E-mail Lispinstructions@stanlib.com
Facsimile 0867 277 516

STANLIB

Comprehensive Change of Details Form

Linked Investments

CLIENT DETAILS

INVESTMENT ACCOUNT 1*		INVESTMENT ACCOUNT 2	
INVESTMENT ACCOUNT 3		INVESTMENT ACCOUNT 4	
EXISTING NAME & SURNAME/ ENTITY NAME ON RECORD *			
EXISTING ID/ PASSPORT/ ASYLUM/ PERMIT/ REG NUMBER ON RECORD*			
TAX REFERENCE NUMBER*			
EMAIL ADDRESS* **			

Please supply your tax reference number and email address to us if you haven't done so previously.

* Compulsory fields

** Please note that where possible our correspondence to you will be sent by email. If you have changed your email address please provide the new email address.

IMPORTANT INFORMATION

All sections applicable to this investment must be completed in full and in block letters; all options must be indicated by a cross (X). Failure to provide clear instructions will delay processing.

X	Please submit the Instruction together with the following documents:
	For change of surname, certified or verified copy of a new ID/ passport with specimen signature (Accompanied by a copy of marriage certificate if change is due to marriage)
	Discretionary FSP client mandate, if applicable
	Model portfolio mandate annexure, if this is the first time you are investing into the model portfolio
	Related party annexure, if applicable*
*Each beneficiary and related party (beneficial owner, controller, signatory, power of attorney holder) to this investment account need to complete a related party annexure available on www.stanlib.com.	

INDIVIDUALS

CHANGE OF PERSONAL DETAILS

Please only complete the details which have changed.

TITLE	
NAME/S	
SURNAME	
PREVIOUS NAME	
PREVIOUS SURNAME/ MAIDEN NAME	
ID/ PASSPORT/ ASYLUM/ PERMIT NUMBER	
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)	D D - M M - Y Y Y Y
PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)	
CELLPHONE NUMBER	
TELEPHONE NUMBER (H)	TELEPHONE NUMBER (W)
COUNTRY OF RESIDENCE	
COUNTRY OF BIRTH	
NATIONALITY	
COUNTRIES OF CITIZENSHIP	

INDUSTRY

Please only provide details if you have not previously provided them or your circumstances have changed.

CODE* Please provide the code number which applies as per the list below

1. Administrative and support service	5. Electricity, water, gas supply and waste management	9. Human health and social work activities	13. Motor vehicles/ Transportation/ Distribution	17. Real estate
2. Agriculture, forestry and fishing	6. Financial, investment and insurance	10. Information, technology and communication	14. Non-profit/ Religious organisations	18. Unemployed
3. Arts/ Entertainment/ Hospitality	7. Gambling	11. Manufacturing/ Wholesale and retail	15. Politics	19. Retired
4. Construction	8. Government/ State owned enterprise/ Armed forces	12. Mining and quarrying	16. Professional/ Scientific/ Technical and education	

* Compulsory fields

OCCUPATION

Please only provide details if you have not previously provided them or your circumstances have changed.

CODE* Please provide the code number which applies as per the list below

1. Clerical support	4. General staff	7. Professional	10. Technician/ Sales or services	13. Retired
2. Craft and trades worker	5. Heads of Government/ Cabinet Ministers/ Judges	8. Religious leader	11. Traditional leaders/ Royal family	
3. Executives/ General	6. Management	9. Self employed	12. Unemployed	

* Compulsory fields

SOURCE OF INCOME

This does not apply to Classic Linked Life Annuity clients.

Please only provide details if you have not previously provided them or your circumstances have changed.

CODE* [ ][ ] Please provide the code number which applies as per the list below

1. Child/ Spousal support payments	4. Passive income (Rental, dividends, interest)	7. Savings
2. Credit	5. Retirement/ Insurance pay out	8. Tax Refund
3. Gift/ Inheritance/ Winnings	6. Salary/ Bonus	9. Trade/ Business

* Compulsory fields

LEGAL ENTITIES

CHANGE OF LEGAL ENTITY DETAILS

Please only complete the details which have changed.

