

Classic Investment Plan-Legal Entity New Investment Application

A Daily cut-off time for fully completed instructions received by STANLIB is before 15H30 on any business day.

Send completed instructions to STANLIB: E-mail: Lispinstructions@stanlib.com or **Fax:** +27(0) 867 277 516

INSTRUCTION TYPE

CASH

UNIT TRANSFER FROM
ANOTHER PROVIDER

CASH TRANSFER FROM
ANOTHER PROVIDER

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:
<input type="checkbox"/>	FICA documents, as listed at the end of the form
<input type="checkbox"/>	Model portfolio mandate, if applicable
<input type="checkbox"/>	Discretionary FSP client mandate, if applicable
<input type="checkbox"/>	For a unit transfer, a recent statement from the transferring administrator, reflecting the base cost of the investment
<input type="checkbox"/>	Dividend tax exemption or reduction form, if applicable*
<input type="checkbox"/>	Withholding tax on interest form, if applicable*
<input type="checkbox"/>	Related party annexure**

* SARS does not allow us to exempt any client automatically. We will deduct tax from your investment if we do not receive this form.
** Each related party (beneficial owner, controller, signatory, power of attorney holder) to this investment account must complete a related party annexure at the end of this form.



ENTITY TYPE

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

1. Association not for Gain	6. Clubs	11. Body Corporate	16. Close Corporation	21. Unincorporated body of persons
2. Joint Venture	7. Listed Company	12. Long Term Insurer	17. Other Company	22. Corporate: Estate/ Liquidation
3. RSA Government	8. Provincial Administration	13. Medical Scheme	18. Municipalities	
4. Society	9. Stokvel	14. Trust	19. Unlisted Company	
5. Investment Scheme	10. Foreign Company	15. Retirement Fund (Pension, Provident, Benefit, RA)	20. Non-Profit/ Charities	

*Compulsory fields

CLIENT DETAILS

REGISTERED ENTITY NAME/TRADE NAME*

REGISTRATION NUMBER*

DATE OF REGISTRATION* - -
D D M M Y Y Y Y

COUNTRY OF REGISTRATION*

COUNTRY OF OPERATION*

TELEPHONE NUMBER*

EMAIL ADDRESS* **

DIVIDEND WITHHOLDING TAX WITHHOLDING TAX EXEMPT WITHHOLDING TAX REDUCED RATE REDUCED RATE %

INTEREST WITHHOLDING TAX EXEMPT FROM TAX ON INTEREST REDUCED INTEREST TAX RATE REDUCED RATE %

REIT TAX EXEMPT FROM TAX ON REIT REDUCED REIT TAX RATE REDUCED RATE %

* Compulsory fields

**Please note that where possible our correspondence to you will be sent by email.

INDUSTRY

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

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

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

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

1. Foreign exchange hedging	2. Start and expand a business	3. Investment of working capital	4. Tax Advantage	5. Winding up estate/ Trust management
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*Compulsory fields

ADDRESS DETAILS

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*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

CONTACT PERSON/ AUTHORISED PERSON

TITLE*

CONTACT NAME AND SURNAME*

CAPACITY*

CELLPHONE NUMBER*

TELEPHONE NUMBER (W)*

EMAIL ADDRESS*

*Compulsory fields

INVESTMENT DETAILS

The minimum investment amount is R50 000.00 for a lump sum or R1 000.00 per month / R12 000.00 per annum for a recurring investment.

INVESTMENT BY LUMP SUM RECURRING

LUMP SUM INVESTMENT

METHOD OF PAYMENT ELECTRONIC FUND TRANSFER (EFT) ONCE OFF DEBIT CASH TRANSFER UNIT TRANSFER

REPURCHASE FROM STANLIB UNIT TRUST STANLIB UNIT TRUST ENTITY NUMBER

INVESTMENT AMOUNT

Please note, once off debits will be debited from the specified bank account when we have finished processing this instruction.



RECURRING INVESTMENT

RECURRING AMOUNT

RECURRING DEBIT ORDER FREQUENCY

 MONTHLY ANNUALLY

RECURRING DEBIT ORDER DAY

 1ST 15TH

You must send us this instruction at least five business days prior to your specified debit date for the instruction to take effect in the current month. Any instructions received after this will take effect in the following month.

DEBIT ORDER START MONTH

 -

M M Y Y Y Y

ANNUAL CONTRIBUTION INCREASE PERCENTAGE

 0% 5% 10% 15% 20%

A maximum of R1 000 000 may be debited from a client's bank account within a 45 day period. I hereby authorise STANLIB Wealth Management (Pty) Limited to arrange with my bank for the payment of the investment amounts as indicated above, including amendments that may be made during the life of the investment on the specific day as indicated.

