

Growth, Builder, Business and Income Investment Series

Liberty Group Limited is a licensed life insurer, an Authorised FSP (no 2409) and part of the Standard Bank Group. Terms and Conditions, Risks and Limitations apply.

We are required in terms of various laws and for contractual purposes to share, collect and process your Personal Information (PI). Your PI is collected and processed by our colleagues, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

Send completed form to:

- Email: newbusiness@liberty.co.za

An asterisk (*) indicates mandatory information. Please complete the required information.

Checklist

- ☐ Signed application form.
- ☐ Signed "Advice Fee Mandate" (if applicable).
- ☐ "Client Declaration and Consent" form, signed by Policyholder and all Lives Assured.
- ☐ Signed "Replacement Policy Advice Record" (if applicable).
- ☐ If you have made contributions while living abroad (Foreign Services), please provide a letter from employer/company.

Natural persons

- ☐ Clear copy of your bar-coded ID/copy of back and front of the ID smart card or birth certificate (if minor).

Legal entities

- ☐ FICA documentation (refer to Annexure A in the application form).

Foreign Business/Nationals

- ☐ Natural person FICA cover sheet.
- ☐ Clear copy of valid passport/Foreign ID/Social Security ID.
- ☐ Acceptable proof of residential address.
- ☐ South African income tax number (if applicable).
- ☐ Foreign Tax Identification Number (TIN).



POLICY INFORMATION

Policy details

Replacement of an existing policy

Important Note: Replacement of any insurance may be to the disadvantage of the Policyholder.

Is this application to replace the whole or any part of your existing insurance with any insurer (whether replacement is to occur immediately or to replace an insurance discontinued within the past four months or within the next four months)? If "Yes", the Financial Adviser must discuss and complete the Replacement Policy Advice Record and attach it to this application form. ☐ Yes ☐ No

Policy language: ☐ English ☐ Afrikaans

Source (If not ordinary): ☐ Replacement ☐ Option ☐ Conversion

Signature of Policyholder

Financial Adviser details and declaration (This section should be completed by the Financial Adviser)

Replacement of an existing policy (Not required if replacement policy effected as a result of the internet, telephone or direct marketing)

I hereby declare that I have requested and recorded the Policyholder's responses to the question above with regard to replacement and that the Policyholder is fully aware of the possible detrimental consequences of the replacement of an insurance policy.

I further declare that, irrespective of the Policyholder's response to this replacement question, I explained the following to the Policyholder:

- The meaning of replacement,
- That a replacement is potentially prejudicial,
- The levying/deduction of a termination charge, and
- That where a replacement is considered, the Policyholder is legally entitled to comprehensive information regarding the consequences of replacement.

Personal reference (internal)

Initials and surname	Personal code	% Split	Liberty code	Signature

Debit order details

For all products excluding Offshore Investment Plan, Flexible Investment Plan, Guaranteed Investment Plan with Income (no once off debits) and Compulsory Annuities.

Account holder must be the same as the payer life if Disability Premium Waiver benefit or Retrenchment Premium Waiver benefit/s have been selected on the Builder Investment Series.

Account type: ☐ Current account ☐ Savings account ☐ Transmission

☐ Debit account ☐ Credit account ☐ Once off debit (up to R1 000 000.00)

Debit order date

Bank name

Account number

Branch code

Branch name

Full first names of account holder

Surname/Company name

ID/Passport/Company registration number

Date of birth/Company registration date

If passport: Country of issue

Date of issue

Date of expiry

If company: Country of incorporation

Country of residence

Relationship to Policyholder

Account holder relationship: ☐ Own ☐ Joint ☐ 3rd Party

The bank account where regular income is going to

Is this the same bank account where the debit order is coming from? ☐ Yes ☐ No

If "No", please provide us with the details of this bank account. We can only pay you, no-one else.

Full names of account holder

Bank

Branch

Branch code

Account number

Account type: ☐ Current account ☐ Savings account ☐ Transmission

ID/Passport/Company registration number

Date of birth/Company registration date

If company: Country of incorporation

If passport: Country of issue

Date of issue

Date of expiry

Country of residence



Policyholder details

Owner - Individual

<input type="checkbox"/>	Individual	<input type="checkbox"/>	Foreign national	<input type="checkbox"/>	Minor - (parent/guardian details to be completed)
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Title _____ Full names* _____ Gender* ☐ M ☐ F

Surname* _____

Maiden name _____

Date of birth* _____

Identity/Passport number* _____

Passport expiry date* _____

Nationality* _____

If minor, parent/guardian details*

Full names	_____
Surname	_____
Date of birth	_____
ID number	_____
Residential address	_____
Country	_____
Postal code	_____
Nationality	_____
Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Income tax number	_____
Contact number	_____
E-mail address	_____

Marital status: ☐ Single ☐ Engaged ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Residential address* _____

Country* _____ Postal code* _____

Postal address (if different to above) _____

Country* _____ Postal code* _____

Contact numbers* Cell _____ Work _____ Home _____

Primary e-mail address* _____

Secondary e-mail address _____

Please note that we will use your primary e-mail address for all future communication as the option of postal communication will no longer be available.

Income tax number* _____

Occupation* _____

Employer name _____

Tax status of policyholder: ☐ Natural person

Income category: ☐ R0 ☐ R1 – R4 999 ☐ R5 000 – R7 999 ☐ R8 000 – R13 999 ☐ R14 000 – R29 999 ☐ R30 000+

Are you currently insolvent? ☐ Yes ☐ No



****Source of funds***

<input type="checkbox"/> Distribution from a partnership	<input type="checkbox"/> Dividends	<input type="checkbox"/> Employment
<input type="checkbox"/> Interest	<input type="checkbox"/> Maturity value	<input type="checkbox"/> Other grants
<input type="checkbox"/> Real property income such as rent	<input type="checkbox"/> Royalties	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Other		<input type="checkbox"/> Pension and annuities
		<input type="checkbox"/> Stokvel

****Source of income***

<input type="checkbox"/> Commission	<input type="checkbox"/> Directorship	<input type="checkbox"/> Employment/Salary	<input type="checkbox"/> Membership of a close corporation
<input type="checkbox"/> Pension	<input type="checkbox"/> Other		

****Source of wealth***

<input type="checkbox"/> Company sale	<input type="checkbox"/> Distributable net income of estate	<input type="checkbox"/> Divorce settlement	<input type="checkbox"/> Gambling
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment sale	<input type="checkbox"/> Lottery	<input type="checkbox"/> N/A
<input type="checkbox"/> Property sale	<input type="checkbox"/> Savings	<input type="checkbox"/> Other	

**** to be completed by the parent/guardian of a minor**

Purpose of investment*

<input type="checkbox"/> Education savings	<input type="checkbox"/> Foreign exchange hedging
<input type="checkbox"/> Save for retirement/Financial goals	<input type="checkbox"/> Start and expand a business
<input type="checkbox"/> Winding up estate	<input type="checkbox"/> Other

Owner - Entity

<input type="checkbox"/> Close corporation	<input type="checkbox"/> Foreign company	<input type="checkbox"/> Non-profit company	<input type="checkbox"/> Partnership
<input type="checkbox"/> Personal liability company (Incorporated)	<input type="checkbox"/> Private company ((Pty) Ltd)	<input type="checkbox"/> Professional partnership	
<input type="checkbox"/> Public company (Ltd)	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Trust - foreign	<input type="checkbox"/> Trust - local
<input type="checkbox"/> Other legal person/entity			

Complete the section below if the owner is one of the following - Close corporation, Foreign company, Non-profit company, Partnership, Personal liability company, Private company, Professional partnership, Public company, Sole proprietor, Other legal person/entity

Full legal/registered name* _____

Name of partnership* _____

Trade name* _____

Registration number* _____

Industry in which the entity operates* _____

Registered address* _____

Country* _____ Postal code* _____

Physical business address* _____

Country* _____ Postal code* _____

Operating address (if different to registered or physical address) * _____

Country* _____ Postal code* _____

Business contact number* _____

Primary e-mail address* _____

Secondary e-mail address _____

Please note that we will use your primary e-mail address for all future communication as the option of postal communication will no longer be available.

Tax status of policyholder:

<input type="checkbox"/> Tax-exempt body	<input type="checkbox"/> Company/Close corporation	<input type="checkbox"/> Tax paying body
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Income category:

<input type="checkbox"/> R0	<input type="checkbox"/> R1 – R4 999	<input type="checkbox"/> R5 000 – R7 999	<input type="checkbox"/> R8 000 – R13 999	<input type="checkbox"/> R14 000 – R29 999	<input type="checkbox"/> R30 000+
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Source of funds*

<input type="checkbox"/> Distribution from a partnership	<input type="checkbox"/> Dividends	<input type="checkbox"/> Employment
<input type="checkbox"/> Interest	<input type="checkbox"/> Maturity value	<input type="checkbox"/> Other grants
<input type="checkbox"/> Real property income such as rent	<input type="checkbox"/> Royalties	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Other		<input type="checkbox"/> Pension and annuities
		<input type="checkbox"/> Stokvel

Source of income*

<input type="checkbox"/> Commission	<input type="checkbox"/> Directorship	<input type="checkbox"/> Employment/Salary	<input type="checkbox"/> Membership of a close corporation
<input type="checkbox"/> Pension	<input type="checkbox"/> Other		

Source of wealth*

<input type="checkbox"/> Company sale	<input type="checkbox"/> Distributable net income of estate	<input type="checkbox"/> Divorce settlement	<input type="checkbox"/> Gambling
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment sale	<input type="checkbox"/> Lottery	<input type="checkbox"/> N/A
<input type="checkbox"/> Property sale	<input type="checkbox"/> Savings	<input type="checkbox"/> Other	

Purpose of investment*

<input type="checkbox"/> Foreign exchange hedging	<input type="checkbox"/> Investment of working capital
<input type="checkbox"/> Start and expand a business	<input type="checkbox"/> Tax advantage
<input type="checkbox"/> Other	



Owner - Foreign or Local Trust

Legal name* _____

Foreign trust reference number* _____

Local trust Master reference (IT) number* _____

Address of the local Master's office where the trust was registered* _____

Foreign office address where the trust was registered* _____

Country* _____ Postal code* _____

County of incorporation* _____

Contact number* _____

Primary e-mail address* _____

Secondary e-mail address _____

Please note that we will use your primary e-mail address for all future communication as the option of postal communication will no longer be available.

