



Retirement Products

New Investment Application

Registration details: Classic Retirement Annuity Fund Registration number 12/8/34304 (SARS Registration number 18/20/4/41660), Classic Preservation Pension Plan Registration number 12/8/34312 (SARS Registration number 18/20/4/39087), Classic Preservation Provident Plan Registration number 12/8/34309 (SARS Registration number 18/20/4/041659)

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

PRODUCT TYPE	<input type="checkbox"/> CLASSIC RETIREMENT ANNUITY FUND	<input type="checkbox"/> CLASSIC PRESERVATION PENSION PLAN	<input type="checkbox"/> CLASSIC PRESERVATION PROVIDENT PLAN
INSTRUCTION TYPE	<input type="checkbox"/> CASH INVESTMENT	<input type="checkbox"/> TRANSFER FROM AN EMPLOYER FUND	<input type="checkbox"/> TRANSFER FROM ANOTHER RETIREMENT ANNUITY / PRESERVATION FUND

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"/>	Certified or verified Identity document/ valid passport/ valid asylum seekers permit/ valid work permit
<input type="checkbox"/>	Model portfolio/ personal share portfolio mandate, if applicable
<input type="checkbox"/>	Discretionary FSP client mandate, if applicable
<input type="checkbox"/>	For a unit transfer request, a recent statement from the transferring administrator
<input type="checkbox"/>	For a personal share portfolio script transfer a recent investment statement from the transferring stockbroker
<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.



CLIENT TYPE*

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FOREIGN INDIVIDUAL	<input type="checkbox"/> INSOLVENT ESTATE	<input type="checkbox"/> REFUGEE
<input type="checkbox"/> ASYLUM SEEKER	<input type="checkbox"/> ASSISTED	<input type="checkbox"/> PERSONAL SERVICE PROVIDER	<input type="checkbox"/> DIRECTOR OF A PRIVATE COMPANY/ MEMBER OF A CC

*Compulsory fields

CLIENT DETAILS

TITLE*	<input type="text"/>
NAME/S*	<input type="text"/>
SURNAME*	<input type="text"/>
PREVIOUS NAME	<input type="text"/>
PREVIOUS SURNAME/ MAIDEN NAME	<input type="text"/>
ID/ PASSPORT/ ASYLUM/ PERMIT NUMBER*	<input type="text"/>
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)*	<input type="text"/> - <input type="text"/> - <input type="text"/>
	<small>D D M M Y Y Y Y</small>
PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)*	<input type="text"/>
DATE OF BIRTH*	<input type="text"/> - <input type="text"/> - <input type="text"/>
	<small>D D M M Y Y Y Y</small>
GENDER*	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CELLPHONE NUMBER*	<input type="text"/>
TELEPHONE NUMBER (H)	<input type="text"/>
TELEPHONE NUMBER (W)	<input type="text"/>
EMAIL ADDRESS* **	<input type="text"/>
TAX REFERENCE NUMBER*	<input type="text"/>
COUNTRY OF RESIDENCE*	<input type="text"/>
COUNTRY OF BIRTH*	<input type="text"/>
NATIONALITY*	<input type="text"/>
COUNTRIES OF CITIZENSHIP* ***	<input type="text"/>

* Compulsory fields

** Please note that where possible our correspondence to you will be sent by email

*** If you are a U.S. citizen, please complete an individual IRS W-9 form for Tax Identification and Certification found on the IRS website: <http://www.irs.gov/pub/irs-pdf/fw9.pdf> and provide it to us.

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

SOURCE OF INCOME

CODE* Please provide the code number which applies as per the list below

1. Child/ Spousal support payments	4. Passive income (Rental, dividends, interest)	7. Savings
2. Credit	5. Retirement/ Insurance pay out	8. Tax Refund
3. Gift/ Inheritance/ Winnings	6. Salary/ Bonus	9. Trade/ Business

* Compulsory fields

ADDRESS DETAILS

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*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	<input type="text"/>
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	POST OFFICE NAME	<input type="text"/>
				POSTAL CODE	<input type="text"/>

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 adviser for specific tax or legal advice.

