

Special Power of Attorney Linked Investments

I, the undersigned

FULL NAME

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(hereinafter called "Principal")

Do hereby appoint Financial Adviser details:

FINANCIAL ADVISOR FULL NAME

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FSP NAME

FSP LICENCE NUMBER

--	--	--	--	--	--	--	--

With power of substitution. This means that the Adviser can act on my behalf in respect of investments which may be payable to me, as administered by STANLIB Wealth Management (Pty) Limited (STANLIB):

1. TO MANAGE FINANCIAL AFFAIRS

To manage all processes involving the administration, transfer and/or payment of any investment benefits which may become due to me by nomination from a deceased client holding investment products administered by STANLIB or by operation of law as the dependant or beneficiary of the deceased client, in such a manner as the Advisor shall deem fit.

2. TO PROVIDE AND REQUEST PERSONAL INFORMATION

To request and handle my personal information, and that of the deceased, required to determine my claim against the investment benefits of the investment products administered by STANLIB, in the same manner as I would handle my own personal information and that of the deceased in line with the spirit of the Protection of Personal Information Act 4 of 2013.

STANLIB is 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 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. GENERALLY TO ACT

Generally to act in relation to the STANLIB investment benefits to which I may have a claim and in relation to this deed of Authority which may only be revoked as a result of my mental incapacity; or once I have received any and all investment benefits due to me; or by means of a Court Order.

DISCLAIMER

I have read and fully understand the nature of the authority assigned to the above Adviser herein and indemnify STANLIB when acting on instructions received in terms of this document. STANLIB may not facilitate the payment of intermediary fees in terms of this assigned authority.

SIGNED AT

DATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

in the presence of the undersigned witnesses

As witness:

1. FULL NAME

SIGNATURE

2. FULL NAME

SIGNATURE

SIGNATURE OF PRINCIPAL

