

# Sanlam Umbrella Fund Sanlam Unity Umbrella Fund

## Intermediary Retirement Savings Cost Disclosure form

<b>Sub-Fund name:</b>	
<b>Sub-Fund code number:</b>	
1. Default Investment Strategy	Default selection
Sanlam Unity Strategy	
Sanlam Lifestage Strategy	
Sanlam Blue Lifestage Strategy	
Sanlam Passive Lifestage Strategy	
Sanlam Wealth Creation Lifestage Strategy	
Sanlam Secure Strategy	
Sanlam Stable Strategy	
Volatility Protection Strategy	
Special Arrangement within the Comprehensive Option	
If a Special Arrangement (e.g. Tailored Default Lifestage, Comprehensive Plus or Investment Exception) is chosen, please specify the underlying portfolios and their % weighting:	
2. Sub-Fund data	
Data as at (dd/mm/yyyy):	
Assets (including all S14 transfers)	
Number of members	
Annual pensionable salary	
Monthly employee contribution (Rand)	
Monthly employer contribution (Rand)	

### 3. Group Insurance

Cost	Inclusive or Exclusive	Monthly risk costs (Rand)
Group Life Insurance		
Reinforced Life insurance		
Spouse's Life insurance		
Income Disability insurance		
Lump Sum Disability insurance		
Critical Illness insurance		
Family Funeral insurance		

### 4. Operating Expenses

#### Charging method

#### Rate

Administration fee (inclusive of VAT)		
Consultancy fee (inclusive of VAT)		
Operating expenses inclusive or exclusive		

### 5. Declaration by the Contracted Benefit Consultant (CBC)

We confirm that we accept that the terms and conditions (including fees) associated with the Default Investment Strategy chosen as set out in The Fund in Detail document (as amended from time to time). We confirm that we are aware of all terms and conditions (including fees) associated with the product option selected.

We take full responsibility for the above choices and hereby indemnify and undertake not to hold the Sanlam Umbrella Fund, its Board of Trustees or Sanlam Life Insurance Limited, its agents, directors, officers or any entity in the Sanlam Group of Companies responsible for any losses or damages that may result from the information provided above.

Signature of Contracted Benefit Consultant

Print Name

Signed on this