Tax status of policyholder: ☐ Tax paying trust ☐ Non-tax paying trust

Income category: ☐ R0 ☐ R1 – R4 999 ☐ R5 000 – R7 999 ☐ R8 000 – R13 999 ☐ R14 000 – R29 999 ☐ R30 000+

Source of funds* ☐ Distribution from a partnership ☐ Dividends ☐ Employment
☐ Interest ☐ Maturity value ☐ Other grants ☐ Pension and annuities
☐ Real property income such as rent ☐ Royalties ☐ Scholarship ☐ Stokvel
☐ Other _____

Source of income* ☐ Commission ☐ Directorship ☐ Employment/Salary ☐ Membership of a close corporation
☐ Pension ☐ Other _____

Source of wealth* ☐ Company sale ☐ Distributable net income of estate ☐ Divorce settlement ☐ Gambling
☐ Inheritance ☐ Investment sale ☐ Lottery ☐ N/A
☐ Property sale ☐ Savings ☐ Other _____

Purpose of investment* ☐ Foreign exchange hedging ☐ Investment of working capital
☐ Start and expand a business ☐ Tax advantage
☐ Other _____

If "Yes" to any of the questions below, please complete Section A and B:

Individuals only: Are you a citizen of any country other than South Africa or have dual nationality? ☐ Yes ☐ No

Individuals only: Are you a tax resident in any other country other than South Africa? ☐ Yes ☐ No

Are you a United States citizen? ☐ Yes ☐ No

Entities only: Is the entity organised, incorporated or resident for tax purposes outside of South Africa? ☐ Yes ☐ No

Entities only: Does a foreign person/entity have an equity interest in or exercise control over the entity? ☐ Yes ☐ No

***If "Yes", please complete the "Self-Certification Declaration for an Entity" form.**

Section A: Please list the country(ies) of nationality/citizenship and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of nationality/Citizenship	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Section B: Please list the country(ies) in which you are a resident for tax purposes and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of tax residency	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				



Lives Assured**First Life Assured/First Annuitant**

Title _____ Full names* _____ Gender* ☐ M ☐ F

Surname* _____

Maiden name _____

Date of birth* _____

Identity/Passport number* _____

Passport expiry date* _____

Nationality* _____

If minor, parent/guardian details*
Full names _____
Surname _____
Date of birth _____
ID number _____
Residential address _____
Country _____ Postal code _____
Nationality _____ Gender ☐ M ☐ F
Income tax number _____
Contact number _____
E-mail address _____

Marital status: ☐ Single ☐ Engaged ☐ Married
☐ Widowed ☐ Separated ☐ Divorced

Residential address* _____
Country* _____ Postal code* _____

Contact numbers* Cell _____ Work _____ Home _____

E-mail address* _____

Income tax number* _____

Relationship to the policyholder _____

Are you currently insolvent? ☐ Yes ☐ No

If "Yes" to any of the questions below, please complete Section A and B:

Individuals only: Are you a citizen of any country other than South Africa or have dual nationality? ☐ Yes ☐ No

Individuals only: Are you a tax resident in any other country other than South Africa? ☐ Yes ☐ No

Are you a United States citizen? ☐ Yes ☐ No

Entities only:* Is the entity organised, incorporated or resident for tax purposes outside of South Africa? ☐ Yes ☐ No

Entities only:* Does a foreign person/entity have an equity interest in or exercise control over the entity? ☐ Yes ☐ No

***If "Yes", please complete the "Self-Certification Declaration for an Entity" form.**

Section A: Please list the country(ies) of nationality/citizenship and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of nationality/Citizenship	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				



Section B: Please list the country(ies) in which you are a resident for tax purposes and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of tax residency	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Other Lives Assured

JOINT LIFE (Only applicable for Investment Plan and Investment Builder)
PAYER'S LIFE (Only applicable for Builder Investment Series if the Disability Premium Waiver or Retrenchment Premium Waiver has been selected on the Investment Builder/Education Builder)
SECOND ANNUITANT (Only applicable for Joint Life Annuity/Life Annuity with Inflation Protection)

Second Life Assured/Second Annuitant

Title _____ Full names* _____ Gender* ☐ M ☐ F

Surname* _____

Maiden name _____

Date of birth* _____

Identity/Passport number* _____

Passport expiry date* _____

Nationality* _____

If minor, parent/guardian details*

Full names _____

Surname _____

Date of birth _____

ID number _____

Residential address _____

Country _____ Postal code _____

Nationality _____ Gender ☐ M ☐ F

Income tax number _____

Contact number _____

E-mail address _____

Marital status: ☐ Single ☐ Engaged ☐ Married
☐ Widowed ☐ Separated ☐ Divorced

Residential address* _____

Country* _____ Postal code* _____

Contact numbers* Cell _____ Work _____ Home _____

E-mail address* _____

Income tax number* _____

Relationship to the policyholder _____

If relationship to the policyholder is spouse, please indicate the **type of union. ☐ Civil marriage/union ☐ Customary marriage
☐ Religious marriage ☐ Permanent union

**Proof of union will be required

Are you currently insolvent? ☐ Yes ☐ No

If "Yes" to any of the questions below, please complete Section A and B:

Individuals only: Are you a citizen of any country other than South Africa or have dual nationality?

☐ Yes ☐ No

Individuals only: Are you a tax resident in any other country other than South Africa?

☐ Yes ☐ No

Are you a United States citizen?

☐ Yes ☐ No

Entities only*: Is the entity organised, incorporated or resident for tax purposes outside of South Africa?

☐ Yes ☐ No

Entities only*: Does a foreign person/entity have an equity interest in or exercise control over the entity?

☐ Yes ☐ No

***If "Yes", please complete the "Self-Certification Declaration for an Entity" form.**

Section A: Please list the country(ies) of nationality/citizenship and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of nationality/Citizenship	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Section B: Please list the country(ies) in which you are a resident for tax purposes and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of tax residency	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Third Life Assured

Title _____ Full names* _____ Gender* ☐ M ☐ F

Surname* _____

Maiden name _____

Date of birth* _____

Identity/Passport number* _____

Passport expiry date* _____

Nationality* _____

If minor,
parent/
guardian
details*

Full names _____

Surname _____

Date of birth _____

ID number _____

Residential address _____

Country _____ Postal code _____

Nationality _____ Gender ☐ M ☐ F

Income tax number _____

Contact number _____

E-mail address _____

Marital status: ☐ Single ☐ Engaged ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Residential address* _____

Country* _____ Postal code* _____

Contact numbers* Cell _____ Work _____ Home _____

E-mail address* _____

Income tax number* _____

Relationship to the policyholder _____

Are you currently insolvent? ☐ Yes ☐ No



If "Yes" to any of the questions below, please complete Section A and B:

Individuals only: Are you a citizen of any country other than South Africa or have dual nationality?

☐ Yes ☐ No

Individuals only: Are you a tax resident in any other country other than South Africa?

☐ Yes ☐ No

Are you a United States citizen?

☐ Yes ☐ No

Entities only:* Is the entity organised, incorporated or resident for tax purposes outside of South Africa?

☐ Yes ☐ No

Entities only:* Does a foreign person/entity have an equity interest in or exercise control over the entity?

☐ Yes ☐ No

***If "Yes", please complete the "Self-Certification Declaration for an Entity" form.**

Section A: Please list the country(ies) of nationality/citizenship and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of nationality/Citizenship	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Section B: Please list the country(ies) in which you are a resident for tax purposes and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of tax residency	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Fourth Life Assured

Title _____ Full names* _____ Gender* ☐ M ☐ F

Surname* _____

Maiden name _____

Date of birth* _____

Identity/Passport number* _____

Passport expiry date* _____

Nationality* _____

If minor, parent/guardian details* Full names _____

Surname _____

Date of birth _____

ID number _____

Residential address _____

Country _____ Postal code _____

Nationality _____ Gender ☐ M ☐ F

Income tax number _____

Contact number _____

E-mail address _____

Marital status: ☐ Single ☐ Engaged ☐ Married

☐ Widowed ☐ Separated ☐ Divorced

Residential address* _____

Country* _____ Postal code* _____

Contact numbers* Cell _____ Work _____ Home _____

E-mail address* _____



Income tax number* _____
Relationship to the policyholder _____
Are you currently insolvent? ☐ Yes ☐ No

If "Yes" to any of the questions below, please complete Section A and B:
Individuals only: Are you a citizen of any country other than South Africa or have dual nationality? ☐ Yes ☐ No
Individuals only: Are you a tax resident in any other country other than South Africa? ☐ Yes ☐ No
Are you a United States citizen? ☐ Yes ☐ No
Entities only:* Is the entity organised, incorporated or resident for tax purposes outside of South Africa? ☐ Yes ☐ No
Entities only:* Does a foreign person/entity have an equity interest in or exercise control over the entity? ☐ Yes ☐ No
***If "Yes", please complete the "Self-Certification Declaration for an Entity" form.**

Section A: Please list the country(ies) of nationality/citizenship and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of nationality/Citizenship	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Section B: Please list the country(ies) in which you are a resident for tax purposes and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of tax residency	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Fifth Life Assured

Title _____ Full names* _____ Gender* ☐ M ☐ F
Surname* _____
Maiden name _____
Date of birth* _____
Identity/Passport number* _____
Passport expiry date* _____
Nationality* _____
If minor, parent/guardian details*
Full names _____
Surname _____
Date of birth _____
ID number _____
Residential address _____
Country _____ Postal code _____
Nationality _____ Gender ☐ M ☐ F
Income tax number _____
Contact number _____
E-mail address _____



Marital status: ☐ Single ☐ Engaged ☐ Married
 ☐ Widowed ☐ Separated ☐ Divorced

Residential address* _____

Country* _____ Postal code* _____

Contact numbers* Cell _____ Work _____ Home _____

E-mail address* _____

Income tax number* _____

Relationship to the policyholder _____

Are you currently insolvent? ☐ Yes ☐ No

If "Yes" to any of the questions below, please complete Section A and B:

Individuals only: Are you a citizen of any country other than South Africa or have dual nationality? ☐ Yes ☐ No

Individuals only: Are you a tax resident in any other country other than South Africa? ☐ Yes ☐ No

Are you a United States citizen? ☐ Yes ☐ No

Entities only*: Is the entity organised, incorporated or resident for tax purposes outside of South Africa? ☐ Yes ☐ No

Entities only*: Does a foreign person/entity have an equity interest in or exercise control over the entity? ☐ Yes ☐ No

*If "Yes", please complete the "Self-Certification Declaration for an Entity" form.

