

Cadiz Life Endowment Inyosi Enterprise And Supplier Development – Switch

Instructions

Please ensure that this form is completed in full and is faxed to 0861 022 349. Alternatively, please scan and email to investorservices@cadiz.co.za. Completed switch forms received by Cadiz Life before 14h00, will be actioned at that day's price within two working days. This transaction may attract Capital Gains Tax and we therefore suggest that the implications thereof be discussed with a tax adviser.

A Investor details (“You”)

Policy number

Surname/Corporate/Entity name: _____ Title: _____ Initials: _____

First name(s)/Authorised person(s): _____

Contact telephone number: _____

Method of identification: Identity document Passport (non residents only) Registration number

ID no./Passport no. (non residents only)/Registration no.: _____

VAT Number (note that VAT number is required for a VAT invoice related to Supplier Development): _____

B Switching Request Details

I/We hereby request Cadiz to switch from my/our funds as follows:

(Clearly indicate both source and destination portfolios as well as either Rand, unit or percentage switch.)

From	To	Rand	Or %	Or Units
Enterprise Development	Supplier Development			
Supplier Development	Enterprise Development			
Enterprise Development ICT	Supplier Development			
Supplier Development	Enterprise Development ICT			

Note: Any switch between portfolios will trigger the 3% penalty if made within the first 3 years of the investment into that portfolio.

C Enterprise and Supplier Development Agreement

We hereby appoint Inyosi Solutions (Pty) Ltd, the duly appointed portfolio manager of the Inyosi Enterprise and Supplier Development portfolios, in terms of Amended Code Series 400 Clause 9.1.23 (or similar clause in any of the Sector Specific Codes) to receive our contribution and to implement Enterprise and Supplier Development on our behalf. Inyosi Solutions (Pty) Ltd provides qualifying beneficiaries with access to finance, access to skills and access to markets.

Signature of investor: _____ Authorised signatory (if different to investor): _____

Signed at _____ on this _____ day of _____ year

D Financial Adviser Details And Declaration

To be completed by Financial Adviser and Investor

I/We hereby confirm the financial adviser, whose details are completed below, to be my introductory financial adviser and agree to the payment of fees as follows:

Please complete below the fees to be paid to your financial adviser (refer to Section M for fee options) – Increments of 0.25%:

Investment	Initial Adviser Fee (deducted from capital)*	Annual Adviser Fee (deducted from capital)*	Ongoing Asset Management/ Company Management Fee	Cadiz Life Fee	Supplier Development Fee
Enterprise Development	Either	and 0.25% ongoing			
	0 . [] [] % (max 0.50%)				
Supplier Development	Either	and 0.25% ongoing	3.00% p.a. ^o	0.25% p.a. ^o	n/a
	0 . [] [] % (max 0.50%)				

* Increments of 0.25%.

Deducted from capital annually in advance on policy inception and on policy anniversary and paid to Inyosi Capital (capped at R150 000).

^o Paid out of investment returns.

[^] Paid by Inyosi Finance.

[&] Paid by Inyosi Capital.

Ongoing Adviser Fee: This is a negotiated fee agreed upon by yourself and your intermediary for ongoing services. It is calculated as a percentage of the value of investment. The fee is deducted monthly through the sale of units. Cadiz is not party to this Adviser Fee. This authority may be withdrawn by written notice to Cadiz.

I hereby authorise the Adviser Fee.

Signature of financial adviser:

Authorised signatory (if different to investor):

Signed at

on this

day of

year

Financial Adviser Details and Declaration

Financial adviser institution name:

Physical address/Principal place of business:

VAT vendor status: Registered Not registered VAT no.

Financial adviser name:

Cadiz IFA code:

FSP number:

Cell number:

Work number:

FICA exemption 4 declaration

As the financial adviser and Independent FSP, I confirm that:

The independent FSP is the primary accountable institution and acting on behalf of our clients in this capacity with Cadiz (secondary accountable institution).

I/We have established and verified the identity of the client mentioned under Investor Details in this Application, as well as the person acting on behalf of the client (if applicable) according to the requirements as set out in the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related thereto.

I/We will keep record of the verification documents as required in terms of the said Act and will make available copies of these documents and details of the verification procedures followed on request to any party entitled thereto in terms of the Act.

FAIS compliance

As the financial adviser, I confirm that I am authorised (in terms of the FAIS Act) to provide advice in respect of this product which is FAIS Product Category - Long-Term Insurance Category C.

Signature of financial adviser:

Signed at _____ on this _____ day of _____ year

E Terms and Conditions

1. Cadiz Life will not be liable for any loss incurred due to incorrect information being supplied by the investor of his/her financial adviser.
2. Cadiz Life reserves the right to withhold processing of any unclear, incomplete or ambiguous requests forwarded by the investor.
3. In the event that this switch form is faxed to Cadiz Life, the responsibility of ensuring that the instruction has been received and actioned by Cadiz Life will lie with the instructor (investor or financial adviser). A fax confirmation receipt in the hands of the sender will not be regarded as proof that Cadiz Life received a specific document. Cadiz Life does not accept any liability and responsibility for having acted on a faxed document that on the face of it appears valid and the investor consequently bears the risk of fraud and/or forgery.
4. This switch form may only be signed by the investor or by a registered investment manager/discretionary financial service provider acting on behalf of the investor. Where this switch form is signed on behalf of the investor, the signatory warrants that he/she has authority to do so, that the information contained herein is correct in all respects and he/she indemnifies Cadiz Life against any and all damages and/or loss arising from such event.
5. Cadiz Life will not be liable for any damages or losses of whatsoever nature arising out of Cadiz Life failure to action this instruction due to occurrences beyond the control of Cadiz Life.
6. All switched investments shall become subject to the fees and terms of the applicable portfolio to which it is switched.
7. The investor indemnifies and holds Cadiz Life harmless against any loss or damage which the investor may suffer as a result of any commission or omission by Cadiz Life, which is a result of an obligation imposed on Cadiz Life by the Financial Intelligence Centre Act, 38 of 2001.
8. Cadiz Life will not accept telephonic instructions.

Signature of Investor:
(Must correspond with the application form)

Signature of joint Investor:
(If applicable)

Authorised signatory:
(If different to investor)

Name of authorised signatory:

Capacity of authorised signatory:

Signed at _____ on this _____ day of _____ year

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This document is for information only and do not constitute advice or a solicitation for funds. Investors should note that the value of an investment is dependent on numerous factors which may include, but not limited to, share price fluctuations, interest and exchange rates and other economic factors. Performance is further affected by uncertainties such as changes in government policy, taxation and other legal or regulatory developments. Past performance provides no guarantee of future performance.

Cadiz Life Ltd (Reg. No. 2005/006996/06) is a registered long-term insurer. Cadiz Asset Management (Pty) Ltd (Reg.No. 1953/001254/07) is an authorised financial services provider, FSP636.

