



This Additional Investment Form is for individual Contract Holders only. If you are a trustee or corporate Contract Holder you should use the alternative Additional Investment Form which is available from your financial adviser.

Old Mutual International Additional Investment

Investment Portfolio+ for
the individual investor

July 2020

This Additional Investment Form should only be used when applying for an additional investment into an existing Old Mutual International Investment Portfolio+, a Capital Redemption Contract issued as long-term insurance business under the Isle of Man Insurance Act 2008 by Old Mutual Isle of Man Branch of Old Mutual Life Assurance Company (South Africa) Limited ("Old Mutual Isle of Man"), and should be read in conjunction with the: Investment Portfolio+ Key Features Document, General Conditions and Investment Choices Brochure.

Please Note: Additional contributions are subject to the 120% rule:

- During the first year you can add as many additional contributions as you wish.
- In the second year you may add 120% of your first year's contribution.
- Thereafter you may add 120% of the higher of the previous two years' contributions.

Please note the anniversary date and values of the existing Plan, as well as the time-frame required as this is dependent on accepting this Additional Investment.

Please provide the existing Plan number for this additional investment:

Financial adviser's details

Name of financial adviser	<input type="text"/>
OMI adviser code (if applicable)	<input type="text"/>
OMLAC(SA) code (if known)	<input type="text"/>
Company name	<input type="text"/>
Contact Person	<input type="text"/>
Contact number	<input type="text"/>
E-mail address	<input type="text"/>
FAIS licence number	<input type="text"/>
OM Broker Consultant name (if applicable)	<input type="text"/>
OM Broker Consultant number (if applicable)	<input type="text"/>
OMI Offshore Specialist	<input type="text"/>

Old Mutual Isle of Man only accepts business introduced by intermediaries which have Terms of Business with us. All introducers must be appropriately FAIS licensed.

OLDMUTUAL

INTERNATIONAL



To complete this form:

- Use BLOCK CAPITALS only
- Use blue or black ink
- Complete all relevant sections
- Do not use correction fluid; any amendments should be crossed out and signed by all applicants
- Any incomplete information will need to be confirmed in writing by you to Old Mutual Isle of Man.

A Details of all individual Applicants

In this section, please give details of all Applicants.

	Applicant (1)	Applicant (2)
Title (✓)	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/>	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/>
Full forename(s)	<input type="text"/>	<input type="text"/>
Full surname(s)	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>

If there are any further applicants, please photocopy this page, attach details with this Application Form and tick here (✓) ☐

You may need to provide a certified copy of your valid passport or national identity card and evidence of residential address.



A Details of all individual Applicants

THIS SECTION MUST BE COMPLETED IN ALL INSTANCES.

Employment Details

Please give details of your employer or your own company, if self-employed.

If you have retired or are not currently employed, please include details of your last/previous employer or your own company. If you have never been employed, please state N/A. Please also enter your final year's salary/income and bonus, if any.

If there are any further applicants, please photocopy this page, attach details with this Application Form and tick here (✓) ☐

	Applicant 1	Applicant 2																
Occupation	<input type="text"/>	<input type="text"/>																
Industry	<input type="text"/>	<input type="text"/>																
Name of employer or your own company	<input type="text"/>	<input type="text"/>																
Address of employer or your own company	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
	Postcode	Postcode																
Country	<input type="text"/>	<input type="text"/>																
Website address of employer or your own company (if any)	<input type="text"/>	<input type="text"/>																
Type of employment (✓) <input type="radio"/> Salaried <input type="radio"/> Self-Employed <input type="radio"/> Other	<input type="radio"/> Salaried <input type="radio"/> Self-Employed <input type="radio"/> Other	<input type="radio"/> Salaried <input type="radio"/> Self-Employed <input type="radio"/> Other																
Last year's gross salary/ income amount (specify currency)	<input type="text"/>	<input type="text"/>																
Last year's bonus amount (specify currency)	<input type="text"/>	<input type="text"/>																
Date of retirement (if applicable)	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Final salary (if applicable. Please specify currency)	<input type="text"/>	<input type="text"/>																

Politically Exposed Persons (PEP)

If the applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a PEP, or connected with a PEP, please provide details.