PORTFOLIOS

Please note that you may not invest in more than 20 investment portfolios within your account.

Portfolio Name	Lump sum Percentage	Recurring Percentage
<input type="checkbox"/> PHASE-IN CALL ACCOUNT	%	
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
TOTAL	100%	100%

PHASE-IN OPTION

We give you the option to gradually invest some or all of your initial investment in the investment portfolios you have chosen over a 3, 6, 9, 12, or 24 month period. Where the phase-in option has been selected, the specified initial investment amount will be held in a Standard Bank call account and switched into the investment portfolios over the frequency specified.

If you would like to make use of this option, please indicate your preferences below, and provide the percentage of your investment you would like to phase-in, in the "Phase in Call account" option in the portfolio list.

DO YOU WANT TO PHASE-IN?

 YES

NUMBER OF PHASE-IN MONTHS

 3 6 9 12 15 18 24

PHASE-IN DAY

 3RD OR 17TH OF THE MONTH

FIRST PHASE-IN MONTH

 -

M M Y Y Y Y



PHASE-IN PORTFOLIOS

Please indicate the portfolios into which you would like to phase in below

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

REGULAR WITHDRAWAL DETAILS

The minimum monthly regular withdrawal amount is R500 per investment account.

REGULAR WITHDRAWAL AMOUNT

FREQUENCY MONTHLY QUARTERLY BI-ANNUALLY ANNUALLY

FIRST PAYMENT MONTH -
M M Y Y Y Y

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. 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.
Payments to third party bank accounts are not allowed. Payments can only be paid into an account in the name of the client.

BANK DETAILS

Details	Recurring debit Order	Once off Debit	Regular withdrawal
SAME AS		<input type="checkbox"/> SAME AS RECURRING DEBIT ORDER	<input type="checkbox"/> SAME AS RECURRING DEBIT ORDER
BANK			
BRANCH			
BRANCH CODE			
ACCOUNT NUMBER			
ACCOUNT TYPE			
ACCOUNT HOLDER'S NAME			
ACCOUNT HOLDER ID/REGISTRATION NUMBER			
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 person(s) authorised to act on the bank account and the signing arrangements of the person(s) authorised.



PORTFOLIO NOMINATION FOR FEE/REGULAR WITHDRAWAL DEDUCTIONS

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 account

Please specify the investment portfolios from which you would like us to deduct your regular withdrawal 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 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.

Portfolio(s) Selected For Ongoing Fee Deductions	Portfolio(s) Selected For Regular Withdrawal

FINANCIAL ADVISER DETAILS

Details	Primary Financial Adviser	Secondary Financial Adviser
FINANCIAL SERVICE PROVIDER NAME		
FINANCIAL ADVISER NAME		
STANLIB ID		
FEE SPLIT*	%	%

*Fee Split: Only available to financial advisers from the same Financial Service Provider. Applies to both initial and ongoing adviser fees.

-The Primary Financial Adviser will receive all correspondence.

FINANCIAL SERVICE PROVIDER CHARGES

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

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

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY*		DATE	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		SIGNED AT	<input type="text"/>
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		SIGNED AT	<input type="text"/>
SIGNATURE OF FINANCIAL ADVISER*		DATE	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		SIGNED AT	<input type="text"/>

* Compulsory fields



INVESTOR FEE AND DISCRETIONARY MANDATE DECLARATION

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 FSB

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	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">-</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">-</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	-	M	M	-	Y	Y
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		SIGNED AT																	

* Compulsory fields

FATCA/CRS SELF-CERTIFICATION DECLARATION

The government of South Africa has entered into agreements under which it has agreed to the automatic exchange of information with other countries. These agreements are aimed at improving tax compliance between the countries over financial assets held by investors within their boundaries. As a result of these agreements, South Africa has introduced tax laws which require that we collect information about each investor's tax residency and tax classification. We are also required to report the tax information we have collected together with the investor's investment account(s) information to the South African Revenue Services (SARS).

What this means for you as a client is that STANLIB is obliged to provide SARS with certain information you provide to STANLIB when you invest or transact with us. SARS in turn may pass the information to other tax authorities outside South Africa as required by the agreements the government has entered into. STANLIB may, in complying with its reporting obligations to SARS, make use of the services of other companies in its group of companies in collating, interpreting, storing and forwarding of your information to SARS.

Each controlling person must complete a separate Individual Self-Certification Form.

If there is no natural person(s) who exercise control of the Entity then the controlling person will be the natural person(s) who hold the position of senior managing official of the Entity.

The information in this self-certification form is not tax advice. We recommend that you consult a professional tax or legal adviser for specific tax or legal advice.

TAX INFORMATION

Please indicate all countries (including South Africa) in which you are resident for tax purposes and the associated tax identification numbers in the table below. A South African tax number is required to open this investment.

