E-mail Lispinstructions@stanlib.com
Facsimile 0867 277 516

STANLIB

Direct Unit Trusts: Classic Linked Life Annuity

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 ☐ NEW INVESTMENT ON RETIREMENT ☐ TRANSFER FROM ANOTHER ANNUITY

☐ I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE INVESTMENT PROPOSAL*

INVESTMENT PROPOSAL NUMBER* ______

* Compulsory fields

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:
☐	Certified or verified Identity document/ birth certificate (for minors under 18 years) and proof of authority (where minor is assisted by legal guardian)/ valid passport/ valid asylum seekers permit/ valid work permit
☐	Discretionary FSP client mandate, if applicable
☐	For a unit transfer request, a recent statement from the transferring administrator
☐	Related party annexure, if applicable*
*Related parties (beneficial owner, controller, signatory, power of attorney holder) to this investment account need to complete a related party annexure available on www.stanlib.com.	

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2020/07/23
0ZB152

CLIENT TYPE*

- [ ] INDIVIDUAL
- [ ] FOREIGN INDIVIDUAL
- [ ] REFUGEE
- [ ] PERSONAL SERVICE PROVIDER
- [ ] ASYLUM SEEKER
- [ ] MINOR
- [ ] ASSISTED
- [ ] DIRECTOR OF A PRIVATE COMPANY/ MEMBER OF A CC

*Compulsory fields

CLIENT DETAILS

TITLE*	
NAME/S*	
SURNAME*	
PREVIOUS NAME	
PREVIOUS SURNAME/ MAIDEN NAME	
ID/ PASSPORT/ ASYLUM/ PERMIT NUMBER*	
PASSPORT EXPIRY DATE*(IF PASSPORT NUMBER IS PROVIDED)	D D - M M - Y Y Y Y
PASSPORT COUNTRY OF ISSUE*(IF PASSPORT NUMBER IS PROVIDED)	
DATE OF BIRTH*	D D - M M - Y Y Y Y GENDER* [ ] FEMALE [ ] MALE
CELLPHONE NUMBER*	
TELEPHONE NUMBER (H)	
TELEPHONE NUMBER (W)	
EMAIL ADDRESS* **	
TAX REFERENCE NUMBER*	
COUNTRY OF RESIDENCE*	
COUNTRIES OF CITIZENSHIP*	
NATIONALITY*	
COUNTRY OF BIRTH*	

*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. 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

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

ADDRESS DETAILS

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 ☐ PO BOX ☐ PRIVATE BAG ☐ POSTNET SUITE POSTNET SUITE NUMBER

NUMBER POST OFFICE NAME POSTAL CODE

INVESTMENT DETAILS

The minimum investment amount is R50 000.00.

LUMP SUM INVESTMENT

☐ CASH TRANSFER ☐ UNIT TRANSFER

ESTIMATED TOTAL INVESTMENT AMOUNT

TRANSFER DETAILS

Name of Administrator	Account Number	Product Type	Estimated Amount
			R
			R
			R
			R

PORTFOLIOS

A maximum of 20 portfolios is allowed.

Portfolio Name	Class	Percentage
STANLIB Absolute Plus Fund	B1	%
STANLIB Aggressive Income Fund	B1	%
STANLIB Balanced Fund	B1	%
STANLIB Balanced Cautious Fund	B1	%
STANLIB Enhanced Yield Fund	A	%
STANLIB Equity Fund	R	%
STANLIB European Equity Feeder Fund	B1	%

Portfolio Name	Class	Percentage
STANLIB Extra Income Fund	R	%
STANLIB Flexible Income Fund	B1	%
STANLIB Global Balanced Feeder Fund	B1	%
STANLIB Global Balanced Cautious Feeder Fund	B1	%
STANLIB Global Bond Feeder Fund	B3	%
STANLIB Global Equity Feeder Fund	B1	%
STANLIB Global Property Feeder Fund	B1	%
STANLIB Income Fund	R	%
STANLIB Money Market Fund	B1	%
STANLIB Property Income Fund	B1	%
STANLIB Multi-Manager Absolute Income Fund	B1	%
STANLIB Multi-Manager Balanced Fund	B1	%
STANLIB Multi-Manager Defensive Balanced Fund	B1	%
STANLIB Multi-Manager Diversified Equity Fund of Funds	B1	%
STANLIB Multi-Manager Global Equity Feeder Fund	B1	%
STANLIB Multi-Manager High Equity Fund of Funds	B1	%
STANLIB Multi-Manager Low Equity Fund of Funds	B1	%
STANLIB Multi-Manager Medium Equity Fund of Funds	B1	%
STANLIB Multi-Manager Medium-High Equity Fund of Funds	B1	%
STANLIB Multi-Manager Real Return Fund	B1	%
STANLIB Multi-Manager Shari'ah Balanced Fund of Funds	B1	%
TOTAL		**100%**

