Signature of financial adviser Date

SECTION 2: TO BE COMPLETED BY THE MEMBER

CONFIRMATION OF FEE ARRANGEMENT WITH THE ABOVE FINANCIAL ADVISER

The following fee arrangement must be applied (select only ONE option by ticking the chosen block).

Basis 1: The maximum fee as listed below.

OR

Basis 2: An agreed fee that is less than the maximum fee as listed below.

Agreed fee _____% p.a. of my in-fund living annuity account (including VAT).

YOUR DECLARATION

I, the undersigned confirm that I am aware of the following:

- The adviser fee calculation will be based on the value of my in-fund living annuity account on my retirement date and thereafter on the annual anniversary date of the annuity. The fee will be paid quarterly in arrears.
- Annual adviser fees are subjected to a maximum of 0.5% (including VAT) of the first R3 m and 0.4% (including VAT) of the balance in my in-fund living annuity account. These fees may be reviewed from time to time.
- I am entitled to cancel the appointment of my financial adviser and hence stop all adviser fees at any time by giving the Fund written instruction to this effect.

Your full name

Your signature Date