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

IF PARTNERSHIP/ SIMILAR ENTITY, PLEASE SPECIFY EFFECTIVE PLACE (COUNTRY) OF MANAGEMENT

* Compulsory fields



FATCA DECLARATION

1. Please select one option below and complete the relevant details

The entity is a specified U.S. person (please indicate relevant classification in section 2)

OR

The entity is not a U.S. person (please indicate relevant classification in section 2, excluding 2.5)

OR

The entity is a U.S. person but not a specified U.S person (please indicate relevant classification in section 2)

FATCA/CRS CLASSIFICATION

2. Please mark X only in one box below. (Refer to Annexure A for definitions of entities).

	FATCA Classification	CRS Classification	
2.1	Participating Financial Institution / Registered Deemed Compliant Financial Institution or IGA Reporting Financial Institution	Financial Institution (if you are an Investment Entity, please see 2A below)	<input type="checkbox"/>
2.2	Certified Deemed Compliant Financial Institution / Excepted Financial Institution or IGA Non Reporting Financial Institution	Financial Institution (if you are an Investment Entity, please see 2A below)	<input type="checkbox"/>
2.3	Sponsored Financial Institution	Financial Institution (if you are an Investment Entity, please see 2A below)	<input type="checkbox"/>
2.4	Foreign Financial Institution in non-IGA Jurisdiction	Financial Institution (if you are an Investment Entity, please see 2A below)	<input type="checkbox"/>
2.5	Specified U.S. Person	Financial Institution (if you are an Investment Entity, please see 2A below)	<input type="checkbox"/>
2.6	Non-Participating Foreign Financial Institution	Financial Institution (if you are an Investment Entity, please see 2A below)	<input type="checkbox"/>
2.7	Exempt Beneficial Owner – Government or international organisation	Active Non-Financial Entity which is a Governmental Entity or International organisation	<input type="checkbox"/>
2.8	Exempt Beneficial owner – recognised Pension scheme or plan	Exempt Beneficial owner – recognised Pension scheme or plan	<input type="checkbox"/>
2.9	Active Non-Financial Entity which is regularly traded on an established securities market or affiliated thereto	Active Non-Financial Entity which is regularly traded on an established securities market or affiliated thereto	<input type="checkbox"/>
2.10	Active Non-Financial Entity (other than 2.9)	Active Non-Financial Entity (other than those listed in 2.7 or 2.9 above)	<input type="checkbox"/>
2.11	Passive Non-Financial Entity (If you tick this box, please include individual self-certification forms for your Controlling Persons)	Passive Non-Financial Entity (If you tick this box, please include individual self-certification forms for your Controlling Persons)	<input type="checkbox"/>

IF YOU HAVE TICKED 2.1, 2.3 OR 2.4 PLEASE PROVIDE YOUR / YOUR SPONSOR'S GIIN

IF THE GIIN PROVIDED ABOVE IS ISSUED IN THE NAME OF YOUR SPONSOR, PLEASE PROVIDE YOUR SPONSOR'S NAME AS SHOWN ON THE IRS LIST

SECTION 2A: INVESTMENT ENTITIES

ARE YOU A MANAGED INVESTMENT ENTITY OUT OF A CRS PARTICIPATING JURISDICTION

 YES

IF YES, PLEASE PROVIDE INDIVIDUAL SELF-CERTIFICATION FORMS FOR YOUR CONTROLLING PERSONS.



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. I confirm that I have read and understood the Terms and Conditions of the investment product which I am purchasing. I agree that the clauses in the Terms and Conditions and this application form create a binding agreement between myself and STANLIB. Where any representations have been made (verbal or otherwise) that contradict the clauses contained in these documents, the clauses in these documents shall prevail.
3. 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.
4. 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.
5. 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.
6. Either party is entitled to terminate this administrative contract after notice in writing of not more than 60 days. Please note that all other terms and conditions pertaining to the underlying investment will still be applicable.
7. STANLIB does not give advice. I confirm that no advice was given by STANLIB in respect of this application.
8. 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.
9. 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.
10. I understand and agree to pay all the charges and investment fees applicable to this investment. I authorise STANLIB to withdraw from the Investment Portfolios in my Investment Account to facilitate the payment of these fees.
11. 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.
12. I understand that in terms of the Financial Advisory and Intermediary Services Act, 2002, my Financial Adviser must be mandated as a representative by a licensed Financial Services Provider ("FSP"), and must furthermore have the license categories required to provide advice and/or intermediary services for this investment.
13. I agree that STANLIB is entitled to act on all signed instructions from myself or my authorised Financial Adviser, as is furthermore entitled to act on signed instructions received by facsimile and email. I confirm that I understand that if my Financial Adviser submits instruction for me, I should be satisfied as to the accuracy and completeness of the details. STANLIB is indemnified against any losses, claims or damages arising from STANLIB acting on such instructions and/or applications.
14. I hereby indemnify STANLIB against all losses or damage which I may sustain as a result of transactions entered into on the basis of my delegation of authority to my Financial Adviser, if applicable. I understand and confirm that in this instance STANLIB is entitled to act on my Financial Adviser's instructions, whether in written or electronic format, as if they were my own instructions.
15. I understand that my investment application will only be processed if it is fully completed and accurate, and once the money for the investment reflects in the relevant STANLIB bank account.
16. STANLIB will verify any bank account details received before we make use of them, but we do reserve the right to request proof of bank details before processing an instruction, should we need to do so.
17. 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 will not be permitted to withdraw monies which have not cleared.

