

## 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 NUMBER*	<input type="text"/>	TITLE	<input type="text"/>
NAME/S*	<input type="text"/>	SURNAME/NAME OF LEGAL ENTITY*	<input type="text"/>
IDENTITY/PASSPORT / REGISTRATION NUMBER*	<input type="text"/>	CELLPHONE NUMBER*	<input type="text"/>
TELEPHONE (WORK)	<input type="text"/>	EMAIL ADDRESS*	<input type="text"/>

#### \*Compulsory section

#### FATCA/CRS SELF-CERTIFICATION DECLARATION 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.**

#### 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 AEOI /CRS REPORTING \*

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

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

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

Country(ies) of Tax Residency *	Tax Identification Number *	Not Applicable
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>

- By ticking 'No' you confirm that you are not registered for Tax and you are still required to complete country(ies) of tax residency on the table above.
- 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 on the table above.
- By ticking 'Not applicable' on the table above, you confirm that the country specified does not issue Tax Identification Numbers.

#### \*Compulsory Section



**DETAILS UPDATE \***

Please tick the appropriate field below for the change you wish to implement on your investment profile.

<input type="checkbox"/> EMAIL ADDRESS	<input type="checkbox"/> TELEPHONE/CELLPHONE NUMBER	<input type="checkbox"/> ADDRESS DETAIL (PHYSICAL)	<input type="checkbox"/> BANKING DETAIL
<input type="checkbox"/> DEBIT ORDER DETAILS	<input type="checkbox"/> ANNUAL CONTRIBUTION INCREASE	<input type="checkbox"/> INCOME DISTRIBUTION	<input type="checkbox"/> PHASE IN OPTION

**\*Compulsory section**

**CHANGE OF ADDRESS**

PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER \*

COMPLEX NAME / ESTATE \*

STREET NUMBER \*

STREET NAME / FARM NAME / AREA NAME \*

SUBURB / DISTRICT \*

CITY / TOWN \*

COUNTRY \*  CODE \*

**CHANGE OF CONTACT NUMBER**

NEW CELLPHONE NUMBER  -

**CHANGE OF EMAIL ADDRESS**

EMAIL ADDRESS

**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  YES  NO

CHANGE AN EXISTING DEBIT ORDER  YES  NO

DEBIT ORDER PREFERRED DATE  1<sup>ST</sup> (DEFAULT DATE)  15<sup>TH</sup>  25<sup>TH</sup>

COMMENCEMENT DATE   -

M M Y Y Y Y

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

Fund 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  5%  10%  15%  20%

CANCEL ANNUAL DEBIT ORDER INCREASE  YES  NO



EFFECTIVE MONTH

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		Y	Y	Y	Y	

### INCOME DISTRIBUTION

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

Fund Name	Income Distribution Method			Fund Name to Reinvest into
	Pay into Bank Account	Reinvest into Existing Fund	Reinvest into Another Fund	
	<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"/>	<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:

REDEMPTIONS     
  INCOME DISTRIBUTIONS     
  REGULAR WITHDRAWAL OPTIONS     
  DEBIT ORDERS

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

BANK

BRANCH  BRANCH CODE

ACCOUNT NUMBER

ACCOUNT TYPE  CHEQUE  SAVINGS  TRANSMISSION

ACCOUNT HOLDER'S ID NUMBER

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 METHOD

All statements, reports and notices will be sent electronically hence the investor's email is a mandatory requirement.

### PHASE-IN OPTION

Please note that a Phase-in option and a Cash Flow Plan (CFP) are not allowed to run on the same fund concurrently. Phase-in will move all units from the STANLIB 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 fund will be reinvested into the first fund 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

-   -      
D D M M Y Y Y Y

**REGULAR INCOME OPTION - CASH FLOW PLAN (CFP)**

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.
- **The minimum regular income withdrawal amount is R2000.00**
- Payment can take up to 2 business days, depending on your bank.
- **To stop the CFP a static data update (Change of Details form) will be required. CFP will only take effect once funds are cleared.**

Fund Name	Amount	Cancel
	R	<input type="checkbox"/>
	R	<input type="checkbox"/>
	R	<input type="checkbox"/>
<b>TOTAL</b>	R <input type="text"/>	

PAYMENT FREQUENCY

MONTHLY  QUARTERLY  BI-ANNUALLY  ANNUALLY

PREFERRED DATE

COMMENCEMENT DATE (25TH DEFAULT DATE)   -      
M M Y Y Y Y

- **If CFP is selected and a date frequency is not indicated, we will default to monthly frequency.**
- Payment can take upto 48 hours to reflect from date requested and this will vary from bank to bank.
- **If Payment is requested on a weekend or public holiday, it will only be processed on the preceding working day.**
- If Fund is not selected under the CFP option, we will process proportionately across funds.