Section A: Please list the country(ies) of nationality/citizenship and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of nationality/Citizenship	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				

Section B: Please list the country(ies) in which you are a resident for tax purposes and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:

Country of tax residency	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	Tax Identification Number(s) (TIN)
1.				
2.				
3.				
4.				
5.				



Beneficiary details for Individuals

First beneficiary

Title	_____	Full names*	_____	Gender*	<input type="checkbox"/> M <input type="checkbox"/> F
Surname*	_____	Beneficiary split	_____	%	
Date of birth*	_____				
Identity/Passport number*	_____				
Passport expiry date*	_____				
Nationality*	_____				
If minor, parent/ guardian details*	Full names	_____			
	Surname	_____			
	Date of birth	_____			
	ID number	_____			
	Residential address	_____			
	Country	_____	Postal code	_____	
	Nationality	_____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	
Contact number	_____				
E-mail address	_____				
Residential address*	_____				
Country*	_____	Postal code*	_____		
Contact numbers*	Cell _____	Work _____	Home _____		
E-mail address*	_____				
Relationship to the policyholder	_____				

Second beneficiary

Title	_____	Full names*	_____	Gender*	<input type="checkbox"/> M <input type="checkbox"/> F
Surname*	_____	Beneficiary split	_____	%	
Date of birth*	_____				
Identity/Passport number*	_____				
Passport expiry date*	_____				
Nationality*	_____				
If minor, parent/ guardian details*	Full names	_____			
	Surname	_____			
	Date of birth	_____			
	ID number	_____			
	Residential address	_____			
	Country	_____	Postal code	_____	
	Nationality	_____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	
Contact number	_____				
E-mail address	_____				
Residential address*	_____				
Country*	_____	Postal code*	_____		
Contact numbers*	Cell _____	Work _____	Home _____		
E-mail address*	_____				
Relationship to the policyholder	_____				



Third beneficiary

Title	_____	Full names*	_____	Gender*	<input type="checkbox"/> M <input type="checkbox"/> F	
Surname*	_____	Beneficiary split	_____	%		
Date of birth*	_____					
Identity/Passport number*	_____					
Passport expiry date*	_____					
Nationality*	_____					
If minor, parent/ guardian details*	Full names	_____				
	Surname	_____				
	Date of birth	_____				
	ID number	_____				
	Residential address	_____				
	_____	_____				
Country	_____	Postal code	_____			
Nationality	_____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F			
Contact number	_____					
E-mail address	_____					
Residential address*	_____					
_____	_____					
Country*	_____	Postal code*	_____			
Contact numbers*	Cell	_____	Work	_____	Home	_____
E-mail address*	_____					
Relationship to the policyholder	_____					

Fourth beneficiary

Title	_____	Full names*	_____	Gender*	<input type="checkbox"/> M <input type="checkbox"/> F	
Surname*	_____	Beneficiary split	_____	%		
Date of birth*	_____					
Identity/Passport number*	_____					
Passport expiry date*	_____					
Nationality*	_____					
If minor, parent/ guardian details*	Full names	_____				
	Surname	_____				
	Date of birth	_____				
	ID number	_____				
	Residential address	_____				
	_____	_____				
Country	_____	Postal code	_____			
Nationality	_____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F			
Contact number	_____					
E-mail address	_____					
Residential address*	_____					
_____	_____					
Country*	_____	Postal code*	_____			
Contact numbers*	Cell	_____	Work	_____	Home	_____
E-mail address*	_____					
Relationship to the policyholder	_____					



Fifth beneficiary

Title	_____	Full names*	_____	Gender*	<input type="checkbox"/> M <input type="checkbox"/> F
Surname*	_____	Beneficiary split	_____ %		
Date of birth*	_____				
Identity/Passport number*	_____				
Passport expiry date*	_____				
Nationality*	_____				
If minor, parent/ guardian details*	Full names	_____			
	Surname	_____			
	Date of birth	_____			
	ID number	_____			
	Residential address	_____			

Country	_____	Postal code	_____		
Nationality	_____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F		
Contact number	_____				
E-mail address	_____				
Residential address*	_____				

Country*	_____	Postal code*	_____		
Contact numbers*	Cell _____	Work _____	Home _____		
E-mail address*	_____				
Relationship to the policyholder	_____				

Sixth beneficiary

Title	_____	Full names*	_____	Gender*	<input type="checkbox"/> M <input type="checkbox"/> F
Surname*	_____	Beneficiary split	_____ %		
Date of birth*	_____				
Identity/Passport number*	_____				
Passport expiry date*	_____				
Nationality*	_____				
If minor, parent/ guardian details*	Full names	_____			
	Surname	_____			
	Date of birth	_____			
	ID number	_____			
	Residential address	_____			

Country	_____	Postal code	_____		
Nationality	_____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F		
Contact number	_____				
E-mail address	_____				
Residential address*	_____				

Country*	_____	Postal code*	_____		
Contact numbers*	Cell _____	Work _____	Home _____		
E-mail address*	_____				
Relationship to the policyholder	_____				



Beneficiary details for Entities

- ☐ Close corporation ☐ Foreign company ☐ Non-profit company ☐ Partnership
- ☐ Personal liability company (Incorporated) ☐ Private company ((Pty) Ltd) ☐ Professional partnership
- ☐ Public company (Ltd) ☐ Sole proprietor ☐ Trust - foreign ☐ Trust - local
- ☐ Other legal person/entity

Complete the section below if the beneficiary/ies is/are the following - Close corporation, Foreign company, Non-profit company, Partnership, Personal liability company, Private company, Professional partnership, Public company, Sole proprietor, Other legal person/entity.

First beneficiary

Beneficiary split _____ %

Full legal/registered name* _____

Name of partnership* _____

Trade name* _____

Registration number* _____

Industry in which the entity operates* _____

Registered address* _____

Country* _____ Postal code* _____

Physical business address* _____

Country* _____ Postal code* _____

Operating address (if different to registered or physical address)* _____

Country* _____ Postal code* _____

Business contact number* _____

E-mail address* _____

Relationship to the policyholder _____

Second beneficiary

Beneficiary split _____ %

Full legal/registered name* _____

Name of partnership* _____

Trade name* _____

Registration number* _____

Industry in which the entity operates* _____

Registered address* _____

Country* _____ Postal code* _____

Physical business address* _____

Country* _____ Postal code* _____

Operating address (if different to registered or physical address)* _____

Country* _____ Postal code* _____

Business contact number* _____

E-mail address* _____

Relationship to the policyholder _____



Third beneficiary

Beneficiary split _____ %

Full legal/registered name* _____

Name of partnership* _____

Trade name* _____

Registration number* _____

Industry in which the entity operates* _____

Registered address* _____

Country* _____ Postal code* _____

Physical business address* _____

Country* _____ Postal code* _____

Operating address (if different to registered or physical address)* _____

Country* _____ Postal code* _____

Business contact number* _____

E-mail address* _____

Relationship to the policyholder _____

Fourth beneficiary

Beneficiary split _____ %

Full legal/registered name* _____

Name of partnership* _____

Trade name* _____

Registration number* _____

Industry in which the entity operates* _____

Registered address* _____

Country* _____ Postal code* _____

Physical business address* _____

Country* _____ Postal code* _____

Operating address (if different to registered or physical address)* _____

Country* _____ Postal code* _____

Business contact number* _____

E-mail address* _____

Relationship to the policyholder _____



Fifth beneficiary

Beneficiary split _____ %

Full legal/registered name* _____

Name of partnership* _____

Trade name* _____

Registration number* _____

Industry in which the entity operates* _____

Registered address* _____

Country* _____ Postal code* _____

Physical business address* _____

Country* _____ Postal code* _____

Operating address (if different to registered or physical address)* _____

Country* _____ Postal code* _____

Business contact number* _____

E-mail address* _____

Relationship to the policyholder _____

Sixth beneficiary

Beneficiary split _____ %

Full legal/registered name* _____

Name of partnership* _____

Trade name* _____

Registration number* _____

Industry in which the entity operates* _____

Registered address* _____

Country* _____ Postal code* _____

Physical business address* _____

Country* _____ Postal code* _____

Operating address (if different to registered or physical address)* _____

Country* _____ Postal code* _____

Business contact number* _____

E-mail address* _____

Relationship to the policyholder _____

Complete the section below if the beneficiary is a foreign or local trust

Beneficiary - Foreign or Local Trust

Beneficiary split _____ %

Legal name* _____

Foreign trust reference number* _____

Local trust Master reference (IT) number* _____

Address of the local Master's office where the trust was registered* _____

Foreign office address where the trust was registered* _____

Country* _____ Postal code* _____

Country of incorporation* _____

Contact number* _____

E-mail address* _____

Relationship to the policyholder _____



Ultimate Beneficial Owner - an authorised individual in an entity e.g., executor, trust founder, partner, trustee, director etc.