A PEP is an individual or entity that is, or has been, entrusted with a prominent public function or such parties associated with them.

Applicant 1 ☐ Yes ☐ No
Applicant 2 ☐ Yes ☐ No

Reason for (PEP) status

Please note that Old Mutual International will need further documentary evidence on the origin of wealth to support applications from parties who are, or are connected to PEPs.



B Source of Wealth and Funding

Overall Wealth

Important: In order to manage your account Old Mutual Isle of Man need to understand your wealth and how this was acquired. Please complete this section where applicable to ensure that your application can be effectively processed.

Please include the total wealth of all applicants added together and provide approximate value.

Applicants wealth	Currency and value	Details
Bank deposits/life savings		Bank(s) and their location in which deposits are held
Property (Less mortgage)		Residential property type and location (e.g. apartment in London) and/or buy-to and commercial property description and location (e.g. flat for let in London).
Other assets or investments (including stock market and private company shares)		Description of stocks held and any other high value assets or possessions not covered in the sections above. For self employed applicants please state the percentage of the business which you own.

Over how many years has your total wealth been accumulated?	
How was your wealth acquired? (e.g. savings from salary/ bonus, asset/property sale, gift/inheritance, redundancy/ pension)	

Your income	Amount	Currency
Salary		
Property (rental income)		
Other (e.g. pension payment, dividends, interest)		

Please include the total income of all applicants added together and provide approximate value. If you are retired or unemployed please provide details of your salary prior to retirement or unemployment commenced.



B Source of Wealth and Funding (continued)

Full details of wealth activity generating the source of funds

PLEASE TICK THE DESCRIPTION OPTION(S) RELATING TO THE ORIGINAL SOURCE OF THE ADDITIONAL CONTRIBUTION FOR YOUR INVESTMENT PORTFOLIO+ (✓).

YOU MUST FULLY COMPLETE EACH RELEVANT SECTION RELATING TO THE DESCRIPTION OPTION(S) YOU HAVE TICKED.

- ☐ **Regular income from employment** As per last year's gross income and bonus details declared under Employer details above
- OR**
- ☐ **Regular income from your business (for example if self-employed)** As per last year's gross income and bonus details declared under Employer details above

Accumulated Savings/Investments - Choose from options below

<input type="radio"/> Sale of shares	Name of company/Financial Institution that held your shares/ investment/policy (for example bank stockbroker or insurance company)									
<input type="radio"/> Dividends										
<input type="radio"/> Maturing investments	Name of person who held the shares/ investment/policy/savings									
<input type="radio"/> Liquidation of Investments										
<input type="radio"/> Replacement policy	Account/Policy/Investment/ Portfolio number									
<input type="radio"/> Savings										
	How accumulated									
	Description of shares sold (if applicable)									
	Reason for policy liquidation or replacement policy (if applicable)									
	Total amount paid out/Total amount of savings (please specify currency)									
	Surrender penalty incurred (if any)									
	Date received	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
	Savings/Shares/investment/policy held for	<table><tr><td></td><td></td></tr></table> years <table><tr><td></td><td></td></tr></table> months								

<input type="radio"/> Sale of property/interest in company/company dividends	Name of company (if applicable)	
	Address of property/company sold (including postcode if applicable)	
	Connection to Company/Property (ie, owner, shareholder)	



B Source of Wealth and Funding (continued)

Total sale amount/dividend
declared payment
(please specify currency)

Nature of business
(if company sale)

Total sale amount
(please specify currency)

Date of Sale

D	D	M	M	Y	Y	Y	Y
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Date declared
(dividends)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Amount received from sale
(Please specify currency)

Date received

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

☐ Other unearned income

Origin of wealth
(if ticked gift or other)

☐ Inheritance

From which organisation or whom
(state the relationship if applicable)

☐ Loan

☐ Gift

☐ Compensation

☐ Competition or
gambling win

Name of donor/deceased

☐ Donation

Relationship to donor/deceased

☐ Other

Details (including reasons where
applicable, how the money was acquired,
etc.)