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I, the undersigned Financial Adviser, hereby confirm that the above-mentioned client is a client of mine and that in assisting the client to complete this application form I have explained the terms and conditions to my client. I further indemnify STANLIB Wealth Management (Pty) Limited from any claim of whatsoever nature arising from the non-acceptance of these terms and conditions should it be shown that I did not adequately explain the terms and conditions, as displayed, to the client.

SIGNATURE OF FINANCIAL ADVISER		DATE	<table border="0" style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; text-align: center;">D</td> <td style="font-size: 8px; text-align: center;">D</td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; text-align: center;">M</td> <td style="font-size: 8px; text-align: center;">M</td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="font-size: 8px; text-align: center;">-</td> <td colspan="2"></td> <td colspan="2" style="font-size: 8px; text-align: center;">-</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>			D	D				M	M						Y	Y	Y	Y			-				-											
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DEFINITIONS: EXEMPT BENEFICIAL OWNERS

Exempt beneficial owners (EBOs) are specific classes of persons who are the beneficial owners of a payment that is treated as exempt. These persons do not have any reporting or registration requirements in relation to any financial accounts that they maintain. Additionally, reporting SA financial institutions are not required to review or report on accounts held by exempt beneficial owners.

Entity	Definition
Governmental Entity	The government of South Africa, any political subdivision of South Africa (which, for the avoidance of doubt, includes a state, province, or municipality), or any wholly owned agency or instrumentality of South Africa or any one or more of the foregoing (each, a "South African Governmental Entity").
International Organisation	Any international organisation or wholly owned agency or instrumentality thereof. This category includes any intergovernmental organisation (including a supranational organisation) <ol style="list-style-type: none"> 1. That is comprised primarily of non-United States governments; 2. That has in effect a headquarters agreement with South Africa; and 3. The income of which does not incur to the benefit of private persons.
Central Bank	An institution that is by law or government sanction the principal authority, other than the government of South Africa itself, issuing instruments intended to circulate as currency. Such an institution may include an instrumentality that is separate from the government of South Africa, whether or not owned in whole or in part by South Africa.
Treaty-Qualified Retirement Fund	A fund established in South Africa, provided that the fund is entitled to benefits under an income tax treaty between South Africa and the United States on income that it derives from sources within the United States (or would be entitled to such benefits if it derived any such income) as a resident of South Africa that satisfies any applicable limitation on benefits requirement, and is operated principally to administer or provide pension or retirement benefits.
Broad Participation Retirement Fund	A fund established in South Africa to provide retirement, disability, or death benefits, or any combination thereof, to beneficiaries that are current or former employees (or persons designated by such employees) of one or more employers in consideration for services rendered and: <ol style="list-style-type: none"> 1. Does not have a single beneficiary with a right to more than five percent of the fund's assets; 2. The fund receives at least 50% of its total contributions from sponsoring employers.
Narrow Participation Retirement Fund	A fund established in South Africa to provide retirement, disability, or death benefits to beneficiaries that are current or former employees (or persons designated by such employees) of one or more employers in consideration for services rendered and: <ol style="list-style-type: none"> 1. The fund has fewer than 50 participants 2. The fund is sponsored by one or more employers that are not investment entities or Passive Narrow Participation Retirement Fund; 3. The employee and employer contributions to the fund are derived from the earned income of the employee.
Pension Fund for Exempt Beneficial Owner	A fund established in South Africa by an exempt beneficial owner to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the exempt beneficial owner (or persons designated by such employees), or that are not current or former employees, if the benefits provided to such beneficiaries or participants are in consideration of personal services performed for the exempt beneficial owner.
Investment Entity Wholly Owned by Exempt Beneficial Owners	An entity that is a South African financial institution solely because it is an investment entity, provided that each direct holder of an equity interest in the entity is an exempt beneficial owner, and each direct holder of a debt interest in such entity is either a depository institution (with respect to a loan made to such Entity) or an exempt beneficial owner.