To be completed for each authorised individual, beneficial owner who owns more than 25% of the entity, controlling person, trustee, trust founder, beneficiary of a trust, signatory, power of attorney.

☐ Individual ☐ Entity

Authorised Individual 1

Title _____ Full names* _____ Gender* ☐ M ☐ F
Surname* _____
Date of birth* _____
Identity/Passport number* _____
Passport expiry date* _____
Nationality* _____
Residential address* _____

Country* _____ Postal code* _____
Contact numbers* Cell _____ Work _____ Home _____
E-mail address* _____
Are you currently insolvent? ☐ Yes ☐ No
Relationship to the policyholder _____
Designation _____
Beneficial ownership percentage _____ %

If "Yes" to any of the questions below, please complete the "Self-Certification Declaration for an Individual" form:

Are you a citizen of any country other than South Africa or have dual nationality? ☐ Yes ☐ No
Are you a tax resident in any other country other than South Africa? ☐ Yes ☐ No
Are you a United States citizen? ☐ Yes ☐ No

Authorised Individual 2

Title _____ Full names* _____ Gender* ☐ M ☐ F
Surname* _____
Date of birth* _____
Identity/Passport number* _____
Passport expiry date* _____
Nationality* _____
Residential address* _____

Country* _____ Postal code* _____
Contact numbers* Cell _____ Work _____ Home _____
E-mail address* _____
Are you currently insolvent? ☐ Yes ☐ No
Relationship to the policyholder _____
Designation _____
Beneficial ownership percentage _____ %

If "Yes" to any of the questions below, please complete the "Self-Certification Declaration for an Individual" form:

Are you a citizen of any country other than South Africa or have dual nationality? ☐ Yes ☐ No
Are you a tax resident in any other country other than South Africa? ☐ Yes ☐ No
Are you a United States citizen? ☐ Yes ☐ No



Authorised Individual 3

Title _____ Full names* _____ Gender* ☐ M ☐ F
Surname* _____
Date of birth* _____
Identity/Passport number* _____
Passport expiry date* _____
Nationality* _____
Residential address* _____

Country* _____ Postal code* _____
Contact numbers* Cell _____ Work _____ Home _____
E-mail address* _____
Are you currently insolvent? ☐ Yes ☐ No
Relationship to the policyholder _____
Designation _____
Beneficial ownership percentage _____ %

If "Yes" to any of the questions below, please complete the "Self-Certification Declaration for an Individual" form:

Are you a citizen of any country other than South Africa or have dual nationality? ☐ Yes ☐ No
Are you a tax resident in any other country other than South Africa? ☐ Yes ☐ No
Are you a United States citizen? ☐ Yes ☐ No

Authorised Individual 4

Title _____ Full names* _____ Gender* ☐ M ☐ F
Surname* _____
Date of birth* _____
Identity/Passport number* _____
Passport expiry date* _____
Nationality* _____
Residential address* _____

Country* _____ Postal code* _____
Contact numbers* Cell _____ Work _____ Home _____
E-mail address* _____
Are you currently insolvent? ☐ Yes ☐ No
Relationship to the policyholder _____
Designation _____
Beneficial ownership percentage _____ %

If "Yes" to any of the questions below, please complete the "Self-Certification Declaration for an Individual" form:

Are you a citizen of any country other than South Africa or have dual nationality? ☐ Yes ☐ No
Are you a tax resident in any other country other than South Africa? ☐ Yes ☐ No
Are you a United States citizen? ☐ Yes ☐ No



Ultimate Beneficial Owner - Entity

Close corporation ☐ Foreign company ☐ Non-profit company ☐ Partnership ☐
Personal liability company (Incorporated) ☐ Private company ((Pty) Ltd) ☐ Professional partnership ☐
Public company (Ltd) ☐ Sole proprietor ☐ Trust - foreign ☐ Trust - local ☐
Other legal person/entity _____

Complete the section below if the ultimate beneficial owner is any of the following - Close corporation, Foreign company, Non-profit company, Partnership, Personal liability company, Private company, Professional partnership, Public company, Sole proprietor, Other legal person/entity

To be completed for each authorised individual, beneficial owner who owns more than 25% of the entity, controlling person, trustee, trust founder, beneficiary of a trust, signatory, power of attorney.

Entity type 1

Full legal/registered name* _____
Name of partnership* _____
Trade name* _____
Registration number* _____
Industry in which the entity operates* _____
Registered address* _____
Country* _____ Postal code* _____
Physical business address* _____
Country* _____ Postal code* _____
Operating address (if different to registered or physical address)* _____
Country* _____ Postal code* _____
Contact number* _____
E-mail address* _____
Relationship to policyholder _____
Designation _____
Beneficial ownership percentage _____ %

Entity type 2

Full legal/registered name* _____
Name of partnership* _____
Trade name* _____
Registration number* _____
Industry in which the entity operates* _____
Registered address* _____
Country* _____ Postal code* _____
Physical business address* _____
Country* _____ Postal code* _____
Operating address (if different to registered or physical address)* _____
Country* _____ Postal code* _____
Contact number* _____
E-mail address* _____
Relationship to policyholder _____
Designation _____
Beneficial ownership percentage _____ %



Entity type 3

Full legal/registered name* _____
Name of partnership* _____
Trade name* _____
Registration number* _____
Industry in which the entity operates* _____
Registered address* _____
Country* _____ Postal code* _____
Physical business address* _____
Country* _____ Postal code* _____
Operating address (if different to registered
or physical address)* _____
Country* _____ Postal code* _____
Contact number* _____
E-mail address* _____
Relationship to policyholder _____
Designation _____
Beneficial ownership percentage _____ %

Entity type 4

Full legal/registered name* _____
Name of partnership* _____
Trade name* _____
Registration number* _____
Industry in which the entity operates* _____
Registered address* _____
Country* _____ Postal code* _____
Physical business address* _____
Country* _____ Postal code* _____
Operating address (if different to registered
or physical address)* _____
Country* _____ Postal code* _____
Contact number* _____
E-mail address* _____
Relationship to policyholder _____
Designation _____
Beneficial ownership percentage _____ %

Complete the section below if the ultimate beneficial owner is a foreign or local trust.

Foreign or Local Trust

Legal name* _____
Foreign trust reference number* _____
Local trust Master reference (IT) number* _____
Address of the local Master's office where the trust was registered* _____
Foreign office address where the trust was registered* _____
Country* _____ Postal code* _____
Country of incorporation* _____
Contact number* _____
E-mail address* _____
Relationship to policyholder _____
Designation _____
Beneficial ownership percentage _____ %



Plan details

All the specific plan details are contained in your signed quote number _____ including the investment portfolio(s) you have selected. This signed quote forms part of this Application Form.

Tax details

Annuity and income payments are subject to Pay As You Earn (PAYE). To enable Liberty to calculate PAYE at the correct tax rate, please complete the following:

Income tax number _____ Chosen rate of tax higher than tax tables _____ %
Number of medical _____ Hardship/double taxation agreements (DTA) tax _____
scheme dependants _____ directive number _____
Tax directive start date _____ Tax directive end date _____

Liberty will deduct PAYE from your annuity in terms of the personal income tax tables, taking into consideration your annual rebates (tax tables). If you receive more than one annuity from Liberty, Liberty will aggregate the annuities and will deduct PAYE at tax tables from the aggregated value of such annuities. If the South African Revenue Service (SARS) has determined that you have other sources of income and that the PAYE deducted by Liberty may not be sufficient to cover your tax liability for the year, SARS may, on an annual basis, direct Liberty to deduct PAYE at a fixed rate of tax. Liberty will be obliged to deduct PAYE at that fixed rate unless you request, in writing, that Liberty apply tax tables or a chosen rate of tax higher than the tax tables, in which case Liberty will apply tax tables or that chosen higher rate of tax. SARS may also issue a hardship directive or a directive based on tax relief applicable to you in terms of a Double Taxation Agreement (DTA). In such instances, Liberty will be obliged to deduct PAYE in accordance with those specific directives.

Please note: Should Liberty receive an agent appointment from SARS to collect outstanding taxes or penalties from your annuities on behalf of SARS, we may be obligated to deduct any amounts due to SARS and ensure payment is made to SARS on your behalf. This obligation is subject to administrative requirements issued by SARS from time to time.

FOR COMPULSORY PURCHASE ANNUITIES:

Purchase monies must be from an approved Pension Fund/Pension Preserver, Provident Fund/Provident Preserver or Retirement Annuity.

Nature of retirement fund

- ☐ Pension Fund/Pension Preserver
☐ Provident Fund/Provident Preserver
☐ Retirement Annuity

Purchase consideration

R _____
R _____
R _____

FOREIGN SERVICES CONTRIBUTION:

Have you made any contributions while living abroad? If "Yes", please provide a letter from Employer/Company.

☐ Yes ☐ No

Protecting your policy

Only complete this section if you selected either a Disability or Retrenchment Premium Waiver benefit on your regular investment.

Occupation details (Life Assured)

Do you travel beyond RSA borders in the course of your duties? ☐ Yes ☐ No

If "Yes", please list country/ies _____

Is there any hazard associated with your occupation, e.g. mining, asbestos, handling of explosives, working at heights etc.? ☐ Yes ☐ No

If "Yes", please provide details _____

Nominated occupation _____

Indicate % time spent in all duties: Admin. _____ % Supervisory _____ % Manual _____ % Travel _____ %

Nature of duties _____

Occupation details (payer life)

Only complete if the payer is different from the Life Assured.

Do you travel beyond RSA borders in the course of your duties? ☐ Yes ☐ No

If "Yes", please list country/ies _____

Is there any hazard associated with your occupation, e.g. mining, asbestos, handling of explosives, working at heights etc.? ☐ Yes ☐ No

If "Yes", please provide details _____

Nominated occupation _____

Indicate % time spent in all duties: Admin. _____ % Supervisory _____ % Manual _____ % Travel _____ %

Nature of duties _____



Risk related questions

Only applicable for Builder Investment Series and if the Disability Premium Waiver benefit has been selected.