SPECIAL LIVING ANNUITY DRAWDOWN RATE TO APPLY FROM 1 JUNE 2020 TO 30 SEPTEMBER 2020

In recognition of the financial impact of the COVID-19 pandemic, all living annuitants are entitled to select special living annuity drawdown rates for annuity income paid to them during the four-month COVID-19 relief period of 1 June 2020 to 30 September 2020. Living annuitants are however required to revert to the normal living annuity drawdown rates after this relief period.

You may therefor select a special living annuity drawdown rate from 0.5% to 20% for annuity income paid to you during the four-month COVID-19 relief period.

You are also required to select a normal living annuity drawdown rate from 2.5% to 17.5% to be applied to annuity income paid from 1 October 2020.

LIVING ANNUITY DRAWDOWN RATE TO APPLY UNTIL 30 SEPTEMBER 2020:

INCOME PERCENTAGE ☐☐☐ . ☐☐ % OR INCOME AMOUNT R ________

LIVING ANNUITY DRAWDOWN RATE TO BE APPLIED FROM 1 OCTOBER 2020:

INCOME PERCENTAGE ☐☐☐ . ☐☐ % OR INCOME AMOUNT R ________

FREQUENCY ☐ MONTHLY ☐ QUARTERLY ☐ BI-ANNUALLY ☐ ANNUALLY

TAX RATE ☐☐☐ . ☐☐ %

Please provide a valid tax directive issued by SARS confirming this rate.

Please note:
1. **New investment:** If we receive and process your instruction before the 14th business day of the month, you will receive your first monthly payment by the 1st of the following month. If we receive your instruction after this, you will receive your payment by the 1st of the month after next.

2**. Transfers from another Annuity provider:** If we receive and process your instruction before the 14th business day of the month, you will receive your first monthly payment by the 1st of the following month. If we process your instruction after this, we will ensure that, if applicable, you don't miss a monthly annuity payment due to the transfer, although you may receive your first payment later than the 1st of the following month.

3. In the event we do not hear from you regarding a preferred income drawdown at your next policy anniversary, we will continue to apply the 'legislated' rate you provide above.

PORTFOLIO NOMINATION FOR FEE / ANNUITY INCOME 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 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 investment portfolios in your investment account.

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

BANK DETAILS FOR ANNUITY PAYMENT

BANK			
BRANCH		BRANCH CODE	
ACCOUNT TYPE			
ACCOUNT NUMBER			
ACCOUNT HOLDER'S NAME			
ACCOUNT HOLDER ID NUMBER			

BENEFICIARY NOMINATION

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. If no beneficiary is nominated, the death benefit will be payable to your estate.

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

FINANCIAL ADVISER DETAILS

Details	Financial Adviser 1	Financial Adviser 2
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.

FINANCIAL SERVICE PROVIDER CHARGES (EXCLUDING VAT)

Transfers: No Financial Adviser Initial Fees are permitted on Transfers from another Living/Life Annuity product.

New Investments: Initial Advice Fees are permitted, please specify the percentage you have negotiated with your Financial Adviser, if applicable. A maximum of 1.5% applies.

	Initial Lump Sum Investment	Ongoing Service Charge
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	

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	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

DECLARATION

1. Acceptance of these terms and conditions is voluntary, but without your personal information as required by this application form Liberty and STANLIB will be unable to provide products or services to you.
2. The Classic Linked Life Annuity is underwritten by Liberty Group Limited, which has appointed STANLIB Wealth Management (Pty) Limited (Reg. No. 1996/005412/07) (590), hereinafter referred to as "STANLIB", to administer the Classic Linked Life Annuity Policy.
3. The Classic Linked Life Annuity is a compulsory annuity which is purchased from the Liberty Group Limited (an authorised FSP and Long-Term Insurance Company) via STANLIB in the name of the Client and administered by STANLIB. The investment will be registered in the name of the Liberty Group Limited and a record will be kept of the investments that forms part of the policy benefits to the Client in terms of the Classic Linked Life Annuity Policy.
4. The owner of the underlying assets in the investment, and all rights relating to these assets, is Liberty Group Limited as the Insurer.
5. If the information in the application form and investment proposal differ, the information in the application form will prevail.