DEFINITIONS: DEEMED COMPLIANT FINANCIAL INSTITUTIONS

A deemed-compliant Financial Institution (FI) is a financial institution that is considered to have satisfied the requirements under FATCA and therefore is not subject to FATCA, without having to undertake the obligations under a Financial institution agreement with the IRS.

Entity	Definition
Financial Institution with local client base	The Financial Institution must be licensed and regulated as a financial institution under the laws of South Africa and it must have no fixed place of business outside of South Africa. At least 98 percent of the financial accounts by value maintained by the financial institution must be held by residents (including residents that are entities) of South Africa.
Local Bank	The financial institution operates solely as (and is licensed and regulated under the laws of South Africa as) <ol style="list-style-type: none"> (a) a bank or (b) a credit union or similar cooperative credit organization that is operated without profit.
Financial Institution with only low-value accounts	A South African financial institution satisfying the following requirements: <ul style="list-style-type: none"> • The financial institution is not an investment entity • The financial institution does not have more than \$50 million in assets on its balance sheet, and the financial institution and any related entities, taken together, do not have more than \$50 million in total assets on their consolidated or combined balance sheets.
Qualified credit card issuer	The financial institution is a financial institution solely because it is an issuer of credit cards that accepts deposits only when a customer makes a payment in excess of a balance due with respect to the card and the over payment is not immediately returned to the customer;
Investment entities that qualify as deemed-compliant FFIs and other special rules	The financial institutions described below are Non-Reporting South African financial institutions that shall be treated as deemed-compliant PFIs for purposes of section 1471 of the U.S. Internal Revenue Code: <ol style="list-style-type: none"> A. Trustee-Documented Trust. A trust established under the laws of South Africa to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 PFI, or Participating PFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust. B. Sponsored investment entity and controlled foreign corporation C. Sponsored, Closely Held Investment Vehicle. D. Investment advisors and investment Managers. An investment entity established in South Africa that is a financial institution solely because it <ol style="list-style-type: none"> 1. Renders investment advice to, and acts on behalf of, or 2. Manages portfolios for, and acts on behalf of, a customer for the purposes of investing, managing, or administering funds deposited in the name of the customer with a Financial Institution other than a Non-participating Financial Institution. E. Collective investment vehicle. An investment entity established in South Africa that is regulated as a collective investment vehicle, provided that all of the interests in the collective investment vehicle (including debt interests in excess of \$50,000) are held by or through one or more exempt beneficial owners, Active NFFEs, U.S. Persons that are not Specified U.S. Persons, or Financial Institutions that are not Non-participating Financial Institutions.



Unless previously provided to the Manager, please send verified/certified copies of the documents set out below. These are used to verify the identity of the Investor. Strictly, only clear, legible copies of identity and other documents will be accepted, the Manager reserves the right to ask for further documentation.

Individual: South Africa

- Green, bar-coded Identity document, Smart ID (back and front)
- If not available valid reason why identity document could not be provided together with a valid passport or valid driver's licence
- Authority to act (if applicable): power of attorney/ letter of appointment from the court and Identity document

Individual: Foreign national

- Valid passport/ valid asylum seekers permit / valid work permit
- Authority to act (if applicable): power of attorney/ letter of appointment from the court and Identity document

Unlisted companies: South African

- Certificate of Incorporation (CM1 or CoR 15.1/CoR 14.1)
- Certified copy of Change of Name, if applicable (CM9 or CoR 9.1 or 2)
- Notice of Registered Office and Postal Address (CM22 or CoR 21)
- Current list of Directors (CM29 or CoR 39)
- Authority to act: Directors' Resolution and/or Delegation of Authority
- In respect of the Principal Executive Officer, each Director, each Authorised person, and each shareholder holding more than 25% of the voting rights of the company: trading/operating name, Certified copy of the Identity document, Proof of contact details
- Related party annexure

Unlisted companies: Foreign

- Official Document of Incorporation (or CoR 17.1)
- Registration Certificate (CoR 17.3)
- If trading in RSA, documents for RSA unlisted companies
- Authority to act: Directors' Resolution
- Identity document/ Passport, contact details of related parties and persons authorised to act
- Related party annexure

Trusts

- Trust deed or other founding document
- Authority to act: letter of authority from the Master of the High Court and trustees' resolution
- Identity document, contact details of each trustee, each beneficiary, the founder and the persons authorised to act

Pension Funds

- Registration Certificate (Registrar of Pension Funds)
- Authority to act: Trustees' Resolution
- The registration status of the Pension Fund can be verified by visiting www.fsca.co.za
- Related party annexure

Listed Companies

- Registration Certificate (Registrar of Companies or equivalent regulator-foreign companies)
- Documentary evidence of listing (printout from the official website of the stock exchange on which the entity is listed is required)
- Authority to act: Directors' Resolution
- Related party annexure

If a 3rd party is acting on behalf of the investor the following is required:

1. Proof of authority i.e. power of attorney, mandate, resolution, court order, letters of appointment by the Master of the High Court.
2. Documents as for Individual FICA above, for the person who is acting on behalf of the Investor and a specimen signature on the ID/ passport.
3. Related party annexure. Related parties (beneficial owner, controller, signatory, power of attorney) to this investment account need to complete the related party annexure available on www.stanlib.com.