ARE YOU A USA CITIZEN? YES NO

If you have selected '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>

ARE YOU ARE A REGISTERED TAX PAYER IN SOUTH AFRICA? YES NO TIN NUMBER

ARE YOU ARE A REGISTERED TAX PAYER IN THE USA? YES NO TIN NUMBER

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



Please indicate all other countries in which you are resident for tax purposes and the associated tax identification numbers in the table below. A South African tax number is required to open this investment, unless you are a minor.

Country(ies) of Tax Residency *	Tax Identification Number * (If you do not have a TIN, please provide reason)	Not Applicable
1.		
2.		
3.		
4.		
5.		

* Compulsory fields

1. By ticking 'No' you confirm that you are not registered for Tax and you still required to complete country(ies) of tax residency on the table above.
2. 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.
3. By ticking 'Not applicable' on the table above, you confirm that the country specified does not issue Tax Identification Numbers.

DIVIDEND WITHHOLDING TAX	<input type="checkbox"/> WITHHOLDING TAX EXEMPT	<input type="checkbox"/> WITHHOLDING TAX REDUCED RATE	REDUCED RATE	<input type="text"/>	<input type="text"/>	%
INTEREST WITHHOLDING TAX	<input type="checkbox"/> EXEMPT FROM TAX ON INTEREST	<input type="checkbox"/> REDUCED INTEREST TAX RATE	REDUCED RATE	<input type="text"/>	<input type="text"/>	%
REIT TAX	<input type="checkbox"/> EXEMPT FROM TAX ON REIT	<input type="checkbox"/> REDUCED REIT TAX RATE	REDUCED RATE	<input type="text"/>	<input type="text"/>	%

INVESTMENT DETAILS

Classic Retirement Annuity Fund: minimum investment amount is R25 000.00 for a lump sum or R500.00 p.m / R6 000.00 p.a for a recurring investment.

Classic Preservation Pension Plan and Classic Preservation Provident Plan: minimum investment amount is R25 000.00 for a lump sum. Recurring investments are not permitted.

INTENDED RETIREMENT AGE

RETIREMENT ANNUITY INVESTMENTS

INVESTMENT BY	<input type="checkbox"/> LUMP SUM	<input type="checkbox"/> RECURRING
METHOD OF PAYMENT	<input type="checkbox"/> ELECTRONIC FUND TRANSFER (EFT)	<input type="checkbox"/> ONCE OFF DEBIT
	<input type="checkbox"/> UNIT TRANSFER*	<input type="checkbox"/> SHARE PORTFOLIO SCRIP TRANSFER
	<input type="checkbox"/> REPURCHASE FROM STANLIB UNIT TRUST	STANLIB UNIT TRUST ENTITY NUMBER <input type="text"/>
INVESTMENT AMOUNT	<input type="text"/>	

* Please complete the transfer details section below.

Please note, once off debits will be debited from the specified bank account when we have finished processing this instruction.

PRESERVATION PLAN INVESTMENTS

METHOD OF PAYMENT	<input type="checkbox"/> CASH TRANSFER*	<input type="checkbox"/> UNIT TRANSFER*	<input type="checkbox"/> SHARE PORTFOLIO SCRIPT TRANSFER
ESTIMATED TOTAL INVESTMENT AMOUNT	<input type="text"/>		

* Please complete the transfer details section below.

Please note, once off debits will be debited from the specified bank account when we have finished processing this instruction.