Client declaration:

6. I warrant that all information given to STANLIB and/or Liberty at any time is complete and true. Information that affects Liberty's decision to provide benefits is known as material information. Where any material information, including the Policyholder's Personal Information, is not fully disclosed or is found to be untrue, Liberty may decide to cancel the Policy and/or not to pay any claims or benefits. Where the Policyholder provides Liberty with Personal Information of a third party for example a beneficiary nomination, the Policyholder guarantees that such third party has given the Policyholder consent to provide Liberty with his/her Personal Information.
7. If I am married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction, I have obtained the consent of my spouse to make use of the money to facilitate the investment.
8. I understand that my investment is subject to the policy terms and conditions. I confirm that I have read and understood to the policy terms and conditions and I agree that the clauses in the policy conditions and this application form create a binding agreement between myself, Liberty Group Limited and STANLIB.
9. 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. I acknowledge that acceptance of these terms and conditions is voluntary, but that without my personal information as required by this application form STANLIB and/or Liberty will be unable to provide me with products or services.
10. In line with current regulatory requirements, I confirm that I am aware that I must draw a regular annuity income from my policy, within the prescribed minimum and maximum limits as set by the regulatory authority from time to time. I understand that my annuity income will be subject to income tax, which STANLIB will deduct and pay to SARS on my behalf.
11. I understand that the amount I receive as a regular annuity income and the annuity payment frequency may only be reviewed annually on the policy anniversary date.
12. The annuity income is intended to be paid for life. STANLIB and/or Liberty reserves the right to vary the annuity income percentage in exceptional circumstances required by law or business practice.
13. I acknowledge that I may not cancel the Classic Linked Life Annuity as a cooling-off period does not apply to this policy.
14. I understand that the annuity is compulsory, and may not be assigned, reduced, hypothecated or attached by creditors.
15. I understand that the annuity income and investment returns are not guaranteed and that the annuity income payable will be dependent on the annuity income percentage selected and the investment return of the underlying investment portfolios.
16. No bank interest will be added to annuity income payments.
17. STANLIB does not give advice. I confirm that no advice was given by STANLIB in respect of this application.
18. 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. The charges reflected in the terms and conditions, will be the charges levied within the Policy and will be payable to STANLIB for its administration services.
19. If I have selected that Liberty invest into a Hedge Fund, Personal Share Portfolio and/or Model Portfolio for my policy, I confirm that I have read and understood the information pertaining to these investment options in the Terms and Conditions.
20. 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.
21. I agree that STANLIB and/or Liberty 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. STANLIB is indemnified against any losses, claims or damages arising from STANLIB acting on such instructions and/or applications.
22. I hereby indemnify STANLIB and/or Liberty 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 and/or Liberty is entitled to act on my Financial Adviser's instructions, whether in written or electronic format, as if they were my own instructions.
23. 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.
24. STANLIB will verify any bank account details received before making 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.

SIGNATURE OF CLIENT / AUTHORISED SIGNATORY		DATE	D D - M M - Y Y Y Y
		SIGNED AT	

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 and Liberty 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	D D - M M - Y Y Y Y
		SIGNED AT	

CONTACT DETAILS

STANLIB Wealth Management (Pty) Limited

Physical address:	17 Melrose Boulevard, Melrose Arch, 2196
Postal address:	P O Box 202, Melrose Arch, 2076
Tel:	011 448 6000
Fax:	086 727 7516
Email:	contact@stanlib.com
Website:	www.stanlib.com
Directors:	DTV Msibi (CEO), AP Cunningham*, MW Hlahla, DC Munro, JH Sutcliffe*, H Walker (*British) Secretary: JM Parratt

Liberty Group Limited

Physical address:	Liberty Centre, 1 Ameshoff Street, Braamfontein, 2001
Postal address:	P O Box 10499, Johannesburg, 2000
Contact Centre:	0860 456 789
Tel:	0860 123 003 / 011 408 4871
Fax:	086 688 0717
Email:	info@liberty.co.za
Website:	www.liberty.co.za
Directors:	JH Maree (Chairman), DC Munro* (Chief Executive), Y Maharaj* (Financial Director), AWB Band, SL Botha, CL Roskruge Celect, AP Cuningham##, MW Hlahla NY Khan, Dr SP Sibisi, YGH Suleman, JH Sutcliffe##, SK Tshabalala (*Executive Direct, ##British), Secretary: JM Paratt

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