Amount
(please specify currency)

Date received

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of death (Inheritance)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

We may also require additional documentary evidence to support your application, particularly in relation to your country of residence, source of funding and investment amount, before we can process it.

Your financial adviser can establish if further documentary evidence is needed by contacting us before sending in your Application Form.

Please enter what documentary evidence you are enclosing with this Application Form (if applicable).



B Source of Wealth and Funding (continued)

THIS SECTION MUST BE FULLY COMPLETED IN ALL INSTANCES.

The investment amount will be invested after all requirements have been met and, where applicable, after the SARS (South African Revenue Service) Application for a Tax Clearance Certificate has been received.

Source of funding Account to Old Mutual Isle of Man

Please detail the account from which payment is being made to Old Mutual Isle of Man. Please complete (a) and/or (b) as appropriate.

For Contributions from multiple bank accounts, please photocopy this page and complete for each bank account and provide reasons for multiple payments.

(a) Payment from Applicant

Payment amount	<input type="text"/>	Payment currency	<input type="text"/>
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Account holder's name <small>(as stated on bank account)</small>	<input type="text"/>		
Bank account number/ IBAN*	<input type="text"/>		
Sort code ** <small>(if applicable)</small>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	SWIFT or BIC code** <small>(if applicable)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank account currency	<input type="text"/>		

* IBAN stands for International Bank Account Number and is always used in conjunction with a bank identifier code (BIC).

** A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.

FX provider **(Please ensure this section is completed where an FX provider is used and differs to the account detailed above).**

Premium being paid using an FX provider ☐

Bank name

☐ Account opened to facilitate tax clearance and currency conversion, therefore account details are not known.

(b) Payment from third-party

Third-party payments, such as payments made by persons other than the Applicant(s), are not normally acceptable. However, we may accept payments in the following situations and with the following additional documentation. Please tick as applicable (✓) "Please ensure that any third party payment is correctly referenced"

☐ **Payment from an account in the client's name at a reputable, regulated financial institution.**

Copy documentation showing details of the investment and the payment transfer may be requested.

(Note payment from unregulated companies or from certain jurisdictions may not be accepted)

☐ **Payment by one spouse to another spouse for investment not in payor's name.**

The Payor's valid passport or national identity card plus residential address evidence. Complete Payor details in Section A above

For each individual payor you will need to provide a certified copy of the valid passport or national identity card and evidence of residential address.

☐ **Payment from an executor as a result of an inheritance, a settlement, a property sale, or other legitimate source.**

A letter (or certified copy) from the executor confirming the source of funds.



C Contribution and Investment Options

Contribution

Reason for Investment

Please complete your additional Contribution(s) below:

Currency (✓)

☐ £

Amount

☐ US\$

☐ €

☐ CHF

☐ AU\$

☐ ZAR

Minimum additional investment amounts:

£ 5,000 or 7,500 for other currencies

Please refer to 3.8.4 in the General Conditions for more details on the maximum additional investments allowed.

Depending on your investment selection, the additional Contribution will be invested in Direct Funds and/or transferred to the Transaction Account with your selected Authorised Custodian, awaiting investment instructions. Therefore there may be a delay between our acceptance of your additional Contribution and it being invested.

Investment

Please indicate whether you wish your additional investment to be invested:

☐ As per the instructions below:

☐ As per existing investment held

☐ New Authorised Custodian (please also complete Change of Custodian form)

Please indicate the Contributions selected for your additional investment. For a list of available funds, please refer to the Fund Factsheets and investment choices list available from your financial adviser.