1. Do you or the life to be assured for the premium waiver benefit (if different from the Policyholder or first Life Assured), suffer or ever suffered, ever been treated or currently being treated for any physical or mental impairments, (other than for the following medical reasons)? ☐ Yes ☐ No
- Abdominal pain fully investigated
 - Abortion due to amniocentesis
 - Abruptio placenta
 - Acne
 - Annual executive medical
 - Appendectomy
 - Army medicals
 - Bronchitis one attack
 - Childbirth
 - Childhood asthma
 - Concussion
 - Cosmetic surgery
 - Cystitis – one attack
 - Dental check-up
 - Dental Fillings/cappings/braces
 - Dentist
 - Diverticulitis
 - Down's syndrome child
 - Duodenal ulcer
 - Eclampsia
 - Ectopic pregnancy
 - Employment HIV – negative
 - Endometriosis
 - Fractured/broken bones – no pin insertion
 - Gallstones
 - Gastric flu
 - Glasses
 - Glomerulonephritis – 1 attack, fully recovered
 - Heartburn
 - Hepatitis A (viral)
 - Hiatus hernia treated with medication
 - HIV home test kit – negative
 - Hydatiform mole
 - Hyperthyroidism
 - Indigestion
 - Influenza/flu/cold
 - Insurance HIV – negative
 - Jaundice
 - Kidney Stones – one attack
 - Lipoma
 - Long sighted
 - Menisectomy
 - Mumps
 - Nephritis – one attack
 - Otitis media
 - Placenta praevia
 - Pleurisy
 - Pneumonia – one attack
 - Pneumothorax as result of trauma
 - Previous caesarian section
 - Previous hiatus hernia – surgically removed
 - Previous pregnancy
 - Previous tonsillectomy
 - Previous vasectomy
 - Prostatitis – one attack
 - Psoriasis
 - Routine HIV for blood donation – negative
 - Routine HIV for pregnancy – negative
 - Routine/annual gynecological check-up
 - Shingles/herpes (zoster)
 - Short sighted
 - Sinusitis
 - Spastic colon
 - Splenectomy
 - Spontaneous pneumothorax
 - Sprained ankle/wrist – surgically treated
 - Sterilization
 - To have wart removed/burnt off
 - Tonsillitis
 - Uterine rupture
 - Vasectomy
 - Verucca (wart)
 - Wisdom teeth
2. Have you or the Life Assured for the premium waiver benefit (if different from the Policyholder or first Life Assured), ever been refused cover, offered cover on special term, ever claimed or received compensation for injury, dread disease or disability, other than from a medical aid? ☐ Yes ☐ No
3. Have you or the Life Assured for the premium waiver benefit (if different from the Policyholder or first Life Assured), received or do you expect to receive any advice, counseling, treatment or blood tests in connection with AIDS or an AIDS related disorder (other than negative/non-reactive tests for insurance purposes, employment, home test kits or routine tests for pregnancy or blood donations)? ☐ Yes ☐ No

Answering "Yes", to any of the questions above will result in the Disability Premium Waiver benefit being declined.

Adviser remuneration term

Recurring premium – Builder/Business Investment series

	Investment Builder/Education Builder		Investment Linked Repayment Option		Retirement Annuity Builder	
Commission term	Term (5 – 15 years)		5 Years	<input type="checkbox"/>	5 Years	<input type="checkbox"/>
			10 Years	<input type="checkbox"/>	10 Years	<input type="checkbox"/>
			15 Years	<input type="checkbox"/>	15 Years	<input type="checkbox"/>
			Selected policy term	<input type="checkbox"/>	20 Years	<input type="checkbox"/>
		The above is to the maximum of the selected policy term			25 Years	<input type="checkbox"/>
					Selected policy term	<input type="checkbox"/>
					The above is to the maximum of the selected term or the earlier of the retirement age or age 75 next birthday	

Up front commission _____ % (0% to 2.5% inclusive of VAT)

As and When commission _____ % (0% to 5% inclusive of VAT)



Signatures

Signed at _____ on _____

Policyholder/Authorised signatory/Natural or
legal guardian (if a minor)

Signature of additional/Co-owner

Signature of first Life Assured (if different from Policyholder)

Signature of second Life Assured/Second annuitant

Signature of third Life Assured

Signature of fourth Life Assured

Signature of fifth Life Assured

Signature of payer life/Account holder
(if different from Policyholder)





ADVICE FEE MANDATE

Applies only to Growth, Builder and Business Investment Series, Flexible Annuities, Liberty Retirement Annuities and Preservers and the Liberty Evolve Range of Investments

We are required in terms of various laws and for contractual purposes to share, collect and process your Personal Information (PI). Your PI is collected and processed by our colleagues, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

PLEASE UPLOAD REQUEST ON BPO AND SEND THIS COMPLETED FORM TO LIBERTY:

Please tick the appropriate box:

- ☐ **New Business and servicing policies:** • Email: newbusiness@liberty.co.za
- ☐ **Additional contributions into existing policies (ADHOCs):** • Email: info@liberty.co.za

General details (to be completed in all instances)

Investment/policy number _____

Policyholder/Annuitant/Member/Investor (full names) _____

Financial Adviser details (to be completed in all instances)

Financial Adviser name _____

Brokerage (if applicable) _____

Financial Adviser Liberty 13 digit code _____

Investment advisory fee

You have negotiated the following fees with your Financial Adviser. You hereby authorise Liberty to deduct or facilitate the deduction and payment of the following amounts to your Financial Adviser for advice and other distribution related charges (where applicable). By making your selection below, you agree to pay the fees at the selected levels for this and all future transactions, until otherwise specified.

Type of advice fee*	Exact Income Fund (only applicable to Liberty Retirement Range)	Other investment portfolios
INITIAL ADVICE FEE		
Initial advice fee on lump sums (0 – 5.75%) The initial advice fee is a once off fee deducted from the initial investment amount at the start of your policy/investment or from any additional ad hoc investments or from the investment value at the date of extension of your investment/policy. No initial advice fee is paid on transfers between Retirement Annuity Funds or between Preserver Funds in terms of Section 14 of the Pension Funds Act, 1956.	%	%
Initial advice fee on Liberty Retirement Range recurring investments (0 – 3.45%)	%	%
ONGOING ADVICE FEES		
Ongoing advice fees (0 – 1.15% per annum) This is not applicable to Legacy, Delta Series and Multiple Choice Living Annuities. BUT can be added at any time for single premium/lump sum Retirement Annuities, Preservers, Multiple-Access Investment Plans and Flexible Annuities but can only be added at or after the 5 th policy/investment anniversary for all endowments and regular premium/recurring investment Retirement Annuities, except Liberty and Evolve where it can be added anytime.	% ¹ NB: Up to a maximum of 0.58%	% ² NB: Up to a maximum of 1.15%

¹ Ongoing advice fees are calculated as a percentage of your investment amount. The amount received as the ongoing advice fee will increase at a specified rate every year.

² Ongoing advice fees will be deducted monthly from your Investment value

* If these fees are payable to a VAT Vendor, VAT at a rate of 15% will be payable and this will form part of the selected percentage.

In addition, please note the following:

- For Flexible Annuities, the ongoing advice fee will be deducted from the annuitant's annuity after employees' income tax has been deducted. The ongoing advice fee is calculated as the selected percentage of the investment value on each policy/investment anniversary and paid in equal instalments to the Financial Adviser when the annuity is paid to the Policyholder/Annuitant/Member/Investor.
- If the policy/investment is a Retirement Annuity or Preserver, this mandate gives the Fund the authority to instruct Liberty to reduce the fund member policy/investment by the value of the fee.



Declaration (to be completed in all instances)

1. I understand that I may at any time instruct Liberty to stop deducting or facilitating the payment of any future ongoing advice fee, or I may at any time (except for Flexible Annuities where this is only allowed at policy anniversary) instruct Liberty to change the amount of any ongoing fee or pay any future ongoing fee to Liberty or to another Financial Adviser.
2. I understand that any ongoing advice fees agreed to in this mandate may continue to be paid where the Financial Adviser moves between distribution channels or authorised financial services providers, provided that the Financial Adviser/authorised financial services provider is contracted with Liberty.
3. I agree that this mandate will be automatically renewed on an annual basis unless I instruct Liberty to cancel it.
4. I understand that on Flexible Annuity policies, the ongoing advice fee will be paid from the annuity (after any employees' tax is deducted) that is paid from the policy.
5. I understand that these fees are deducted from the investment value of my policy and will therefore reduce the value of my investment accordingly.
6. I also understand that any minimum death benefit or investment performance guarantee (where applicable) will be reduced by the advisory fees deducted.
7. I understand that my Financial Adviser may work in a Liberty approved team and therefore any advice fees deducted may be shared with the team.
8. I understand that, if the Financial Adviser is part of a Liberty approved team and the Financial Adviser is for any reason unable to receive the advisory fee, then the advice fee will become payable to another Financial Adviser within that approved team.

Signed at _____ on _____

Signature of Policyholder/Member/Annuitant/Investor

NB: Please retain the original documentation to serve as proof of the agreement with your client.





CLIENT DECLARATION AND CONSENT

We are required in terms of various laws and for contractual purposes to share, collect and process your Personal Information (PI). Your PI is collected and processed by our colleagues, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

Policy number: _____

1. Please complete this form using a black pen once you have read and understood the contents on this form.
2. Please email both pages to fais@liberty.co.za.

