



LIBERTY

STANLIB

Liberty Bold Living Annuity

Underwritten by Liberty Group Limited, a registered Long-Term Insurer.

Comprehensive Change of Details

CLIENT DETAILS

INVESTMENT ACCOUNT NUMBER*

EXISTING NAME & SURNAME ON RECORD*

EXISTING ID/ PASSPORT/ PERMIT 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:
<input type="checkbox"/>	Clear copy of your bar-coded ID/copy of back and front of the ID smart card/birth certificate (if a minor)/valid passport (if a foreign national)
<input type="checkbox"/>	Proof of banking details: a cancelled cheque or bank statement
<input type="checkbox"/>	Discretionary FSP client mandate, if applicable
<input type="checkbox"/>	Related party annexure, if applicable*

*Each 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.



CHANGE OF PERSONAL DETAILS

Please only complete the details which have changed.

TITLE			
NAME/S			
SURNAME			
PREVIOUS NAME			
PREVIOUS/ MAIDEN NAME			
ID/ PASSPORT/PERMIT NUMBER			
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)	<input type="text"/>	-	<input type="text"/>
	D D		M M
			Y Y Y Y
PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)			
REGISTERED ENTITY NAME/TRADE NAME			
REGISTRATION NUMBER			
CELLPHONE NUMBER			
TELEPHONE NUMBER (H)	<input type="text"/>	TELEPHONE NUMBER (W)	<input type="text"/>
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	20. 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



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*	<input type="checkbox"/> PO BOX	<input type="checkbox"/> PRIVATE BAG	<input type="checkbox"/> POSTNET SUITE	POSTNET SUITE NUMBER*	
NUMBER*	<input type="text"/>	POST OFFICE NAME*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*Compulsory fields

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 BANK DETAILS FOR ANNUITY PAYMENT

BANK			
BRANCH		BRANCH CODE	
ACCOUNT NUMBER			
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION
ACCOUNT HOLDER'S ID NUMBER			
ACCOUNT HOLDER'S NAME			



CHANGE OF PORTFOLIO NOMINATION FOR FEE/ 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, Guarantee charge and financial adviser annual ongoing service charge deducted from one or more investment portfolio(s) in your account. If you would like to make use of the option, please specify the portfolios below.

Annuity Income account

Please specify the investment portfolios from which you would like us to deduct your annuity income. 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 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.

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

CHANGE OF BENEFICIARY NOMINATION

Please only complete the details which you wish to change.

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.**

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

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	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
		SIGNED AT	
SIGNATURE OF FINANCIAL ADVISER*		DATE	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
		SIGNED AT	

* Compulsory fields



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/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. I confirm that I have read and accept the clauses in the Terms and Conditions relating to the collection, processing, storage and distribution of my Personal Information (PI). I acknowledge that acceptance of these terms and conditions is voluntary, but that without my PI as required by this application form STANLIB will be unable to provide me with products or services.
3. 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.
4. 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.
5. 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.
6. 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