Fund code	Fund name	Currency	Proportion%
Authorised Custodian**			
Transaction account percentage*			
Total			100%

* Please indicate the % of your Contribution that should be kept in your Transaction Account held with Old Mutual Isle of Man to cover ongoing charges. No interest will be paid for any cash balance in the Transaction Account held with us. It is your Discretionary Investment Manager's responsibility to ensure liquid assets are available to pay ongoing charges.

** In addition we require an Authorised Custodian asset statement containing asset name/Sedol/ISIN number/book value/units, Custodian currency.

Please note: If your additional investment amount results in the total investment amount being greater than £100 000 (or currency equivalent of) and you wish to add an Authorised Custodian Facility, you must please complete the Change of Authorised Custodian form.



D Charges

Please see Terms 18 to 21 of the General Conditions for information on charges which may apply to your Investment Portfolio+ or speak to your financial adviser.

The charging option and currency that you chose for your Investment Portfolio+ cannot be changed now that it has started and will apply to any additional Contributions which are made. This includes details about your chosen financial adviser. We do however require you to reconfirm certain fee information below.

Please refer to the Investment Portfolio+ Investment Choices Brochure and General Conditions for fee information.

Financial adviser Commission and Fees

Please confirm your chosen charging option and complete the relevant information (✓)
(If no box is ticked, the application cannot be processed)

INITIAL FEES

☐ CHARGING OPTION 1

Commission payable to your financial adviser

Maximum of 3% of your contribution amount. **(VAT will automatically be added if applicable.)**

Additional Commission to be paid %

Any commission being waived should be used to (✓) ☐ reduce the Contract Establishment Charge or
☐ enhance the Allocation Percentage

OR

☐ CHARGING OPTION 2

Advice Fee

Subject to a maximum of 3% **(VAT will automatically be added if applicable.)**

- The Advice Fee is an amount that you have agreed to pay your financial adviser for providing you with advice.
- This amount will be deducted by Old Mutual Isle of Man on your instructions prior to investing the additional Contribution on the Contract Commencement Date and is based on your additional Contribution.
- For clarity, the Advice Fee is not a commission payment paid by Old Mutual Isle of Man.

Advice Fee %



E Declaration and application (continued)

THIS SECTION MUST BE READ, UNDERSTOOD AND COMPLETED IN ALL CASES.

TAX RESIDENCY DETAIL

Each country has its own rules for whether a person is resident for tax purposes or not. It is possible to be resident for tax purposes in more than one country. Depending on the rules of the country, tax residency may be determined by factors such as where you permanently live, where you were born, or if you live and work in the country for more than half the year. If you are a US citizen or hold a US passport or green card, you will also be considered resident for tax purposes in the US even if you live outside the US, unless you have given up your citizenship.

	Applicant 1	Applicant 2
SA Resident for Tax	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Income Tax Reference Number	<input type="text"/>	<input type="text"/>
USA citizen and /or Tax Resident	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Income Tax Reference Number	<input type="text"/>	<input type="text"/>
Tax Resident in any other Country	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Income Tax Reference Number	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

I declare that:

1. The information provided above is correct. If I am a tax resident of any country other than or in addition to South Africa, I have stated this above. I undertake to advise Old Mutual Isle of Man within 30 days should information contained in this form change.
2. The Premium detailed in this application and any other premium tendered in respect of this application are derived solely from the source of funding provided and have, where required, been declared to the relevant tax authority in my country of residence for taxation.
3. The application for an Old Mutual Isle of Man policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.
4. The information provided is correct and true and that I will immediately inform OMI of any change in the information provided for update, including a change in address or residency.

THIS SECTION MUST BE READ, UNDERSTOOD AND COMPLETED IN ALL CASES.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD ALL DETAILS SUPPLIED IN THE APPLICATION FORM INCLUDING SECTION F IN ITS ENTIRETY AND UNDERSTAND ITS IMPLICATIONS.

Signature(s) of Applicant(s)

Signature of Applicant 1	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country where signed	<input type="text"/>								
Signature of Applicant 2 (if any)	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country where signed	<input type="text"/>								

If there are more than two applicants, please attach a further copy of this page to the Application.