Your personal information

We need to collect and process some of your personal information in terms of various laws and to provide products or services to you, to confirm, update and enhance our records from time to time in order to provide you with these goods or services. Acceptance of these terms is voluntary but is a requirement for the provision of products or services to you. If you do not accept these terms, we cannot activate and service your policy. As this information forms the basis of our assessment and terms we offer you, it must be correct, complete and up to date. If any information you give us is wrong, incomplete or outdated, we may cancel your policy or decline a future claim. We will comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Where you have provided us with the Personal Information of a third party, you guarantee that such third party has given you consent to provide us with their Personal Information. You further agree to provide all documentation and information required in terms of Liberty business rules. You also confirm that all information you have provided to us is true and correct. You acknowledge and accept that Policyholder/investor information may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Policyholder/ investor may be a tax resident.

In terms of the Protection of Personal Information Act we are required to:

- Keep your information secure, confidential, and only for as long as required.
- Only process information as permitted by law.
- Provide you with access to update or rectify any of your information.
- Notify you if any of your information has been compromised

Authorisation to collect, share and process information

You hereby authorise us, our Financial Advisers, the owner of the policy (if different to the Life Assured) and our service providers (which may also be located outside of the Republic of South Africa), as long as required and potentially after your death, to:

- Collect any personal, medical, financial, policy and product information, any information related to your wellness programme membership, credit and other potentially relevant information about you directly from all available sources internally within the Liberty Group, as well as external sources and contracted service providers including but not limited to your medical scheme, medical practitioners, credit bureaus, pathology laboratory industry databases including those accessed by The Financial Services Exchange (Pty) Ltd trading as Astute in order to meet our regulatory obligations, for fraud detection, servicing and internal processing purposes;
- For external sources, you agree that this authorisation is considered a legally binding personal instruction to the parties concerned to provide any relevant information requested directly to us; and
- Appoint an external tracing agent and providing them with the necessary personal information to conduct tracing if Liberty becomes aware that Sums Assured are payable and after reasonable steps have been taken, we are unsuccessful in tracing those who are entitled to the Sums Assured; and
- Process and share this information internally and externally only as required in order to: continually assess risks; service your product; consider claims; provide services and products to you; meet our responsibilities to you; follow your instructions; inform you of new services and products; make sure our business suits your needs; monitor and analyse your conduct for quality control, fraud, compliance and other risk-related purposes; for security, administrative and legal purposes; carry out statistical, research and other analyses to identify potential market trends and develop new products and services; and
- Communicate any product offerings, enhancements to products and any special offers which may be to your benefit; and
- Comply with applicable contractual or regulatory requirements.

Change in information provided

- If there has been a change in any of the information provided to us which includes but is not limited to health, occupation or hobbies, since the date of the submission of the application and the issuing of underwriting terms (where applicable), you need to notify us as we may need to reassess your application. Failure to notify us could lead to the termination of your policy.
- We have a duty to take all reasonable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To do this, we will always try to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third-party data sources.
- Should any tax related information you have provided change in future, please complete and submit a new Self-Certification Declaration form within 30 days of such change (contact info@liberty.co.za for the form).

Your Right/Remedies

Should you believe that we have utilised your personal information contrary to applicable law, you will first resolve any concerns with us by contacting us on 0860 456 789/+27 (0)11 558 4871. by contacting us on . If you are not satisfied with such process, you have the right to lodge a complaint with the information regulator.



Notes:

- **“Potentially relevant information”** includes information about your lifestyle, financial status, health, occupation and hobbies amongst others and spans a variety of potential sources, but specifically includes claims records from medical schemes, results of pathology and other blood tests conducted and details on prescription medication usage.
- **“Personal Information”** includes race, gender, nationality, marital status, age, physical or mental health, disability, language, education, identity number, telephone number, email, postal address, biometric information, and financial, criminal or employment history as defined in the Protection of Personal Information Act.
- **“Process”** means any operation or activity, whether automated or not, concerning personal information, including: collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation, use, dissemination by means of transmission, distribution or making available in any other form, merging, linking, as well as blocking, degradation, erasure or destruction of information.
- **“Various laws”** pertain to, but is not limited to the following legislation: Protection of Personal Information Act of 2013 (“PoPIA”), Financial Intelligence Centre Act (“FICA”), Financial Advisory and Intermediary Services Act (“FAIS”), Tax Administration Act (“TAA”).
- **“We”** refers to Liberty Holdings Limited and all its subsidiaries.

Your signature below is a confirmation that you have read, understood and agreed to the terms in this **“Client Declaration and Consent”**.

Please complete all details below for your applicable role:

Role	Liberty can share your Personal Information:			Signature	Date
	Within the Liberty Group for marketing purposes and special offers?	With registered banks for marketing purposes and special offers?	With certain specially selected third parties for marketing purposes only?		
Policyholder/Authorised signatory/Natural or legal guardian (if a minor)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full name			ID/Registration no	
Additional/Co-owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full name			ID/Registration no	
First Life Assured (if different from Policyholder)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full name			ID/Registration no	
Second Life Assured/Second annuitant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full name			ID/Registration no	
Third Life Assured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full name			ID/Registration no	
Fourth Life Assured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full name			ID/Registration no	
Fifth Life Assured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full name			ID/Registration no	
Payer life/Account holder (if different from Policyholder)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full name			ID/Registration no	

If you in the future change your mind about any of the above please notify Liberty through your Financial Adviser or directly at 0860 456 789 or info@liberty.co.za.

Do not sign blank or incomplete application forms. In order to avoid any claim being repudiated due to “Non-Disclosure” it is vital that all risks (medical, financial, occupation, hobbies, or legal) are fully disclosed to ensure full underwriting assessment, so the appropriate decision on your application can be made. Please note that in the event of any modification of this form Liberty will regard this application as being invalid.





Liberty Group Limited is a licensed life insurer, an Authorised FSP (no 2409) and part of the Standard Bank Group
Liberty Centre, 1 Ameshoff Street, Braamfontein, Johannesburg, 2001
PO Box 10499, Johannesburg, 2000
Contact Centre number: 0860 456 789 / +27 (0)11 558 4871

RISK PROFILE QUESTIONNAIRE

We are required in terms of various laws and for contractual purposes to share, collect and process your Personal Information (PI). Your PI is collected and processed by our colleagues, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

What does the Risk Questionnaire do?

The purpose of this questionnaire is to help the Financial Adviser and client to determine the client's investment risk profile to guide them in the selection of a suitable investment solution.

Prepared for: _____

Identity number: _____

Prepared by: _____

(Financial Adviser)

Prepared on: _____

Your investment goal is:

Your investment term is:

- a) Less than 4 years
- b) 4 to 5 years
- c) 6 to 7 years
- d) 8 to 12 years
- e) More than 12 years

Mark with X	Score
<input type="checkbox"/>	2.5
<input type="checkbox"/>	10
<input type="checkbox"/>	20
<input type="checkbox"/>	26.5
<input type="checkbox"/>	42.5

Required risk:

In view of the goal you want to achieve, which statement best describes your objectives for this investment?

- a) To keep my money safe, even if my returns are less than inflation.
- b) I want my investment to keep up with inflation, with the lowest amount of risk possible.
- c) I want to outperform inflation with an appropriate level of risk.

Mark with X	Score
<input type="checkbox"/>	1.25
<input type="checkbox"/>	2.5
<input type="checkbox"/>	3.75

Risk tolerance:

What would you do if you started to lose the money you've invested?

- a) I would cash in my investment.
- b) I would worry but wouldn't cash in my investment immediately.
- c) I wouldn't do anything. I accept the short-term loss to reach my investment goal.

Mark with X	Score
<input type="checkbox"/>	1.25
<input type="checkbox"/>	2.5
<input type="checkbox"/>	3.75

Risk capacity:

What impact would it have on your standard of living if you were to lose the money that you have invested?

- a) It would have an impact. I depend on this investment.
- b) I have other investments to fall back on.
- c) No impact at all.

Mark with X	Score
<input type="checkbox"/>	10
<input type="checkbox"/>	20
<input type="checkbox"/>	30

To calculate the total score, add up your scores for the individual questions asked above.

TOTAL SCORE	
-------------	--

Score outcome

Score outcome	Risk outcome	Mark with X
1 to 30	Conservative	<input type="checkbox"/>
31 to 44	Moderately Conservative	<input type="checkbox"/>
45 to 54	Moderate	<input type="checkbox"/>
55 to 70	Moderately Aggressive	<input type="checkbox"/>
71 to 100	Aggressive	<input type="checkbox"/>



Risk Category Details

Conservative

Conservative Investors want stability and are more concerned with protecting their current investments than increasing the real value of their investments. A Conservative Investor is generally seeking to preserve capital and as a trade-off is usually prepared to accept lower investment terms.

Moderately Conservative

Moderately Conservative Investors are those who want to protect their capital and achieve some real increase in the value of their investments. This Investor is usually seeking a diversified investment portfolio with exposure to a broad range of investment sectors.

Moderate

Moderate Investors are long-term investors who want reasonable but relatively stable growth. Some fluctuations are tolerable, but Moderate Investors want less risk than that attributable to a fully equity-based investment.

Moderately Aggressive

Moderately Aggressive Investors are long-term Investors who want real growth in their capital. A fair amount of risk is acceptable.

Aggressive

Aggressive Investors are long-term Investors who want high capital growth. Substantial year-to-year fluctuations in value are acceptable in exchange for a potentially high long-term return. An Aggressive Investor is comfortable accepting high volatility in their capital with the risk of short to medium-term periods of negative returns. They are willing to trade higher risk for greater long-term return and have a long investment objective. This investor is usually seeking a diversified portfolio with exposure to a broad range of investment sectors.

Note: You have been made aware that due to the restrictions imposed by Regulation 28 of the Pension Funds Act, you are unable to select certain portfolio combinations. As a result, you acknowledge that, although the portfolios chosen are not in line with your risk profile, they comply with Regulation 28 requirements.

Your derived profile according to this Risk Questionnaire is: _____

☐ Agree ☐ Disagree

If you disagree, please state the chosen risk profile and the reason for this risk profile:

If you disagree, please state the chosen risk profile and the reason for this risk profile.