Close corporations

- Founding Statement and Certificate of Incorporation (CK1)
- Amended Founding Statement (CK2), (If applicable)
- Authority to act: Members' Resolution
- Identity document, contact details of each member, persons authorised to act and of the Person Exercising Executive control over the CC.
- Conversion of Close Corporation (If a Close Corporation converts to another entity type, the following forms are applicable)
- Form CoR 18.1 – Application to convert a Close Corporation
- Form CoR 18.3 – Registration Certificate
- Related party annexure

Medical aids

- Registration certificate (Council for Medical Schemes)
- Authority to act: trustees' resolution
- Identity document, contact details of trustees and persons authorised to act
- Related party annexure

Other entities (Legal persons)

- Founding Document/ Document of Constitution/ Registration Certificate
- Schools: Registration Certificate issued by the relevant Department of Education
- Private schools must be registered with the Department of Education in terms of Section 46 of the Schools Act
- Public Schools: Government Gazette which stipulates the full name of the school
- Regulated Funds: Certificate of Registration/ Letter from regulator confirming that the entity has been registered and copy of the Rules of the Fund - must bear the stamp of the Regulator
- Churches and other Non-Profit Organisations: registration certificate issued by the Non-Profit Organisation Directorate
- Governmental bodies other than municipalities: Government Gazette which includes the name of the relevant Municipality/ Governmental Body and proof of investment mandate
- Authority to act: Authorised Signatories' Resolution
- Identity document, contact details of Person/s Authorised to act and of the the Person Exercising Executive control
- Related party annexure

Deceased estates

- Letter of Executorship/Letter of Authority
- Authority to act: special power of attorney (if applicable)/ executors'/ authorised signatories' resolution
- Identity document, contact details of persons authorised to act
- Related party annexure



Related Party Form - Individuals

Linked Investments

Definitions:

- **Beneficial owner:** has shares in the legal entity equal to or greater than 25% holding or owns the bank account used by the entity.
- **Controller:** exercises control over the entity, such as directors or executives
- **Signatory:** binds a person/ entity to the terms of an agreement.
- **Power of attorney:** has authorisation to represent or act on behalf of a person/ entity.

DETAILS OF RELATIONSHIP

RELATIONSHIP WITH INVESTOR/ENTITY	<input type="checkbox"/> BENEFICIAL OWNER	<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> POWER OF ATTORNEY
NAME OF INVESTOR/ ENTITY	<input type="text"/>			

RELATED PARTY DETAILS

TITLE*	<input type="text"/>
NAME/S*	<input type="text"/>
SURNAME*	<input type="text"/>
PREVIOUS/ MAIDEN NAME	<input type="text"/>
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
ID/ PASSPORT/ASYLUM/ PERMIT NUMBER*	<input type="text"/>
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)*	<input type="text"/> - <input type="text"/> - <input type="text"/>
	D D - M M - Y Y Y Y
PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)*	<input type="text"/>
GENDER*	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CONTACT NUMBER*	<input type="text"/>
EMAIL ADDRESS*	<input type="text"/>
COUNTRY OF BIRTH*	<input type="text"/>
COUNTRY OF RESIDENCE*	<input type="text"/>
NATIONALITY*	<input type="text"/>
COUNTRIES OF CITIZENSHIP*	<input type="text"/>

* Compulsory fields

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*Compulsory fields



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. PoPIA (Protection of Personal Information Act, 2013) is South Africa's data protection law that aims to protect your personal information. Our latest terms and conditions, available on www.STANLIB.com explain how and why we obtain, use, process, store, verify and share your personal information.

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

		-			-				
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SIGNED AT



Related Party Form - Legal Entity

Linked Investments

Definitions:

- **Beneficial owner:** has shares in the legal entity equal to or greater than 25% holding or owns the bank account used by the entity.
- **Controller:** exercises control over the entity such as directors or executives.

DETAILS OF RELATIONSHIP

RELATIONSHIP WITH INVESTOR/ENTITY	<input type="checkbox"/>	BENEFICIAL OWNER	<input type="checkbox"/>	CONTROLLER
NAME OF INVESTOR/ ENTITY	<input type="text"/>			

RELATED PARTY DETAILS

ENTITY NAME*	<input type="text"/>																				
REGISTRATION NUMBER*	<input type="text"/>																				
DATE OF REGISTRATION*	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td></td> <td>M</td> <td>M</td> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y
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COUNTRY OF REGISTRATION*	<input type="text"/>																				

* Compulsory fields

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*Compulsory fields

DECLARATION

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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.

