

## Change of details Form

### Collective Investments (Unit Trust)

#### CLIENT DETAILS

Please ensure that all required supporting documentation is submitted with this instruction as stipulated in the Financial Intelligence Centre Act.

ENTITY/INVESTMENT ACCOUNT NUMBER		TITLE	
NAME/S		SURNAME/NAME OF LEGAL ENTITY	
IDENTITY/PASSPORT / REGISTRATION NUMBER		CELLPHONE NUMBER	
TELEPHONE (WORK)		EMAIL ADDRESS	

#### CLIENT'S PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER *	
COMPLEX NAME / ESTATE *	
STREET NUMBER *	
STREET NAME / FARM NAME / AREA NAME *	
SUBURB / DISTRICT *	
CITY / TOWN *	
COUNTRY *	CODE * <input type="text"/>

\* Note that this is a compulsory field.

#### CLIENT'S POSTAL ADDRESS

<input type="checkbox"/> SAME AS PHYSICAL ADDRESS	
PO BOX NUMBER	
POST OFFICE NAME	
POSTAL CODE	
PRIVATE BAG NUMBER	
POST OFFICE NAME	
POSTAL CODE	
POSTNET SUITE NUMBER	
PRIVATE BAG NUMBER	
POST OFFICE NAME	
POSTAL CODE	

#### CHANGE OF EMAIL ADDRESS

EMAIL ADDRESS	
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## CHANGE OF RECURRING DEBIT ORDER DETAILS

The product minimum recurring debit order amounts must be met, refer to our website [www.stanlib.com](http://www.stanlib.com) for more information.

LOAD A NEW DEBIT ORDER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHANGE AN EXISTING DEBIT ORDER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DEBIT ORDER PREFERRED DATE	<input type="checkbox"/> 1 <sup>ST</sup> (DEFAULT DATE)	<input type="checkbox"/> 15 <sup>TH</sup> <input type="checkbox"/> 25 <sup>TH</sup>
COMMENCEMENT DATE	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>M M Y Y Y Y</small>	

\*If no date is selected, we will default to the 1<sup>st</sup> of the current month.

Portfolio name	New debit order amount	Change debit order portfolio to (specify new portfolio name)	Cancel
	R		
	R		
	R		
	R		
	R		

## ANNUAL CONTRIBUTION INCREASE

Should you wish to increase your recurring debit order automatically each year, please indicate this below:

PERCENTAGE INCREASE PER ANNUM	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%
CANCEL ANNUAL DEBIT ORDER INCREASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
EFFECTIVE MONTH	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>M M Y Y Y Y</small>			

## INCOME DISTRIBUTION

All distributions will be reinvested as per the investment selection unless otherwise instructed.

Portfolio	Income Distribution Method		
	Pay into Bank Account	Reinvest into Another Portfolio	Portfolio Number to Reinvest into
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

## BANKING DETAILS

Use the bank details listed below for the following transactions:

<input type="checkbox"/> REDEMPTIONS	<input type="checkbox"/> INCOME DISTRIBUTIONS	<input type="checkbox"/> REGULAR WITHDRAWAL OPTIONS	<input type="checkbox"/> DEBIT ORDERS
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Payments to third party bank accounts are not allowed. Payments can only be paid into an account in the name of the Client.

BANK	<input type="text"/>																												
BRANCH	<input type="text"/>														BRANCH CODE	<input type="text"/>													
ACCOUNT NUMBER	<input type="text"/>																												
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION																										
ACCOUNT HOLDER'S ID NUMBER	<input type="text"/>																												



ACCOUNT HOLDER'S NAME

SIGNATURE OF BANK ACCOUNT  
HOLDER/ AUTHORISED SIGNATORY

If the debit order is funded by a 3rd 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.

## CORRESPONDENCE PREFERENCE

All statements, reports and notices will be sent to you via the selected preference indicated below:

☐

ELECTRONIC (EMAIL)

☐

HARDCOPY (POSTED)

## PHASE-IN OPTION

**Phase-in will move all units from the Money Market fund to the target fund at the requested period over the period selected.** The amount to be phased in will be calculated in accordance with the percentage selected based on the original amount stipulated below, until the balance in the STANLIB Money Market Fund has reduced to zero. Any distribution amounts payable from the Money Market portfolio will be reinvested into the first portfolio indicated below.

Phase Into	Percentage
	%
	%
	%
	%

PLEASE PHASE IN THE AMOUNT OF

R

ON THE

OF THE  
MONTH

PHASE IN FREQUENCY

☐

MONTHLY

☐

QUARTERLY

☐

BI-ANNUALLY

☐

ANNUALLY

COMMENCEMENT DATE

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Y

Y

Y

## REGULAR INCOME OPTION (CASH FLOW PLAN)

The regular income option allows you to invest money in a specific portfolio and then repurchase from that portfolio on a regular basis. Note: the commencement date of the regular income option refers to the date the Manager will process the transaction. Payment can take up to 2 business days, depending on your bank.

LOAD A NEW REGULAR INCOME OPTION

☐

YES

☐

NO

CHANGE AN EXISTING REGULAR INCOME OPTION

☐

YES

☐

NO

CANCEL REGULAR INCOME OPTION

☐

YES

☐

NO

Portfolio Choice	Amount
	R
	R
	R
<b>TOTAL</b>	R <input type="text"/>

PAYMENT FREQUENCY

☐

MONTHLY

☐

QUARTERLY

☐

BI-ANNUALLY

☐

ANNUALLY

COMMENCEMENT DATE

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Y

Y

Y



## 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/We agree that the electronic records of all instructions and applications processed by or on my/our behalf or which purport to be processed on my/our behalf via your Internet site, telefax, telephone 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 the Contact Centre on 0860 123 003.

2.2. The Manager will endeavour to process a change of details instruction within a period of 48-hours, provided that there are no outstanding administrative issues between the Manager and the Client.

2.3 Electronic Transactions: the Client agrees that the Manager shall be entitled to implement all instructions and applications of whatever nature received on their Internet site, by telephone, by fax or any other electronic medium and which appear to emanate from the Client. The Financial Advisor is indemnified against any losses, claims or damages arising from acting on such instructions and/or applications, notwithstanding that it may later be proved that any such instruction was not given by the Client. The Client agrees that the electronic records of all instructions and applications processed by/or on behalf of him/her or which purport to be processed on behalf of the Client via the Manager's Internet site, telefax, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

## 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 \*

DATE \*

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

\*Compulsory Section