Signature of client

Date _____

Financial Adviser's Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Disclaimer

The provision and use of this risk questionnaire does not constitute advice by Liberty. Any legislative, technical or tax information provided is subject to change from time to time. Whilst every attempt has been made to ensure accuracy of the information and calculations contained herein, no responsibility for any errors that may occur or for any damage suffered as a result of such errors will be accepted by Liberty. The analysis results provided are based on the information provided and should not be relied on in isolation. Any recommendations made must take into account the personal circumstances and specific needs of the client.





INVESTMENT PORTFOLIO GUIDE

Growth Investment Series
Builder/Business Investment Series
Liberty Evolve Investment Series
Liberty Retirement Annuity Range of Investments
GateWay Range of Investments

Growth Investment Series

Aggressive	Moderately Aggressive	Moderate	Moderately Conservative	Conservative
<ul style="list-style-type: none">■◆▲ 1NVEST Index Fund■◆▲ 1NVEST MSCI World Index Feeder Fund■◆▲ 1NVEST S&P500 Index Feeder Fund■◆▲ ABSA Select Equity Fund■◆▲ Camissa Islamic Equity Fund■◆▲ Coronation Top 20 Fund■◆▲ Excelsior Global Aggressive■◆▲ Excelsior Global Conservative■◆▲ Excelsior Global Moderate■◆▲ Excelsior Global Moderately Aggressive■◆▲ Excelsior Global Moderately Conservative■◆▲ Liberty Euro Money Fund■◆▲ Liberty MP 5 (excl.)■◆▲ Liberty MP 5 (excl.) (C)■◆▲ Liberty Sterling Money Fund■◆▲ Liberty US Dollar Money Fund■◆▲ Melville Douglas Global Equity Feeder Fund■◆▲ Multi-Strategy 5 (excl.)■◆▲ Multi-Strategy 5 (excl.) (C)■◆▲ Ninety One Equity Fund■◆▲ Ninety One Global Franchise Feeder Fund■◆▲ Ninety One Global Strategic Managed Feeder Fund■◆▲ STANLIB Equity Fund■◆▲ STANLIB Global Balanced Feeder Fund■◆▲ STANLIB Global Equity Feeder Fund■◆▲ STANLIB Global Property Feeder Fund■◆▲ STANLIB MM Global Equity Feeder Fund■◆▲ STANLIB Property Income Fund	<ul style="list-style-type: none">■◆▲ 1NVEST High Equity Balanced Fund■◆▲ Allan Gray Balanced■◆▲ Excelsior Listed Property■◆▲ Liberty MP 4 (excl.)■◆▲ Liberty MP 4 (excl.) (C)■◆▲ Liberty Real Estate Portfolio■◆▲ Liberty Real Estate Portfolio (C)■◆▲ M&G Balanced Fund■◆▲ M&G Inflation Plus Fund■◆▲ Multi-Strategy 4 (excl.)■◆▲ Multi-Strategy 4 (excl.) (C)■◆▲ Ninety One Managed Fund■◆▲ Ninety One Opportunity Fund	<ul style="list-style-type: none">■◆▲ ABSA Balanced Fund■◆▲ Camissa Balanced Fund■◆▲ Camissa Islamic Balanced Fund■◆▲ Coronation Balanced Plus Fund■◆▲ Excelsior CPI Plus■◆▲ Excelsior CPI Plus (C)■◆▲ Excelsior MM Shari'ah Balanced FoF■◆▲ Excelsior Multi-Manager CPI Plus (C)■◆▲ Excelsior Property■◆▲ Excelsior Property (C)■◆▲ Liberty MP 3 (excl.)■◆▲ Liberty MP 3 (excl.) (C)■◆▲ Multi-Strategy 3 (excl.)■◆▲ Multi-Strategy 3 (excl.) (C)■◆▲ Nedgroup Investments Opportunity Fund■◆▲ STANLIB Absolute Plus Fund■◆▲ STANLIB Balanced Fund	<ul style="list-style-type: none">■◆▲ 1NVEST Low Equity Balanced Fund■◆▲ ABSA Absolute Fund■◆▲ ABSA Inflation Beater Fund■◆▲ Camissa Islamic High Yield Fund■◆▲ Coronation Balanced Defensive Fund■◆▲ Excelsior Flexible Income■◆▲ Liberty MP 2 (excl.)■◆▲ Liberty MP 2 (excl.) (C)■◆▲ Multi-Strategy 2 (excl.)■◆▲ Multi-Strategy 2 (excl.) (C)■◆▲ Ninety One Cautious Managed Fund■◆▲ STANLIB Balanced Cautious Fund	<ul style="list-style-type: none">■◆▲ Allan Gray Stable Fund■◆▲ Coronation Strategic Income Fund■◆▲ Excelsior Progressive Bonus■◆▲ Liberty MP 1 (excl.)■◆▲ Liberty MP 1 (excl.) (C)■◆▲ Multi-Strategy 1 (excl.)■◆▲ Multi-Strategy 1 (excl.) (C)■◆▲ Ninety One Diversified Income Fund■◆▲ Ninety One Money Market Fund■◆▲ STANLIB Flexible Income Fund■◆▲ STANLIB Income Fund■◆▲ STANLIB Money Market Fund
<p>■ Investment Plan/Investment Plan with Income ○ Retirement Annuity Plan ◆ Flexible Annuity ▲ Flexible Investment Plan</p> <p>Please check for and note:</p> <ul style="list-style-type: none">Restrictions and/or availability of portfolios, andAvailability of portfolios on Flexible Annuities for initial considerations of less than R500 000.00.The risk rating of the Excelsior Lifetime portfolio is dependent on the customer's years to retirement.				

Last updated September 2023

Builder/Business Investment Series

Aggressive	Moderately Aggressive	Moderate	Moderately Conservative	Conservative
<ul style="list-style-type: none">◆§ 1NVEST Index Fund◆§ 1NVEST MSCI World Index Feeder Fund◆§ 1NVEST S&P500 Index Feeder Fund◆§ ABSA Select Equity Fund◆§ Camissa Islamic Equity Fund◆§ Coronation Top 20 Fund◆§ LA Excelsior Global Aggressive◆§ LA Excelsior Global Conservative◆§ LA Excelsior Global Moderate◆§ LA Excelsior Global Moderately Aggressive◆§ LA Excelsior Global Moderately Conservative◆§ Liberty MP 5 (excl.)◆§ Melville Douglas Global Equity Feeder Fund◆§ Multi-Strategy 5 (excl.)◆§ Ninety One Equity Fund◆§ Ninety One Global Franchise Feeder Fund◆§ Ninety One Global Strategic Managed Feeder Fund◆§ STANLIB Equity Fund◆§ STANLIB Global Balanced Feeder Fund◆§ STANLIB Global Equity Feeder Fund◆§ STANLIB Global Property Feeder Fund◆§ STANLIB MM Global Equity Feeder Fund◆§ STANLIB Property Income Fund	<ul style="list-style-type: none">◆§ Allan Gray Balanced◆§ Excelsior Listed Property◆§ LA Excelsior Listed Property◆§ LA Multi-Strategy 4 (excl.) (C)◆§ LA Multi-Strategy 4 (excl.) (C) T: 15◆§ LA Multi-Strategy 4 (excl.) (C) T:10-14◆§ Liberty MP 4 (excl.)◆§ Liberty Real Estate Portfolio◆§ M&G Balanced Fund◆§ M&G Inflation Plus Fund◆§ Multi-Strategy 4 (excl.)◆§ Ninety One Managed Fund◆§ Ninety One Opportunity Fund	<ul style="list-style-type: none">◆§ Camissa Balanced Fund◆§ Camissa Islamic Balanced Fund◆§ Coronation Balanced Plus Fund◆§ Excelsior MM Shari'ah Balanced FoF◆§ LA ABSA Balanced◆§ LA Excelsior CPI Plus◆§ LA Excelsior CPI Plus (C Special Offer)◆§ LA Excelsior CPI Plus (C) T:10 - 14◆§ LA Excelsior CPI Plus (C) T:15◆§ LA Excelsior Multi-Manager CPI Plus (C)◆§ LA Excelsior Multi-Manager CPI Plus (C) T:10 - 14◆§ LA Excelsior Multi-Manager CPI Plus (C) T:15◆§ LA Excelsior Property◆§ LA Excelsior Property (C) T:10 - 14◆§ LA Excelsior Property (C) T:15◆§ LA Liberty MP 3 (excl.) (C)◆§ LA Multi-Strategy 3 (excl.) (C)◆§ Liberty MP 3 (excl.)◆§ Multi-Strategy 3 (excl.)◆§ Multi-Strategy 3 (excl.) Ret. (C)◆§ Nedgroup Investments Opportunity Fund◆§ STANLIB Absolute Plus Fund	<ul style="list-style-type: none">◆§ 1NVEST Low Equity Balanced Fund◆§ ABSA Inflation Beater Fund◆§ Camissa Islamic High Yield Fund◆§ Coronation Balanced Defensive Fund◆§ LA ABSA Absolute◆§ LA Liberty MP 2 (excl.) (C)◆§ LA Multi-Strategy 2 (excl.) (C)◆§ Liberty MP 2 (excl.)◆§ Multi-Strategy 2 (excl.)◆§ Multi-Strategy 2 (excl.) Ret. (C)◆§ Ninety One Cautious Managed Fund◆§ STANLIB Balanced Cautious Fund	<ul style="list-style-type: none">◆§ Allan Gray Stable Fund◆§ Coronation Strategic Income Fund◆§ LA Excelsior Progressive Bonus◆§ LA Liberty MP 1 (excl.) (C)◆§ LA Multi-Strategy 1 (excl.) (C)◆§ LA STANLIB Money Market Fund◆§ Liberty MP 1 (excl.)◆§ Multi-Strategy 1 (excl.) Ret. (C)◆§ Multi-Strategy 1 (excl.) Ret. (C)◆§ Ninety One Diversified Income Fund◆§ Ninety One Money Market Fund◆§ STANLIB Flexible Income Fund◆§ STANLIB Income Fund
<p>◆ Investment Builder / Education Builder § Retirement Annuity Builder ○ Investment Linked Repayment Option</p> <p>Note: Please check for restrictions and/or availability of portfolios.</p>				

Last updated September 2023

INVESTMENT REPLACEMENT ADVICE RECORD (IRAR)

We are required in terms of various laws and for contractual purposes to share, collect and process your Personal Information (PI). Your PI is collected and processed by our colleagues, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

To be completed in consultation with your representative – please note that this does not serve as a cancellation of the replaced policy; you must advise the insurer in writing about the cancellation of a policy.