REGISTERED ENTITY NAME/TRADE NAME	
REGISTRATION NUMBER	
DATE OF REGISTRATION	
COUNTRY OF REGISTRATION	
COUNTRY OF OPERATION	
CONTACT NUMBER	

INDUSTRY

Please only provide details if you have not previously provided them or your circumstances have changed.

CODE* [ ][ ] Please provide the code number which applies as per the list below

1. Administrative and support service	5. Electricity, water, gas supply and waste management	9. Human health and social work activities	13. Motor vehicles/ Transportation/ Distribution	17. Real estate
2. Agriculture, forestry and fishing	6. Financial, investment and insurance	10. Information, technology and communication	14. Non-profit/ Religious organisations	18. Trust Management
3. Arts/ Entertainment/ Hospitality	7. Gambling	11. Manufacturing/ Wholesale and retail	15. Politics	
4. Construction	8. Government/ State owned enterprise/ Armed forces	12. Mining and quarrying	16. Professional/ Scientific/ Technical and education	

*Compulsory fields

BUSINESS ACTIVITY

Please only provide details if you have not previously provided them or your circumstances have changed.

CODE* [ ][ ] Please provide the code number which applies as per the list below

1. Administration and support services	4. Financial services	7. Management/ Consulting	10. Sales
2. Customer Service	5. Dormant Company	8. Marketing	11. Trust Management
3. Distribution	6. Maintenance	9. Production and Supply	12. Wholesale and retail

*Compulsory fields

SOURCE OF FUNDS

Please only provide details if you have not previously provided them or your circumstances have changed.

CODE* Please provide the code number which applies as per the list below

1. Credit	4. Passive income (Rental, dividends, interest)	7. Trade/ Business
2. Donations	5. Savings	8. Venture capital
3. Insurance Pay Out	6. Tax Refund	

*Compulsory fields

PURPOSE OF INVESTMENT

Applies to the Classic Investment Plan and STANLIB Linked Investments Tax Free Savings Plan only.

Please only provide details if you have not previously provided them or your circumstances have changed.

CODE* Please provide the code number which applies as per the list below

1. Education savings	2. Foreign exchange hedging	3. Start and expand a business	4. Save for retirement / financial goals	5. Winding up estate

* Compulsory fields

CHANGE OF ADDRESS DETAILS

Please only complete the details which have changed.

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER		COMPLEX NAME	
STREET NUMBER		STREET NAME*	
SUBURB*		CITY*	
COUNTRY*		POSTAL CODE*	

*Compulsory fields

POSTAL ADDRESS

SAME AS PHYSICAL ADDRESS

ADDRESS TYPE* PO BOX PRIVATE BAG POSTNET SUITE POSTNET SUITE NUMBER*

NUMBER* POST OFFICE NAME* POSTAL CODE*

*Compulsory fields

CHANGE OF FATCA / CRS SELF-CERTIFICATION DECLARATION DETAILS (FOR INDIVIDUALS)

As part of STANLIB's obligation to comply with the U.S Foreign Account Tax Compliance Act (FATCA), Common Reporting Standards (CRS) and the Automatic Exchange of Information reporting (AEOI) we require you to provide us with your tax information. This tax information will be kept on record and will be disclosed to the relevant tax authorities as and when required as per the FATCA regulation. **The information contained under this section is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice.**

FATCA REPORTING: UNITED STATES OF AMERICA CITIZENS

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? NO YES If 'YES', please complete an individual IRS W-9 form for Tax identification and Certification found on the IRS website: https://www.irs.gov/pub/irs-pdf/fw9.pdf.

