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Tel: (021) 943 5305
Email: support@laretirementfund.co.za
Website: www.laretirementfund.co.za
Facebook: www.facebook.com/LARetirementFund
WhatsApp: **076 073 0997** (from 08h00 to 16h00)
Fund Registration No: 12/8/1278

ANNEXURE C

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

Fund membership number | Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐

Surname | First names

Date of birth | Identity number

Passport number | Country of issue

Income tax number | Cell phone number

Home telephone number | Work telephone number

Email address

Residential address

Postal code

Postal address

Postal code

The revenue authorities require both the above addresses

TO BE COMPLETED BY THE FINANCIAL ADVISOR

FINANCIAL ADVISER DETAILS

Full name and surname of financial advisor

Identity number | FAIS number

Brokerage name | VAT registration number

Office telephone number | Cell phone number

Email address

Residential address

Postal address

CONSULTANCY BANKING DETAILS

Please ensure that the bank details are for your own bank account and attach a copy of your bank statement

Name of bank _____ Account holder's name _____

Branch name _____ Branch code _____

Type of account Current ☐ Savings ☐ Transmission ☐

Account holder relationship (in the event of a joint account only) _____

Account number _____

FINANCIAL ADVISOR DECLARATION

I, the undersigned, confirm the following:

- I have made the disclosures required, in terms of the Financial Advisory and Intermediary Services Act (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 determine a maximum advice fee, which may be reviewed 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.

Financial advisor's full name _____

Financial advisor's signature _____

Date _____

TO BE COMPLETED BY THE MEMBER

CONFIRMATION OF FEE ARRANGMENT WITH THE FINANCIAL ADVISOR

The following fee arrangement must bee applied (select ONE option by ticking the below options)

☐ Fee basis 1 : Maximum fee as listed below

OR

☐ Fee basis 2 : As agreed that is less than the maximum fee listed below

Agreed fees_____% p.a. my annuity account (including VAT)

YOUR DECLARATION

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

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

Your full name _____

Your signature _____

Date _____

PROCESSING OF PERSONAL INFORMATION

The Fund is committed to the adherence and compliance of the Protection of Personal Information Act (POPIA) and is committed to ensuring the protection of the personal information of members and fund officers. This commitment is encompassed in the Fund's Data Protection and Privacy Policy which ensures that the Fund and its service process personal information responsibly and in a manner that demonstrates their commitment to upholding the right to privacy of members and fund officers, subject to the justifiable limitations.

It further establishes a common standard on the appropriate protection of personal information of members and fund officers and provides general principles regarding the right of individuals to privacy and to reasonable safeguarding and protection of their personal information. The Board of Management, in its commitment to comply with POPIA. The Data Protection and Privacy Policy therefore also specifies minimum requirements and standards that are to be adhered to with regards to the processing of personal information by service providers of the Fund.

The Fund has concluded written agreements with its service providers and will ensure that your personal information is protected through adequate provision in these agreements. If any of the Fund's service providers are abroad, the Fund will not share your personal information with them, unless we are satisfied that they have adequate security measures in place to protect your personal information.

- Underwriting in respect of Fund risk benefits
- Assessment and processing of Fund benefit claims
- Member communication
- Verification of personal information
- Claim checks (industry life and claims register)
- Tracing beneficiaries
- Fraud and prevention protection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Updating your personal information
- Sharing information with service providers we engage to process such information on behalf of or who render services to the Fund

You may access your personal information that we hold and you may also request us to correct any errors or to delete information. In certain cases, you have the right to object to the processing of your personal information.