



STANLIB

Change of Details Form

Linked Investments

Linked investin	CIIIS														
CLIENT DETAILS															
Please ensure that all re	quired supp	orting do	ocumer	ntation is	s submitte	ed with	this instruction	n as stip	ulated i	n the F	inancia	I Intellige	nce C	entre A	ct.
ENTITY/INVESTMENT ACCOUNT NUMBER							TITLE								
NAME/S							SURNAME/NAM LEGAL ENTITY	IE OF							
IDENTITY/PASSPORT / REGISTRATION NUMBER							CELLPHONE NU	JMBER							
TELEPHONE (WORK)							EMAIL ADDRES	S							
ADDRESS DETAI	LS														
PHYSICAL ADDRESS															
COMPLEX/UNIT/ NUMBER							COMPLEX NAM	E							
STREET NUMBER							STREET NAME	·							
SUBURB*							CITY*								
COUNTRY*							POSTAL CODE*								
*Compulsory fields															
POSTAL ADDRESS															
SAME AS PHYSICAL	ADDRESS														
ADDRESS TYPE	PO BO	х	PRIVAT	E BAG	PO SU	STNET ITE	POSTNE	ET SUITE	NUMBE	R					
NUMBER			PC	ST OFFI	CE NAME							POSTAL CODE			
CHANGE OF CORI	RESPONE	DENCE	ADD	RESS											
If you wish for correspo	ndence to b	e sent to	o a diffe	erent ad	dress to	your p	hysical or post	al addre	ess, plea	ase cor	mplete	this secti	ons.		
COMPLEX / UNIT / HOUSE NUMBER							COMPLEX NAM	E/ ESTAT	Е						
STREET NUMBER							STREET NAME/ NAME/ AREA NA	FARM AME							
SUBURB/ DISTRICT							CITY/ TOWN								
COUNTRY							CODE								
. DDD 500 T/D5			. 504								Пост		_		
ADDRESS TYPE		PO	BOX				PRIVATE BAG	7			P051	NET SUIT			
POSTNET SUITE NUMBER							NUMBER								
POST OFFICE NAME												POSTAL CODE			
CORRESPONDENC	CE PREFE	RENC	E												
All statements, reports a	and notices	will be s	ent to y	ou via t	he select	ted pre	ference indicat	ed belo	w:						



ELECTRONIC (EMAIL)

HARDCOPY (POSTED)

CHANGE OF EMAIL ADDRE	SS																		
EMAIL ADDRESS																			
CHANGE OF RECURRING D	EBI	T OF	≀DEF	R DE	TAII	LS													
We deduct recurring debit orders on the 1st or the 15th of each month except where it falls on a weekend or public holiday. In this case we will deduct ton the first business day thereafter. The cut-off for all recurring debit order changes is five business days before the 1st or the 15th day of the month.																			
LOAD A NEW DEBIT ORDER		YES						NO	RECUF FREQU	RRING DE UENCY	BIT ORDE	R MONTHLY ANNUALLY							
CHANGE AN EXISTING DEBIT ORDER	CHANGE AN EXISTING DEBIT ORDER YE							NO											
CANCEL A DEBIT ORDER		YES						NO											
EFFECTIVE DATE OF CHANGE *		— .			-														
	D	D	М	М		Υ	Y Y	Y											
Portfolio name		Port	iolio ra	ange (e Sel	e.g. Li lect)	nked R	lange,		New debit	order am	ount	Change		order po portfolic			fy new		
1.								R											
2.								R											
3.								R											
4.								R											
5.								R											
6.								R											
7.								R											
8.								R											
9.								R											
10.								R											
11.								R											
12.								R											
ANNUAL CONTRIBUTION I	NCF	REAS	E																
Should you wish to increase your rec	urrin	g debi	t orde	er auto	mati	cally e	each y	ear, p	olease ind	dicate th	is below:								
PERCENTAGE INCREASE PER ANNUM		5%		10%		15%		20%			EFFECTIV	E MONTH	* M	M	- Y	Y	YY		
CANCEL EXISTING ANNUAL	_ CC	ONTF	l BU	OITI	VIN	ICRE	ASE												
CANCEL ANNUAL DEBIT ORDER INCREA	SE				YES	8				E	EFFECTIVE	DATE *	M	м -	. Y	Y	/ Y		
Note: * If the effective period of the change is not completed, your change will be effective from the date your instruction is being processed.																			
REGULAR INCOME OPTION	J																		

The regular income option is applicable to the Classic Investment Plan. It allows you to invest money in a specific portfolio and then draw funds from that portfolio (or from an existing portfolio) on a regular basis (usually monthly). The minimum amount is R500. The payments you receive are redemptions and not income distributions. Where the regular income option is selected participatory interests will be repurchased from the call account or money market fund. Where the Client does not have any such funds then the repurchases will be made from the Client's other investments proportionately.

Regular income transactions are processed on the 20th of the month and payments will be received by the 1st business day of the following month. A complete instruction must be sent to STANLIB 7 days prior to the annuity run, for the regular withdrawal to be paid in the current month.

If the first payment month of the change is not completed, your payment will be made in the next applicable annuity run.

A clearance period of 21 calendar days for cheques and 45 calendar days for recurring and once-off debit orders will apply.