TAX INFORMATION FOR CRS REPORTING

ARE YOU A REGISTERED TAX PAYER IN SOUTH AFRICA? NO YES TAX IDENTIFICATION NUMBER

ARE YOU A REGISTERED TAX PAYER IN THE UNITED STATES OF AMERICA? NO YES TAX IDENTIFICATION NUMBER

ARE YOU A REGISTERED TAX PAYER IN ANY OTHER COUNTRY? NO YES

Please indicate all other countries in which you are resident for tax purposes and the associated Tax Identification Numbers in the table below.

Country(ies) of Tax Residency *	Tax Identification Number * (If you do not have a TIN, please provide reason)	Not Applicable
PRIMARY:		

Country(ies) of Tax Residency *	Tax Identification Number * (If you do not have a TIN, please provide reason)	Not Applicable
SECONDARY:		☐
TERTIARY:		

* Compulsory fields

1. By ticking 'NO' you confirm that you are not registered for Tax and you are still required to complete country(ies) of tax residency in the table above.
2. If 'YES' to any of the above, please list all countries in which you are a resident for tax purposes and provide the associated Tax Identification Numbers in the table above.
3. By ticking 'Not Applicable' in the table above, you confirm that the country specified does not issue Tax Identification Numbers.

CHANGE OF RECURRING INVESTMENT DETAILS

Applies to the Classic Investment Plan, Classic Retirement Annuity Fund and STANLIB Linked Investments Tax Free Savings Plan only.

We deduct recurring investments on the 1st or the 15th of each month except where this falls on a weekend or public holiday. In this case we will deduct on the first business day thereafter. The cut-off for all recurring investment changes is five business days before the 1st or the 15th day of the month.

INSTRUCTION TYPE ☐ CHANGE EXISTING RECURRING INVESTMENT ☐ CANCEL RECURRING INVESTMENT

Please complete the portfolio details below if you wish to change the allocation of your existing recurring investment

NEW / UPDATED RECURRING INVESTMENT DETAILS

For a change to an existing recurring investment, please only complete the details you wish to change.

Recurring investment minimum amount:
1. Classic Investment Plan: R1 000.00 per month / R12 000.00 per annum.
2. Classic Retirement Annuity Fund: R 500.00 per month / R6 000.00 per annum.
3. STANLIB Linked Investments Tax Free Savings: R 500.00 per month / R6 000.00 per annum. The maximum investment amount per tax year is R36 000.00 across all your tax-free savings accounts, and R500 000.00 over a lifetime.

RECURRING INVESTMENT FREQUENCY* ☐ MONTHLY ☐ ANNUALLY

RECURRING INVESTMENT AMOUNT* ____________________

RECURRING INVESTMENT DATE* ☐ 1ST ☐ 15TH OF THE MONTH

START MONTH* ☐☐ - ☐☐☐☐
M M Y Y Y Y

ANNUAL CONTRIBUTION INCREASE PERCENTAGE ☐ 5% ☐ 10% ☐ 15% ☐ 20% ☐ CANCEL ANNUAL CONTRIBUTION INCREASE

The annual contribution increase will take effect from the next anniversary date of the investment.

FSP INITIAL ADVICE FEE ON RECURRING INVESTMENT (EXCL.VAT) ____________________ %

EFFECTIVE DATE OF CHANGE ** ☐☐ - ☐☐ - ☐☐☐☐
D D M M Y Y Y Y

SOURCE OF INCOME / FUNDS* ____________________

* Compulsory fields for new recurring investment details.
** Compulsory fields for change of existing recurring investment details.

PORTFOLIOS

A maximum of 12 portfolios is allowed.