**TERMS AND CONDITIONS**

**1. Privacy:** It is important to us that you understand how we obtain, process, store, and share your information. This will apply to all the products and/or services which we provide to you, including any products and/or services provided by our affiliates and associates. When you open an investment with us, you give us permission to disclose information for the purposes described herein, including the information of dependents and beneficiaries. You consent to STANLIB collecting, processing, storing, and disclosing this information for the purposes of:

- 1.1. Administering your investment account and processing any instructions on the account.
- 1.2. Communicating with you and your Financial Adviser/ broker.
- 1.3. Providing your information to any entity within Standard Bank Group Limited, including its subsidiaries and affiliates, where you already have a relationship with, or where you have applied for a product or benefit from, such entity. This information will only be shared for the administration of your products or benefits by this entity.
- 1.4. Providing relevant information to a contracted third party who requires the information to provide a service to you for your investment. We will ensure that the third party agrees to keep your information confidential and appropriately secured.
- 1.5. Transferring your Personal Information outside the borders of the Republic of South Africa. We will ensure that anyone to whom we pass on your Personal Information agrees to treat your information with the same level of protection as we do.
- 1.6. Providing information to industry registers such as ASISA, and contracted third parties, such as tracing agents, attorneys, debt collectors and other persons that assist with the enforcement of agreements.
- 1.7. Providing your information to regulatory authorities, governmental departments, local and international tax authorities and other persons that STANLIB under the law have to share your information with.
- 1.8. Payment processing for services providers, merchants, banks and other persons that assist with the processing of your payment instructions.
- 1.9. Assisting law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime.
- 1.10. Persons to whom STANLIB cede their rights or delegate their obligations to under agreements.
- 1.11. Conducting research or servicing products. Where appropriate, this information will be de-identified such that it cannot be linked back to you personally.
- 1.12. We undertake solely to collect and process your information as permitted by law. If you feel we have not done so, you have the right to contact us and object.
- 1.13. We will take reasonable steps to ensure that all Personal Information you provided to us is kept secure and confidential.
- 1.14. We will keep your Personal Information until such time as we are compelled to delete it, as prescribed by applicable law.
- 1.15. If we become involved in a proposed or actual merger, acquisition, or any form of sale of assets, we may use and disclose your Personal Information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to your Personal Information, which would continue to be subject to these terms.
- 1.16. You have the right to request a copy of the Personal Information we hold about you. We are allowed to charge you a fee to provide this information to you.
- 1.17. You have the right to request that we update, correct, or delete your Personal Information.

**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 or any other electronic medium and which appear to emanate from the Client. The Financial Advisor and the Manager 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, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.
- 2.4 **Query Support and Middle Office:** STANLIB Compliance and Complaints, PO Box 202, Melrose Arch, 2076 Telephone: 0860 123 003.
- 2.5 **Complaints:** Should the Client wish to lodge a complaint with STANLIB regarding the services being provided, the Client can locate STANLIB's Complaints procedure on [www.stanlib.com/contactus/pages/furtherqueries.aspx](http://www.stanlib.com/contactus/pages/furtherqueries.aspx), alternatively the Client can send an email to [rateus@stanlib.com](mailto:rateus@stanlib.com)



**INVESTOR DECLARATION**

- 1. I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my investment.
- 2. I/We agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.
- 3. 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.
- 4. I/We acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident.

**If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.**

SIGNATURE OF CLIENT / AUTHORISED SIGNATORY *	<input type="text"/>	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"/> <small>D D M M Y Y Y Y</small>
CAPACITY	<input type="text"/>	SIGNED AT	<input type="text"/>
SIGNATURE OF FINANCIAL ADVISER	<input type="text"/>	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"/> <small>D D M M Y Y Y Y</small>
		SIGNED AT	<input type="text"/>