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		SIGNED AT	<input type="text"/>																				



SIGNATURE OF CLIENT/
AUTHORISED SIGNATORY

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

DISCRETIONARY MANDATE

LINKED INVESTMENTS

Please complete and sign this Discretionary Mandate if you have selected to invest into a Model Portfolio managed by one of the following discretionary fund managers ("DFMs"):

STANLIB MULTI-MANAGER, A DIVISION OF STANLIB ASSET MANAGEMENT (PTY) LTD, REGISTRATION NUMBER 1969/002753/07 WITH FSP LICENCE NO. 26/10/719 ("STANLIB MULTI-MANAGER")

INN8 INVEST, A DIVISION OF STANLIB WEALTH MANAGEMENT (PTY) LTD, REGISTRATION NUMBER 1996/005412/07 WITH FSP LICENCE NO. 590 ("INN8 INVEST")

Please tick only the applicable DFM, hereinafter referred to as the appointed DFM throughout the document. Should you not elect any of the two but have completed and signed the Discretionary Mandate, you will be assumed to be contracting with both STANLIB Multi-Manager and INN8 Invest, allowing you to have. Discretionary Mandates with either or both as and when you invest with them.

STANLIB Multi-Manager and INN8 Invest are authorised financial service providers ("FSPs") in terms of section 8(5)(a)(i) of the FAIS Act and is licensed to provide discretionary intermediary services for the following products: Long-term Insurance: Category C, Pension Fund Benefits(Retail), Securities and Instruments: Shares in a company other than a "share block company" as defined in the Share Blocks Control Act, 1980, Money-Market Instruments as defined in BN 90 of 2014 issued in terms of the Collective Investment Schemes Control Act, 2002, ("CISCA"), Debentures and securitised debt, Warrants, Certificates and Other instruments, conferring or creating rights to subscribe to, acquire, dispose of, or convert Securities, Bonds, Derivative instruments, Participatory interests in one or more Collective Investment Schemes (including Collective Investment Schemes in Hedge Funds), Long-term deposits, Short-term deposits, Participatory interest in a hedge fund, Structured deposits and other asset classes permitted within the legislation and for which is authorised to provide intermediary services.

1. Appointment and Authorisation

- 1.1 I hereby appoint and authorise the above selected DFM to provide me with intermediary services of a full discretionary nature, and to manage my chosen Model Portfolio as specified on this form on my behalf, in accordance with the terms and conditions contained in this Discretionary Mandate and the FAIS Act.
- 1.2 I acknowledge that, upon receipt of the signed Discretionary Mandate, the appointed DFM is deemed to have accepted the above appointment in accordance with the terms and conditions set out in this Discretionary Mandate.
- 1.3 I hereby authorise the appointed DFM to exercise its full, unlimited and sole discretion in the management of my Model Portfolio Investment, in accordance with the investment objective of the Model Portfolio. I understand and agree that the DFM will invest, withdraw, or switch Investment Portfolios within my Model Portfolio Investment at its sole discretion.
- 1.4 I hereby authorise the appointed DFM in its sole and full discretion to invest in any Investment Portfolio on my behalf for which it is licensed, including both local and offshore assets.
- 1.5 I hereby authorise the appointed DFM to switch between Investment Portfolios within the Model Portfolio Investment with no limitation placed on the number of switches performed.
- 1.6 I acknowledge and accept that certain instructions undertaken on my behalf by the appointed DFM, in their sole discretion may be subject to tax, depending on the legislation which governs the Product in which my Model Portfolio Investment is held.
- 1.7 The appointed DFM may, at its own discretion, utilise the services of its own staff or that of another approved FSP in terms of the FAIS Act to render intermediary services to its Clients.
- 1.8 I hereby authorise the appointed DFM, at its discretion, to cede or assign at any time its rights and obligations in this Discretionary Mandate to any third party who is approved as a discretionary FSP in terms of the FAIS Act.
- 1.9 I hereby authorise the appointed DFM to vote on my behalf in respect of the Investment Portfolios in my Model Portfolio Investment.
- 1.10 I hereby authorise the appointed DFM as my representative to enter into any agreements on my behalf with any other person, financial exchange, member or regulatory body in the execution of its obligations in terms of this Discretionary Mandate.
- 1.11 I am not required to supply a bank account to the appointed DFM, and I acknowledge that the appointed DFM will not accept or facilitate any monies for investment or payment. The authorised and appointed administrative FSP, who administers the Investment Account, will receive and provide bank account details as required as part of the application process.
- 1.12 I acknowledge that all distributions received, including cash, interest and dividends, will be reinvested by the Investment Portfolios into my Investment Account. I confirm that I can refer to the relevant collective investment scheme fund fact sheet/minimum disclosure document for details of when distributions take place.