Portfolio Name	Recurring Investment Allocation
	%
	%
	%
	%
	%
	%
	%

Portfolio Name	Recurring Investment Allocation
	%
	%
	%
	%
TOTAL	100%

CHANGE OF PHASE-IN DETAILS

CANCEL PHASE-IN OPTION ☐ YES

Please indicate the portfolios into which you would like to switch the money in the phase-in account to:

Portfolio Name	Percentage
	%
	%
	%
	%
	%
	%
	%
	%
TOTAL	100%

CHANGE OF REGULAR WITHDRAWAL DETAILS

The regular withdrawal option is applicable to the Classic Investment Plan. A minimum amount of R500 per month applies. Deductions for regular withdrawals are initiated on the 20th of the month, or the previous business day if the 20th falls on a non-business day. You will receive your payment by the first business day of the following month. If you want to set up a regular withdrawal, or change or cancel it, you must send us this instruction at least five business days prior to the 20th for the instruction to take effect in the current month.

INSTRUCTION TYPE ☐ LOAD NEW REGULAR WITHDRAWAL ☐ CHANGE EXISTING REGULAR WITHDRAWAL ☐ CANCEL REGULAR WITHDRAWAL

NEW / UPDATE REGULAR WITHDRAWAL DETAILS

For change to an existing regular withdrawal, please only complete the details which you wish to change.

REGULAR WITHDRAWAL AMOUNT*

FREQUENCY* ☐ MONTHLY ☐ QUARTERLY ☐ BI-ANNUALLY ☐ ANNUALLY

FIRST PAYMENT MONTH* M M - Y Y Y Y

EFFECTIVE DATE OF CHANGE ** D D - M M - Y Y Y Y

* Compulsory fields for new regular withdrawal details.

** Compulsory fields for change of existing regular withdrawal details.

LIVING ANNUITY FIXED TAX RATE DETAILS

To ensure that annuitants with more than one source of income do not have a tax debt when submitting their annual tax return, SARS introduced legislation which allows it to determine a fixed rate of PAYE for those annuitants. SARS bases this fixed rate on the combined value of remuneration in an annuitant's most recent tax certificates, taking their deductions, annual rebates and medical aid credits into account.

If SARS has directed us to deduct PAYE at a fixed rate for your annuities, we will apply this automatically for the tax year. You may request at any time to opt out and pay tax according to the PAYE tax tables, or alternatively you may request to pay a higher fixed rate than the rate provided to us by SARS.

If you have opted out of the fixed rate, you may instruct us at any time in the tax year to opt back in.

☐ OPT OUT ☐ OPT IN

☐ PAY A HIGHER TAX RATE OF: ☐☐☐ . ☐☐ %

We will apply the change from your next annuity payment, provided we receive the request at least 5 business days before we start the process to pay the annuity, which typically takes place on the 20th of the month.

CHANGE OF PORTFOLIO NOMINATION FOR FEE/REGULAR WITHDRAWAL/ ANNUITY INCOME DEDUCTIONS

Please only complete the details which you wish to change.

Fee account

You can choose to have your STANLIB annual service charge, financial adviser annual ongoing service charge and model portfolio management fee (as applicable) deducted from one or more investment portfolio(s) in your account. If you would like to make use of this option, please specify the portfolios below.

Regular withdrawal/ Annuity Income account

Please specify the investment portfolios from which you would like us to deduct your regular withdrawal/ annuity income below. If you specify more than one portfolio, we will deduct from the specified portfolios proportionally.

If you do not specify a fund to deduct fees and/or your regular withdrawal/ annuity income from, it will be deducted as follows:

1. From any money market or call accounts in your investment account.
2. If you don’t have the above, then money will be deducted proportionately from all the unit trust funds in your investment account.
3. Any money invested through a model portfolio or in a share portfolio will be used last for deductions.

Portfolios(s) Selected For Ongoing Fee Deductions	Portfolio(s) Selected For Regular Withdrawal/ Annuity Income Deductions

CHANGE OF BANK DETAILS

Please only complete the details you wish to change.