Please note that we may require additional documentation to verify the applicant(s) identity and address if the documentation we currently hold does not meet with any current regulatory requirements.



F Verification of customer identity – financial adviser to complete

Old Mutual Isle of Man is subject to anti-money laundering and countering terrorist financing legislation in South Africa and the Isle of Man, in terms of which applicants and related parties must submit suitably certified proof of identity and original or suitably certified verification of residential address.

In certain circumstances it may be necessary to submit such documentation even if it has already been provided.

Outlined below are the standard minimum requirements. In some circumstances we may need additional information.

Please tick (✓) to indicate if identification has been supplied for any individual party to the Plan.

Verification of identity

- ☐ A suitably certified copy of a valid Passport OR a bar-coded Identity Document (ID) OR Smart Card ID (front and back) for each Contract Holder with Visually clear and legible photo likeness. The certifier must certify that the ID is a **true likeness of the person represented and that it is a true copy of the original document.**

Verification of proof of residence

- ☐ Original or suitably certified copy of proof of residential address, **not older than three months from date of issue**, for each applicant (Postal or P.O. Box addresses will not be accepted unless a supply address is shown).

Acceptable documents:

- A recent utility, rates or council tax bill (cell phone bills not acceptable)
- A recent mortgage statement, evidencing the residential address
- A state pension, benefit or other government produced document showing benefit entitlement
- A recent tax assessment document
- A recent account statement from bank or credit card (store cards not acceptable)
- Proof of ownership or rental of the residential address

Certification requirements

In the certification, preferably but not necessarily in the form of a stamp, the certifier must:

- state that he/she is a Commissioner of Oaths, Advocate, Lawyer, Solicitor or Notary Public,
- certify that he/she has seen the original document, and that the copy is a true copy of the original,
- sign and date the certification, and
- provide his/her full name and contact details including of a physical address and telephone number.

OMI for office use only

Offshore Specialist/OMI Employee

Confirmation that you have met with the client

☐ Yes ☐ No

D	D	M	M	Y	Y	Y	Y
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F Verification of customer identity – financial adviser to complete (continued)

1 Declarations – Must be completed by the financial adviser, Old Mutual PFA or OMI Offshore Specialist

I declare that:

- I have met & discussed with the applicant(s) in person. ☐ Yes ☐ No
or I have met and discussed with the applicant(s) through electronic video conferencing means. ☐ Yes ☐ No
- I have taken reasonable steps to make sure that the funding is legitimate and in line with the Contract Holder’s circumstances.
- To the best of my knowledge and belief, all the information provided in and with this Additional Investment Form is true and complete and was obtained from the Contract Holder(s) who is/are of good standing. I also confirm that I will provide further information if required.
- I have not made any changes to the Additional Investment Form after the applicant(s) has signed it.

I confirm that I gave advice concerning this additional investment to the Applicant(s) in

 country
on

D	D	M	M	Y	Y	Y	Y
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I confirm that all information provided was received directly from the Applicant(s).

Signature of financial adviser

 Date

D	D	M	M	Y	Y	Y	Y
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Signature of OMI Offshore Specialist

 Date

D	D	M	M	Y	Y	Y	Y
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INTERNATIONAL

www.oldmutualinternational.com
Old Mutual Isle of Man, Branch of Old Mutual Life Assurance Company (South Africa) Limited, is registered in the Isle of Man under number 005664F and whose principal place of business is 5A Village Walk, Onchan, Isle of Man, IM3 4EA, British Isles.
Permitted to carry on long-term Insurance Business in and from the Isle of Man by the Isle of Man Financial Services Authority.
Old Mutual Life Assurance Company (South Africa) Limited is incorporated in South Africa (reg. number: 1999/04643/06). Registered office: Mutualpark, Jan Smuts Drive, Pinelands, Cape Town, South Africa. Old Mutual Life Assurance Company (South Africa) Limited is a registered long-term insurer and a licensed financial services provider.
OMISA/IP+/016/1.0/072020