TRANSFER DETAILS: PRESERVATION PLANS AND RETIREMENT ANNUITY TRANSFERS

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



Please indicate the portfolios into which you would like to phase in below

Portfolio Name	Percentage
	%
	%
	%
	%
	%
	%
	%
	%
	%
TOTAL	100%

RETIREMENT ANNUITY: BANK DETAILS

Details	Recurring debit Order	Once off Debit
SAME AS		<input type="checkbox"/> SAME AS RECURRING DEBIT ORDER
BANK		
BRANCH		
BRANCH CODE		
ACCOUNT NUMBER		
ACCOUNT TYPE		
ACCOUNT HOLDER'S NAME		
ACCOUNT HOLDER ID/REGISTRATION NUMBER		
The bank account holder hereby authorises STANLIB to make direct debits against the bank account provided		
SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY *		

Third party bank account holder: for an individual, please include a certified ID copy of the bank account holder with their specimen signature. For a legal entity please include the FICA documents as per the FICA requirements list and a bank mandate detailing the person(s) authorised to act on the bank account and the signing arrangements of the person(s) authorised.



PORTFOLIO NOMINATION FOR FEE 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 this option, please specify the portfolios below.

If you do not specify a fund to deduct fees 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.
3. Any money invested through a model portfolio or in a share portfolio will be used last for deductions.

Portfolio(s) Selected For Ongoing Fee Deductions

BENEFICIARY NOMINATION

A nominated beneficiary is a person who you nominate to receive a portion of the death benefit from your account should you pass away. This person does not need to be financially dependent on you.

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

DEPENDANTS

A dependant is any person who depends on you for financial support. Please specify these persons below, including your spouse and all your children, who are automatically classified as dependants.

Name/s	Surname	Contact Number	ID/Passport Number	Relationship to Investor

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

Transfers: No Financial Adviser Initial Fees are permitted on Transfers into the Classic Retirement Annuity fund from another Retirement Annuity.

New Investments: Initial Advice Fees are permitted, please specify the percentage you have negotiated with your Financial Adviser, if applicable. Our maximum initial advice fee rules apply.

	Initial Lump Sum Investment (excl.VAT)	Ongoing Service Charge (excl.VAT)	Initial Recurring Investments (excl.VAT)
FSP Charge	%	%	%

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* Compulsory fields

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

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		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 STANLIB and the Fund will be unable to provide products or services to you.
2. I confirm that by investing in the Classic Retirement Annuity Fund, Classic Preservation Pension Plan or Classic Preservation Provident Plan, I become a member of the relevant Fund if the Trustees accept this application.
3. I understand that my investment is subject to the Rules of the Fund, which permit Members to select the Investment Portfolios in which the Fund will invest the Member's share of the Fund. Any instruction in terms of this investment will be deemed to be an instruction to the Trustees to invest the Member's share of the Fund in the specified Investment Portfolio(s).
4. 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.
5. I confirm that I have read and understood the Terms and Conditions of the investment product which I am purchasing.
6. I agree that the Rules of the Fund and this application form create a binding agreement between myself and STANLIB. Where any representations have been made (verbal or otherwise) that contradict the clauses contained in these documents, the clauses in these documents shall prevail.
7. 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 will be unable to provide me with products or services.
8. STANLIB does not give advice. I confirm that no advice was given by STANLIB in respect of this application.
9. For contributions to the Classic Retirement Annuity Fund 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.
10. 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.
11. 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.
12. 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.
13. 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.
14. I agree that STANLIB 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. I confirm that I understand that if my Financial Adviser submits instruction for me, I should be satisfied as to the accuracy and completeness of the details. STANLIB is indemnified against any losses, claims or damages arising from STANLIB acting on such instructions and/or applications.
15. I hereby indemnify STANLIB 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 is entitled to act on my Financial Adviser's instructions, whether in written or electronic format, as if they were my own instructions.
16. 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.
17. 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.
18. I acknowledge that for Preservation plan investments I may only make a single withdrawal from my benefit prior to retirement. If I transfer to STANLIB from another preservation fund, and I have already taken a withdrawal from the preserved money previously, this will count as my one withdrawal, and I will not be able to withdraw from the investment again. If my investment originates from the Government Employees Pension Fund, I am permitted to withdraw one third of my benefit, either before or at retirement, or a combination of the two.
19. If I am investing without the assistance of a Financial Adviser, I confirm that I have the necessary knowledge to do so, including the knowledge required to select the Investment Portfolios in my Investment Account.
20. I acknowledge that for Retirement Annuity fund investments I may not withdraw from my benefit prior to retirement.