Details	Recurring Investment	Ad-hoc Withdrawals	Regular withdrawal/ Annuity Payment
SAME AS		SAME AS RECURRING INVESTMENT	SAME AS RECURRING INVESTMENT
BANK			
BRANCH			
BRANCH CODE			
ACCOUNT NUMBER			
ACCOUNT TYPE			
ACCOUNT HOLDER'S NAME			
ACCOUNT HOLDER ID/REGISTRATION NUMBER			

Details	Recurring Investment	Ad-hoc Withdrawals	Regular withdrawal/ Annuity Payment
The bank account holder hereby authorises STANLIB to make direct debits against the bank account provided			
SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY *			

Third party bank account holder: for an individual, please include a certified ID copy of the bank account holder with their specimen signature. For a legal entity please include the FICA documents as per the FICA requirements list and a bank mandate detailing the authorised person(s) to act on the bank account and the signing arrangements of the authorised person(s).

CHANGE OF BENEFICIARY NOMINATION

Please only complete the details which you wish to change.

Changes will only be effective upon successful telephonic validation with client directly.

Classic Retirement Annuity Fund, Classic Preservation Pension and Plan Classic Preservation Provident Plan: A nominated beneficiary is a person who you nominate for Trustees to consider to receive a portion of the death benefit from your account should you pass away. This person does not need to be financially dependent on you. The Trustees have discretion to pay the benefits to the deceased member's dependants and/or nominees in such proportions as they deem fair, and dependants will take preference.

Classic Linked Life Annuity: Please nominate one or more natural persons or Trusts to receive a portion of the death benefit from your account should you pass away. This party does not need to be financially dependent on you. We will pay any value left in your policy to the nominated beneficiaries as specified on the policy. If no beneficiary is nominated, the death benefit will be payable to your estate.
NOTE: Each beneficiary nominated on this investment account needs to complete a related party annexure available on www.stanlib.com. If the beneficiary is a trust or legal entity, please complete the entity related party annexure.

Name/s	Surname	Contact Number	ID/Passport Number	Relationship to Investor	Percentage
					%
					%
					%
					%
				TOTAL	**100%**

CHANGE OF DEPENDANTS

Please only complete the details which you wish to change.

Applies to the Classic Retirement Annuity Fund, Classic Preservation Pension and Plan Classic Preservation Provident Plan only.

A dependant is any person who depends on you for financial support. Please specify these persons below, including your spouse and all your children, who are automatically classified as dependants. The Trustees have discretion to pay the benefits to the deceased member's dependants and/or nominees in such proportions as they deem fair, and dependants will take preference.

Name/s	Surname	Contact Number	ID/Passport Number	Relationship to Investor

CHANGE OF FINANCIAL ADVISER DETAILS

INSTRUCTION TYPE ☐ REMOVE FINANCIAL ADVISER ☐ APPOINT NEW/ REPLACE EXISTING FINANCIAL ADVISER ☐ CHANGE FINANCIAL ADVISER FEE

REMOVE FINANCIAL ADVISER

Details	Financial Adviser 1	Financial Adviser 2
FINANCIAL ADVISER NAME AND SURNAME		

*Please note that STANLIB cannot give advice. If you remove your Financial Adviser you will be responsible for managing your investment with us.

APPOINTMENT OF FINANCIAL ADVISER

Details	Financial Adviser 1	Financial Adviser 2
NAME OF FINANCIAL SERVICES PROVIDER (FSP)		
FSP LICENCE NUMBER		
NAME OF REPRESENTATIVE (FINANCIAL ADVISER)		
FINANCIAL ADVISER CODE		
E-MAIL ADDRESS		
FEE SPLIT*	%	%

Please note that this will replace any Financial Adviser we have on record for your selected accounts.
*Fee Split: Only available to financial advisers from the same Financial Service Provider.

Where the client has not specified an initial FSP charge for recurring investments, and / or an ongoing service charge, a fee of zero percent will apply. STANLIB cannot adjust these fees retrospectively.