Name and surname of Policyholder _____
 ID number of Policyholder _____ (or registration number in the case of juristic persons)
 Name and surname of representative _____
 Full name of FSP _____ FSP number _____

New policy:

Type of policy: Investment	Policy or application number	Insurer

Policy being replaced:

Type of policy: Investment	Policy or application number	Insurer

1. REASONS WHY REPLACEMENT MAY NOT BE ADVISABLE

If you do replace any policy, we want to ensure that you make an informed choice. Please mark with an 'X' in each block below to indicate that the following information has been carefully discussed with you by your representative:

- You will **pay some charges and fees twice** (e.g. commission & other initial charges levied by the insurer) – initially on the existing policy and once again on the new policy. ☐
- Your new policy may not have the same **investment performance guarantees** as the existing policy (if applicable) ☐
- The amount of money that you can withdraw under the new policy may be less (if applicable). A new policy will usually have more legal restrictions on access within the first 5 years. ☐
- You may **lose the tax advantage** of your existing policy (if applicable). ☐
- The surrender value or paid up value of your existing policy may be as low as 60% of the policy value before the change, and could even be less than premiums paid in since **unrecovered initial expenses** must first be deducted. Check what charges you will be paying on termination of the old policy and see whether the advantages of the new policy will make up for any such charges. ☐
- The **investment risk** under the new policy may be higher. Remember that the past performance of a fund or asset manager of a fund is not necessarily an indication of future performance. ☐
- The representative informed you **whether the existing/terminated policy could be amended** to provide similar benefits to the replacement policy. ☐
- If such amendment is/was possible, your representative discussed with you **why it is appropriate that the terminated policy be replaced** by the replacement policy. ☐

2. TO BE COMPLETED IF THE NEW BUSINESS WAS EFFECTED VIA ELECTRONIC BUSINESS

Was the replacement policy effected as a result of the: ☐ Internet ☐ Telephone ☐ Direct marketing

Please indicate the date, time of the phone call/negotiation and (if applicable) reference number:

Date _____ Time _____ Reference _____

3. DECLARATION

(Signatures compulsory unless the replacement policy was effected as a result of the internet, telephone or direct marketing.)

REPRESENTATIVE

I confirm that I have taken all reasonable steps to confirm that the information in this Investment Replacement Advice Records (IRAR) is true and correct. I confirm that in pursuance of my advice to the Policyholder to replace the policy (ies) mentioned in this IRAR, I have fully discharged my duties as set out in section 8 (1) (d) of the General Code of Conduct for Authorised Financial Services Providers and their Representatives (the Code) and have retained a record of such advice as required by section 3 of the said Code.

POLICYHOLDER

I confirm that the representative has fully explained the consequences of the replacement of the policy (ies) mentioned in this Investment Replacement Advice Record (IRAR) and I understand the consequences of such replacement(s).

Contact telephone number and/or email address: _____

Signature _____
 Name _____
 Date _____

Signature _____
 Name _____
 Date _____



COMPARISON OF POLICY BEING REPLACED WITH NEW POLICY: Please ensure that you fully understand the following comparison of the conditions and benefits of your existing policy and the recommended new policy. Your representative must complete all the required information.

POLICY DETAILS	EXISTING POLICY/IES				RECOMMENDED NEW POLICY/IES			
Insurance company								
Policy number								
Type of policy (e.g. life cover, investment, pension)								
1. Fees and charges (R/%)								
2. Premium (R) (state whether annual, quarterly, monthly or single)	R	R	R	R	R	R	R	
3. Material difference in the investment risk (conservative/moderate/aggressive)								
4. Any special terms and conditions								
5. Term/Initial term of policy								
6. Waiting period for claims (months)								
7. Penalties for cancelling the product (R/%)								
8. Are the penalties and charges greater than 15% of fund value?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Which benefit/cover will be lost or changed?		R		R		R		
10. Any vested rights or guarantees which will be lost?								
11. If you were the representative on the old product, any incentive, commission received								
12. Tax implications								
13. Why is the replacement product more suitable to the client's needs?								

REPRESENTATIVE: I declare that this Investment Replacement Advice Record (IRAR) is an accurate and complete record of the advice and recommendations given to the Policyholder.

Name _____ Surname _____ Date _____ Signature _____

MANAGER:

Name _____ Surname _____ Date _____ Signature _____

POLICYHOLDER: I declare that this Investment Replacement Advice Record (IRAR) is an accurate and complete record of the advice and recommendations given to me by the representative. I declare that I have read and understand the advice given in this Investment Replacement Advice Record (IRAR). NB: You may, by law, not be requested to sign this form unless it has been fully completed.

Name _____ Surname _____ Date _____ Signature _____





ANNEXURE A

We are required in terms of various laws and for contractual purposes to share, collect and process your Personal Information (PI). Your PI is collected and processed by our colleagues, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

<p>Natural Persons</p> <ol style="list-style-type: none"> Copy of national identity document or copy of back and front of ID smart card for the investor/Policyholder as well as the duly authorised representative (e.g. guardian, curator) if applicable. <p>Please note that a FICA Standard Form for Natural Persons must also be completed as it applies to the investor/Policyholder and duly authorised representative if applicable. Proof of authority in this instance will be required from the representative as well.</p>	<p>Trusts</p> <ol style="list-style-type: none"> Trust Deed. Letter of Authority (if registered in South Africa). If the Trust is created outside of RSA, an official document reflecting same particulars issued by an authority in the country where the Trust is created which administers or oversees laws relating to Trusts in that country. Copy of national identity document or copy of back and front of ID smart card for each of the persons listed below: <ul style="list-style-type: none"> Founder Trustees Beneficiaries named in the Trust Deed. Note that full details and a copy of identity document of each natural person authorised to represent the Trust (only if not an appointed Trustee) will be required with proof of the required authority as well. Death certificate where founder, Trustee or beneficiary of trust is deceased. <p>Please note that a FICA Standard Form for Trusts must also be completed to capture the name, identity number, address and contact details for the persons identified in point 4 above.</p>
<p>Close Corporations</p> <ol style="list-style-type: none"> CK1. CK2 if applicable or other official documents issued by the Registrar of Close Corporations setting out the details of the registered name, number and registered address of the Close Corporation. Copy of national identity document or copy of back and front of ID smart card for each person identified for: <ul style="list-style-type: none"> All the members of the Close Corporation. Any other person authorised to represent the Close Corporation (if not listed above). Each natural person, legal entity, trust or partnership with more than 25% voting rights. <p>Please note that a FICA Standard Form for Close Corporations must also be completed to capture the name, identity number, address and contact details for the persons identified in point 3 above.</p>	<p>Companies</p> <ol style="list-style-type: none"> CM 1 or COR 14.1 CM 22 or COR 21 CM 29 or COR 39 Or other official documents issued by the Registrar of Companies setting out the details of the registered name, number and registered address of the company and director's details. Copy of national identity document or copy of back and front of ID smart card for each of the persons listed in point 4 above for: <ul style="list-style-type: none"> Each natural person authorised to represent the company (attach proof of authority). The manager of the company (e.g. Managing Director/General Manager if not listed above already). Each natural person, legal entity, trust or partnership with more than 25% voting rights. <p>Please note that a FICA Standard Form for Companies will also have to be completed to capture the name, identity number, address and contact details for the persons identified in point 5 above.</p>
<p>Other Entity</p> <ol style="list-style-type: none"> Official documentation regarding the legal status and members. Copy of national identity document or copy of back and front of ID smart card for each of the persons who are authorised to represent the entity (Attach proof of authority). <p>Please note that a FICA Standard Form for Other Entities will also have to be completed to capture the name, identity number, address and contact details for the persons identified in point 2 above.</p>	<p>Co-Habitant</p> <ol style="list-style-type: none"> A "Confirmation of Residential Address by co-habitant" FICA Standard Form will have to be completed in instances where the investor is residing on another person's property due to lease agreements etc. A national identity document or copy of back and front of ID smart card for both the owner of the property and investor will be required as well as proof of address in the name of the property owner.
<p>Partnership</p> <ol style="list-style-type: none"> Partnership agreement if available Copy of national identity document or copy of back and front of ID smart card for each partner. <p>Please note that a FICA Standard Form for Natural Persons must also be completed as it applies to the investor/Policyholder and duly authorised representative if applicable. Proof of authority in this instance will be required from the representative as well.</p>	<p>Note: Liberty still reserves the right to request the FICA supporting documentation at any stage of the business relationship.</p> <p>Proof of address means that any one of the following documents (not older than 3 months) are acceptable provided they reflect the name and residential address of the relevant person:</p> <ul style="list-style-type: none"> Utility bill/rates and taxes Bank Statement Rental Agreement Body Corporate or share block association account/levy statement Short-term assurance contract document/schedule Telephone/cellular account Valid TV Licence Recent motor vehicle documentation such as licence renewals and fines Home Security/armed response accounts Large retail accounts e.g. Woolworths, Edgars etc. <p>Important note: In exceptional circumstances, such as where an ID document or ID smart card may have been lost or stolen, a South African driver's licence or passport may be accepted as an alternative means of an identification document for SA citizens. In such instances, the individual must provide an affidavit or proof of re-application for a new ID.</p> <p>Valid passports may only be accepted as an alternative means of identification for foreign nationals.</p>