SIGNATURE OF CLIENT / AUTHORISED SIGNATORY		DATE	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; margin: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; margin: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">D</td> <td style="font-size: 8px; text-align: center;">D</td> <td></td> <td style="font-size: 8px; text-align: center;">M</td> <td style="font-size: 8px; text-align: center;">M</td> <td></td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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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 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	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; margin: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; margin: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">D</td> <td style="font-size: 8px; text-align: center;">D</td> <td></td> <td style="font-size: 8px; text-align: center;">M</td> <td style="font-size: 8px; text-align: center;">M</td> <td></td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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STANLIB MULTI -MANAGER DISCRETIONARY CLIENT MANDATE

Please sign this mandate if you have selected to invest into a model portfolio managed by STANLIB Multi-Manager (Pty) Ltd ("SMM").

1. Appointment and Authorisation

1.1. I hereby appoint and authorise SMM to provide me with intermediary services of a full discretionary nature, and to manage my SMM Model Portfolio as specified on this form on my behalf ("Model Portfolio"), in accordance with the terms and conditions contained in this Discretionary Mandate and FAIS.

1.2. SMM accepts the appointment by the client in accordance with the terms and conditions set out in this Discretionary Mandate. SMM is an authorised FSP in terms of section 8(5)(a)(i) of FAIS and is licensed to provide discretionary intermediary services for the following products: Long-term Insurance: Category C, Pension Fund Benefits(Retail), securities and instruments: Shares in a company other than a "share block company" as defined in the Share Blocks Control Act, 1980, money-market Instruments as defined in BN 90 of 2014 issued in terms of the Collective Investment Schemes Control Act, 2002, ("CISCA") debentures and securitised debt, warrants, certificates and other instruments, conferring or creating rights to subscribe to, acquire, dispose of, or convert securities, bonds, derivative instruments, participatory interests in one or more collective investment schemes (including Collective Investment Schemes in



Hedge Funds), foreign currency denominated investment instruments, including a foreign currency deposit, long-term deposits, short-term deposits and other asset classes permitted within the legislation and for which SMM is authorised to provide intermediary services.

- 1.3. I hereby authorise SMM to exercise its full, unlimited and sole discretion in the management of my Model Portfolio Investment, in accordance with the investment objective of the Model Portfolio. I understand and agree that SMM will invest, withdraw or switch Investment Portfolios within my Model Portfolio Investment at its sole discretion.
- 1.4. I hereby authorise SMM in its sole and full discretion to invest in any Investment Portfolio on my behalf for which it is licensed, including both local and offshore assets.
- 1.5. I hereby authorise SMM to switch between Investment Portfolios within the Model Portfolio Investment with no limitation placed on the number of switches performed.
- 1.6. I acknowledge and accept that certain instructions undertaken on my behalf by SMM in their sole discretion may be subject to tax, depending on the legislation which governs the Product in which my Model Portfolio Investment is held.
- 1.7. SMM may at its own discretion utilise the services of its own staff or that of another approved FSP in terms of FAIS to render intermediary services to their clients.
- 1.8. I hereby authorise SMM to cede or assign at any time the Discretionary FSP rights and obligations in this mandate to any third party who is approved as a Discretionary FSP in terms of FAIS.
- 1.9. I hereby authorise SMM to vote on my behalf in respect of the Investment Portfolios in my Model Portfolio Investment.
- 1.10. I hereby authorise SMM as my representative to enter into any agreements on my behalf with any other person, financial exchange, member or regulatory body in the execution of its obligations in terms of this Discretionary Mandate.