	Ongoing Service Charge (excl.VAT)	Initial Recurring Investments (excl.VAT)
FSP Charge	%	%

1.1. Financial Advisory and Intermediary Services Act, No. 37 of 2002 ("FAIS") disclosure
I confirm that:
a. I am a representative of a licensed FSP
b. I have made the required disclosures to the client named in this application form required in terms of FAIS and subordinate legislation
c. I have fully explained to the client named in this application form the details and constraints of the product and investment portfolios into which the client will invest, and I confirm that the client understands the information
d. I understand and accept that the client named in this application form may cancel my appointment at any time by instructing STANLIB in writing, and may reduce or cancel the fees which he/she pays to me by way of a written instruction to STANLIB
e. I warrant that I have explained all the fees that relate to this investment to the client named in this application form
1.2. Investor Fee and Discretionary Mandate Declaration
The below confirmation is required where the client has entered into a Category II discretionary mandate with the FSP, which holds a Category II license with the FSCA
The client hereby confirms that:
a.I have entered into a mandate with the FSP named in this application form:

FULL DISCRETION ☐ OR LIMITED DISCRETION ☐ INVEST ☐ WITHDRAW ☐ SWITCH ☐ CHANGE OF DETAILS

Please attach a signed copy of the mandate to this instruction

b. I understand that if I have not entered into a mandate with the FSP, STANLIB will only act on instructions signed by me
c. I understand that if I have entered into a mandate with the FSP, STANLIB will accept instructions signed by my FSP and will not require my signature or proof of my authorisation of the instruction
d. I indemnify STANLIB against any losses whatsoever that may occur as a result of any instructions carried out on the instruction of my FSP
e. I have read and signed this declaration, understand its implications and regard it as binding

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 fields

CHANGE EXISTING FINANCIAL SERVICE PROVIDER CHARGES

For a change of an existing FSP fee, any fee not specified below will remain unchanged.

	Ongoing Service Charge (excl.VAT) (Applies to full account)	Initial Recurring Investments (excl.VAT)
FSP Charge	%	%

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 fields

TERMS AND CONDITIONS

1. 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/us. 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/us. 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, telefax, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.
2. 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.
3. STANLIB Wealth Management (Pty) Limited will endeavour to process a change of details instruction within a period of 2 business days, provided that there are no outstanding administrative requirements or issues between the Investment Manager and the Client.
4. Signature will be verified against the existing signature on our records and change can only be effected upon such verification.
5. 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.

DECLARATION

1. I confirm that all the information provided in this form is true and accurate at the time of signing this document. I furthermore confirm that all material facts are accurately and properly disclosed, and that the accuracy and completeness of all answers, statements or other information provided by me or on my behalf, are my responsibility.
2. PoPIA (Protection of Personal Information Act, 2013) is South Africa's data protection law that aims to protect your personal information. Our latest Platform terms and conditions, available on www.STANLIB.com explain how and why we obtain, use, process, store, verify and share your personal information.
3. I/We confirm that I/We have read and accept the clauses in the Terms and Conditions relating to the collection, processing, storage and distribution of my/our personal information.
4. I/We acknowledge that acceptance of these terms and conditions is voluntary, but that without my/our personal information as required by this application form STANLIB will be unable to provide me/us with products or services.
5. I confirm that I am the legal owner of the money used to fund this investment, or alternatively I have obtained the signed permission of the third party bank account holder whose account is being debited, as specified in this application.
6. I confirm that none of the money which is being invested is from the proceeds of any unlawful activity, or is in contravention of the Prevention of Organised Crime Act 121 of 1998 and the Financial Intelligence Centre Act 38 of 2001. I further declare that all approvals have been granted and that the required notifications have been made in respect of the above mentioned extracts of legislation.
7. If I am investing into a Hedge Fund, Personal Share Portfolio and/or Model Portfolio, I confirm that I have read and understood the information pertaining to these investment options in the Terms and Conditions.
8. I understand that a clearance period of 21 business days applies for investments made via cheque, and 45 business days for investments made via direct debit. I acknowledge that I will not be permitted to withdraw monies which have not cleared.

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	