



## ENDOWMENT POLICY - DEBIT ORDER INSTRUCTION FORM

### IMPORTANT INFORMATION

Complete all relevant sections of this form and submit it to [lifecycle@thecycle.co.za](mailto:lifecycle@thecycle.co.za).

This form must be completed if you want to:

- Cancel your existing debit order
- Change your existing debit order
- Start a new debit order

### CUT OFF TIMES

We will only process your instruction once we receive all the required documents. Instructions received before 11:00 (SA time) on a business day will be processed on the same day. Any instruction received after 11:00 on a business day will be processed on the next business day.

### CONTACT US

If you need help with this form, contact us on 071 628 9722 or email [lifecycle@thecycle.co.za](mailto:lifecycle@thecycle.co.za) between 08:00 - 17:00.

### PROVIDE YOUR PERSONAL DETAILS

|   |                      |
|---|----------------------|
| Policy Number                               | <input type="text"/> |
| Full Name                                   | <input type="text"/> |
| ID or Passport Number (if Foreign National) | <input type="text"/> |
| Nationality (if Foreign National)           | <input type="text"/> |
| Name of Financial Advisor (if applicable)   | <input type="text"/> |

### What do you want to do?

|  | Tick if applicable | Sections to be completed |
|--|--------------------|--------------------------|
| New Debit Order                                |                    | 1, 2, 3, 4               |
| Amend my investment options for my debit order |                    | 2, 4                     |
| Amend my debit order banking details           |                    | 1, 4                     |
| Amend my annual debit order increase           |                    | 3, 4                     |
| Amend my debit order amount                    |                    | 2                        |
| Cancel my debit order                          |                    | 5                        |

## 1. My Bank Account Details

Bank account details for debit order deduction: **PLEASE ATTACH PROOF OF BANKING**

Name of Bank: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Account holder: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Account number: \_\_\_\_\_ Account Type: \_\_\_\_\_

- The account holder must have a South African bank account.
- No debit order will be processed to a credit card.
- I/We hereby request, instruct and authorize the Administrator (D and D the Cycle (Pty) Ltd) to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my account). Attach a copy of the Account Holder ID if not the member.
- I/We understand that all such withdrawals from my/our bank account shall be treated as though they had been signed by me/us personally.
- I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 calendar days' written notice.
- I/We agree that receipt of this instruction by the Administrator (as defined in the Terms and Conditions) shall be regarded as receipt thereof by my/our bank.
- In order to activate the debit order, the Administrator must receive the application form at least 10 calendar days prior to the first debit order date.
- The debit order will only be actioned on the signing of this Authority.
- Bank reference number on your bank statement will be Lifecycle RA DO (followed by unique identification number).

\_\_\_\_\_  
Bank Account Holder Signature

\_\_\_\_\_  
Date

## 2. Investment Options

| Investment Selection Name | New Debit Order Amount (Rand) | Amend Existing Debit Order<br>(replace existing debit order) |
|---------------------------|-------------------------------|--|
|                           |                               |  |
|                           |                               |  |
|                           |                               |  |
|                           |                               |  |
|                           |                               |  |
| TOTAL                     |                               |  |

## 3. Source of Funds

Please specify the source of funds (e.g. salary; investment proceeds; sale of assets; inheritance etc.) The Administrator reserves the right to request documentary proof e.g. income statement, bank statement.

Salary  Bonus / Company Profit  Investment Proceeds  Sale of Assets

Inheritance  Other (specify)

## 4. Debit order details

Tick the appropriate boxes

Start my debit order  M  M  C  C  Y  Y

Debit order date:  1st   3rd   15th   25th

Amend Annual Debit Order Increase:  %

Cancel my debit order from my next debit order collection date(all future debit orders will be cancelled)

- In order to cancel the debit order, the Administrator must receive this form at least 10 calendar days prior to the next debit order date.

- Cancellation of a debit order means all future debit orders will be cancelled. Should you wish to reinstate a debit order you must complete this form and sent to the administrator.
- In order to activate the debit order, the Administrator must receive the application form at least 10 calendar days prior to the first debit order date

### 5. Cancel My Existing Debit Order

Please select one of the options below:

- Cancel existing debit order
- Cancel annual escalation

### Members Authorisation and Declaration

1. I hereby warrant that the information given above is correct and I instruct and authorise the Fund Administrator to execute the instructions in accordance with the instructions above, subject to the Rules of the Fund and applicable legislation.
2. I acknowledge that the Administrator and Trustees do not give advice and shall not have any liability in respect of my selection.
3. Provided the Fund receives sufficient and all supporting documentation, the Administrator will process the instructions.
4. I confirm that my appointed financial advisor may have access to my investment details via the secure section of the Administrator's website or via a secure electronic channel at my financial advisor's request.
5. I have read, understood and agree to the latest Terms and Conditions which I understand may have changed since my original investment.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of Signatory: \_\_\_\_\_ Capacity: \_\_\_\_\_

Signature of Member: \_\_\_\_\_