2. Registration of Model Portfolio Investment

The Client's appointed administrative FSP will register this investment as reflected in the application form. The investment may be registered in the name of the Client, the Retirement Fund, an approved Nominee Company, or the Long-Term Insurer as applicable according to the Financial Product in which the investment is held.

3. Investment Objective

The investment objective of the Client is to earn and maximise return on the investment in accordance with the risk profile of the Model Portfolio in which the Client invests, as stipulated in the relevant fact sheet.

4. Remuneration of Fees

- 4.1 I confirm that I have read and understood the Model Portfolio fact sheet, which discloses the current and maximum Model Portfolio charges and all underlying Investment Portfolio related charges. Depending on the Model Portfolio(s) selected, a different charge structure may apply.
- 4.2 I agree to pay the appointed DFM up to the disclosed maximum Model Portfolio charge, per annum plus VAT, for the intermediary services provided for in this Discretionary Mandate.
- 4.3 I acknowledge that the Model Portfolio Charge will be deducted from my Investment Account monthly in arrears.
- 4.4 The appointed DFM shall be entitled to vary the maximum Model Portfolio Charge upon 60 (Sixty) calendar days prior written notice.
- 4.5 The appointed DFM does not receive any commissions, incentives or rebates from any administrative FSP or Product Provider for placing my Model Portfolio investment with them. In respect of INN8 Invest only, INN8 Invest may, from time to time, negotiate fee reductions with the Product Providers depending on the applicable charge structure and construction of the Model Portfolio.

5. Reporting

- 5.1 I confirm that my appointed administrative FSP will provide me with quarterly investment statements by email or another medium as stipulated.
- 5.2 I request the appointed DFM not to provide me with any information that a relevant Investment Portfolio Product Provider must disclose by law. STANLIB Multi-Manager/INN8 Invest must only provide such information when I specifically request it.



6. Risk and Indemnity

6.1 By signing this Discretionary Mandate, I acknowledge that:

6.1.1 The appointed DFM does not provide a guarantee on the value of the Model Portfolio Investment nor does it guarantee the performance of the Investment Portfolios in the Model Portfolio Investment. The market value of the Model Portfolio Investment may fluctuate and go down as well as up, and past performance is not necessarily a guide to future performance.

I understand that I bear the investment and market risk, which includes the possibility of losing capital.

6.1.2 There are risks involved in an investment in Investment Portfolios via a Model Portfolio Investment. I understand that I carry the currency, investment and market risk, which includes the possibility of losing my entire capital. I acknowledge that I am aware of, understands and accepts the risks of investment.

6.2 Where the selected Model Portfolio Investment allocates to a collective investment scheme in hedge funds, I confirm that I have read and understood the information pertaining to these investment options in the Terms and Conditions of the administrative FSP.

7. Duration

7.1 This Discretionary Mandate shall come into effect on the date of processing my application and shall remain in force until it is terminated.

7.2 The Discretionary Mandate may be terminated as follows:

7.2.1 Automatically on the transfer of the Client from the Client's appointed administrative FSP.

7.2.2 Automatically if the Client requests a full withdrawal or switch out of the Model Portfolio Investment within his/her Investment Account and a different fee structure may then apply as per the rules of the applicable Investment Portfolio(s).

7.2.3 By either party on 60 days' written notice to the other. In this instance the appointed DFM is mandated and required to complete all instructions and transactions in progress which were initiated prior to the receipt and processing of the termination request. The appointed DFM is furthermore entitled to the standard model portfolio charge during the termination period. A different fee structure may then apply as per the rules of the applicable Investment Portfolio(s).

8. Protection of Personal Information Act

8.1 The Protection of Personal Information Act, 2013 is South Africa's data protection law that aims to protect your personal information. The appointed DFM's latest Privacy and Security Statement, available on www.stanlibmultimanager.co.za, www.STANLIB.com or www.INN8.co.za, explain how and why the appointed DFM obtains, uses, processes, stores, verifies and/or shares my personal information.

8.2 I confirm that I have read and accept the clauses in the above Privacy and Security Statement relating to the collection, processing, storage and distribution of my/our personal information.

8.3 I acknowledge that acceptance of the Privacy and Security Statement is voluntary, but that without my/our personal information as required by the application form, the appointed DFM will be unable to provide me/us with products or services.

9. Client Declaration

All information provided in my application form is complete and correct and I agree to advise the appointed DFM in writing if any of the details provided to the appointed DFM change subsequent to signature hereof.

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

