

## Change of Financial Adviser and Service Fee Linked Investments

### Sections to be completed:

- Appoint new Financial Adviser: Section A and Section C
- Replace existing Financial Adviser: Section A and Section C
- Remove Financial Adviser: Section B
- Change Financial Adviser fees: Section C

### CLIENT DETAILS

NAME & SURNAME/ENTITY NAME*																		
IDENTITY/PASSPORT/REGISTRATION NUMBER*																		

\*Compulsory field

### INVESTMENT DETAILS

INVESTMENT NUMBER*							
INVESTMENT NUMBER*							
INVESTMENT NUMBER*							
INVESTMENT NUMBER*							
INVESTMENT NUMBER*							

\*Compulsory field

### A-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.

### B-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.



**C-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)	Initial Recurring Investments (excl.VAT)
<b>FSP Charge</b>	%	%

**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		-		-				
		SIGNED AT								
SIGNATURE OF FINANCIAL ADVISER*		DATE		-		-				
		SIGNED AT								

\* Compulsory fields

**FINANCIAL SERVICES PROVIDER AUTHORIZATION**

- 1. I appoint the Financial Adviser named in this form as my Financial Adviser and authorise STANLIB to amend their records accordingly.
- 2. I understand that according to the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), the Financial Adviser must be mandated by a Licenced Financial Services Provider ("FSP") as a representative with the necessary FAIS sub-categories to act on my behalf and that it is also my responsibility to determine whether my Financial Adviser has the necessary authorisation. (Financial Services Board (FSB) toll-free number: 0800 110 443).
- 3. I understand and confirm that this document merely serves as a notification to STANLIB to record the details of my Financial Adviser. Further that I have entered into a separate mandate with my Financial Adviser that stipulates under what circumstances my Financial Adviser may interact on my behalf with STANLIB.
- 4. I indemnify STANLIB against all losses or damages, which I may sustain, as a result of transaction entered into on the basis of this delegation of authority by me to the Financial Adviser.
- 5. Where I have terminated my Financial Adviser's appointment it is my responsibility to advise STANLIB of such termination immediately. On receipt of such written notification, STANLIB will cease payment of all charges, other than accrued charges, to the Financial Adviser. I agree that STANLIB will pay to my Financial Adviser the agreed charges as set out in this Application Form.
- 6. I acknowledge that if a Financial Adviser is not mandated as required by the FSB, STANLIB is obliged by law to decline any instructions from such Financial Adviser. Also that STANLIB may and will accept instructions on the strength of my signature.
- 7. I acknowledge that if I choose to terminate my Financial Adviser to be a direct client I will solely be responsible for my investment decisions. STANLIB does not provide financial advise.
- 8. I acknowledge that the portfolio range of funds is only available to clients whose Financial Adviser is accredited to sell a specific range. Where a client terminates the services of an accredited Financial Adviser, and appoints a Financial Adviser who is not accredited to sell the same range of funds, the Client will immediately be moved from the current class fund/s to an available class fund/s linked to the new Financial Adviser. I acknowledge and accept that in such move, a Capital Gains Tax (CGT) event may occur.
- 9. I understand that if I choose to terminate my contract with my Financial Adviser who has access to model portfolio/s, I will be switched out of the model portfolio/s.



**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 confirm that all information provided herein is true and correct and that I 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

STANLIB Wealth Management (Pty) Limited (STANLIB) Registration Number (1996/005412/07 ) is an authorised administrative FSP (FSP Number 590) and is the administrator of your investment.