- 1.11. SMM in its capacity as discretionary FSP does not require that the client supplies a bank account to SMM. SMM will not accept or facilitate any monies for investment or payment. The authorised and appointed Administrative FSP who administers the Investment Account will receive and provide bank account details as required as part of the application process.
- 1.12. All distributions received, including cash, interest and dividends, will be reinvested by the Investment Portfolios into the client's Investment Account. I confirm that I can refer to the relevant collective investment scheme Fund fact sheet/minimum disclosure document for details of when distributions take place.

2. Registration of Model Portfolio Investment

The client's appointed Administrative FSP will register this investment as reflected in the application form. The investment may be registered in the name of the client, the Retirement Fund, an approved Nominee Company, or the Long Term Insurer as applicable according to the Financial Product in which the investment is held.

3. Investment Objective

The investment objective of the client is to earn and maximise return on the investment in accordance with the risk profile of the Model Portfolio in which the client invests, as stipulated in the relevant factsheet.

4. Remuneration of Fees

- 4.1. I confirm that I have read and understood the Model Portfolio fact sheet, which discloses the current and maximum Model Portfolio charges and all underlying Investment Portfolio related charges. Depending on the Model Portfolio(s) selected, a different charge structure may apply.
- 4.2. I agree to pay SMM the disclosed maximum Model Portfolio charge, per annum plus VAT, for the intermediary services provided for in this Discretionary Mandate.
- 4.3. The fee will be deducted from the Model Portfolio monthly in arrears, and is calculated on the last business day prior to the 10th day of each month on the market value of the model portfolio.
- 4.4. SMM shall be entitled to vary this fee from time to time upon 60 (Sixty) calendar days prior written notice to the client.
- 4.5. SMM does not receive any commissions, incentives, fee reductions or rebates from any administrative Financial Services Provider or Product Provider for placing the client's Model Portfolio investment with them.

5. Reporting

- 5.1. The Administrative FSP will provide the client with quarterly investment statements by email or another medium as stipulated.
- 5.2. I request that SMM does not provide me with any information provided by the Investment Portfolio Product Provider which the Provider must disclose by law. SMM will provide any such information on specific request from the client.

6. Risk and Indemnity

- 6.1. SMM does not provide a guarantee on the value of the Model Portfolio Investment nor does it guarantee the performance of the Investment Portfolios in the Model Portfolio Investment. The market value of the Model Portfolio Investment may fluctuate and go down as well as up, and past performance is not necessarily a guide to future performance. The client bears the investment and market risk which includes the possibility of losing capital.
- 6.2. SMM hereby discloses to the client that there are risks involved in an investment in Investment Portfolios via a Model Portfolio investment. The client carries the currency, investment and market risk which includes the possibility of losing capital. The client acknowledges that he/she is aware of, understands and accepts the risks of investment.
- 6.3. Hedge Fund Risk disclosures: Where the selected Model Portfolio Investment allocates to a Collective Investment Scheme in Hedge Funds, the client confirms that he/she has read and understood the information pertaining to these investment options in the terms and conditions of the Administrative FSP.

7. Duration

This Discretionary Mandate shall come into effect on the date of processing this application and shall remain in force until it is terminated. The mandate may be terminated as follows:

- 7.1. Automatically on the transfer of the client from STANLIB Wealth Management (Pty) Limited as an Administrative FSP.
- 7.2. Automatically if the client requests a full withdrawal or switch out of the Model Portfolio Investment within his/her Investment Account and a different fee structure may then apply as per the rules of the applicable Investment Portfolio(s), or
- 7.3. By either party on 60 days' written notice to the other. In this instance SMM is mandated and required to complete all instructions and transactions in progress which were initiated prior to the receipt and processing of the termination request. SMM is furthermore entitled to the standard model portfolio charge during the termination period. A different fee structure may then apply as per the rules of the applicable Investment Portfolio(s).

8. Client Declaration

- 8.1. All information provided in this mandate is complete and correct and I agree to advise SMM in writing should any of the details provided to SMM change subsequent to signature hereof.

SIGNATURE OF CLIENT /
AUTHORISED SIGNATORY

DATE

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D	D		M	M		Y	Y	Y	Y

SIGNED AT