		7							
LOAD A NEW REGULAR WITHDRAWA	L	YES	NO						
INCREASE / DECREASE WITHDRAWA AMOUNT	L	YES	NO						
CANCEL REGULAR WITHDRAWAL		YES	NO						
AMOUNT	R								
FIRST PAYMENT MONTH		-							
PAYMENT FREQUENCY	M	M Y Y Y Y MONTHLY QUARTERLY	BI-ANNUALLY ANNUALLY						
BANKING DETAILS									
Details		Redemption	Regular Withdrawals	Debit Order					
BANK									
BRANCH									
BRANCH CODE									
ACCOUNT TYPE									
ACCOUNT NUMBER									
ACCOUNT HOLDER'S NAME									
ACCOUNT HOLDER ID/REGISTRATION NUMBER									
SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY *									
If the debit order is funded by a third party (spouse included): * For individuals: Certified copy of the third party's identity document with a specimen signature * For entities: Standard Bank – Bank account mandate * Other banks – Letter from the bank confirming signing authority and a certified copy of identity document with a specimen signature of the signatory/ies.									
PORTFOLIO NOMINATIO	ON FO	OR INCOME DEDUCTION	V						
			your regular income. If you have not selecterists. Thereafter, income will be paid proporti						
If a portfolio/s is selected below, a will apply.	all incon	ome will be paid from this portfo	olio/s until the portfolio/s is depleted. Therea	ifter the default fee deduction rules					
Portfolio Name									
PORTFOLIO NOMINATIO	ON FO	OR FEE DEDUCTION							
	ey Mark	rket portfolios first. Thereafter,	f fees. If you have not selected a specific p fees will be deducted proportionately from t						
			tfolio until the portfolio is depleted. If multipios are depleted. Thereafter the default fee						
Portfolio Name									



ortfolio Name	

BENEFICIARY NOMINATION*

Please fill in details of your nominated beneficiaries. Refer to terms and conditions for details of how your investment will be dealt with on your death.

Name	Surname	ID/Passport Number	Relationship to Investor	Percentage
				%
				%
				%
				%
			Total	%

FINANCIAL ADVISER DETAILS*

Details	Financial Adviser 1	Financial Adviser 2
FINANCIAL SERVICE PROVIDER LICENCE NO:		
STANLIB ID		
NAME OF SOLE PROPRIETOR OR REPRESENTATIVE		
FEE SPLIT*	%	%

^{*}Fee Split: Only available to financial advisers from the same Financial Service Provider.

FINANCIAL SERVICE PROVIDER CHARGES (EXCLUDING VAT)

Where the Client has not specified an Initial FSP charge for recurring investments STANLIB will not deduct these fees.

	Initial FOR Change Payming Investment	Financial Adviser Fee Split					
Initial FSP Charge: Recurring Investment		Financial Adviser 1	Financial Adviser 2				
	%	%	%				

TERMS AND CONDITIONS

1. Electronic Transactions

I/we agree that you shall be entitled to implement all instructions and applications of whatever nature received by you on your Internet site, by telephone, by fax or any other electronic medium and which appear to emanate from me. You are indemnified against any losses, claims or damages arising from you acting on such instructions and/or applications, notwithstanding that it may later be proved that any such instruction was not given by me. I agree that the electronic records of all instructions and applications processed by/or on behalf of myself or which purport to be processed on behalf of myself via your Internet site, by fax or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

2. General

- 2.1 The terms and conditions signed and agreed to in the investment application form will remain in force and apply to this transaction. Refer to your investment application form for the detailed terms and conditions. Alternatively you can request a copy of the terms and conditions from your Financial Adviser or our Contact Centre on 0860 123 003 2.2 STANLIB Wealth Management (Pty) Limited will endeavour to process a change of details instruction within a period of 48-hours, provided that there are no outstanding administrative (requirements) issues between the Manager and the Client.
- 2.3 Signature will be verified against the existing signature on our records and change can only be effected upon such verification

3. Beneficiary Nomination

- 3.1 Classic Investment Plan: This is a voluntary investment. There is no option to nominate beneficiaries or nominees to whom the investment may transfer to on your death. The investment will form part of your estate and will be distributed by the Executor of your estate.
- 3.2 Retirement Funds: You acknowledge that on your death the proceeds of the investments you hold in any of the retirement funds will be distributed by the Trustees of the fund(s) in terms of section 37C of the Pension Funds Act. Note that nominating a person as a beneficiary does not guarantee that they will receive a share of the proceeds. Any persons nominated by you may be paid a portion or all of the proceeds of your retirement fund death benefit should they qualify according to the law. The hierarchy of who may receive a benefit is the following;
 Financial and legal dependants, nominees and then estate.
- 3.3 Linked Life Annuity: You may nominate one or more natural persons who may receive a benefit on your death. Proceeds of a living annuity are payable strictly according to the beneficiary nomination form. If no beneficiary is nominated, the proceeds of your living annuity are payable to your estate.
- 3.4 In the event of your death as a linked life annuitant or retirement fund member, your nominated beneficiaries have the following options:
 - To commute the full value of the policy(ies) and receive cash; or
 - To buy a living annuity(ies), in their own name, with the proceeds; or



- 4. Trustees: Standard Chartered Bank, 4 Sandown Valley Crescent, Sandton, 2196, Johannesburg. Telephone: (011) 217 6600 5. Middle Office: STANLIB Compliance and Complaints PO Box 202, Melrose Arch, 2076 Telephone: 0860 123 003

DECLARATION *

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, 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 STANLIB has collected, processed and shared.

I/We agree to provide all documentation and information required in terms of STANLIB's business rules and the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided.

I/We confirm that all information provided herein is true and correct and that I/We have read and understood the contents of this form.

SIGNATURE OF CLIENT / AUTHORISED SIGNATORY *	С	DATE *	D	D	- [М	M	-]	Y	Y	Y	Y
	S	SIGNED AT										
SIGNATURE OF FINANCIAL ADVISER		DATE			- [-				
		SIGNED AT	D	D		M	M		Y	Y	Y	Y

*Compulsory Section

