

Retirement Products Withdrawal Form

CLIENT DETAILS

INVESTMENT ACCOUNT NUMBER	<input type="text"/>
NAME/S	<input type="text"/>
SURNAME / NAME OF LEGAL ENTITY	<input type="text"/>
IDENTITY/PASSPORT/ASYLUM/REG NUMBER	<input type="text"/>
PLEASE CONTACT FOR THIS TRANSACTION	<input type="checkbox"/> CLIENT OR <input type="checkbox"/> FINANCIAL ADVISER

WITHDRAWAL INSTRUCTION

ARE YOU RETIRING? NO YES *

* Please complete only the "withdrawal at retirement" section of this form, and the "annuity details" section if applicable.

WITHDRAWAL BEFORE RETIREMENT

- **Classic Preservation Plans:** You may withdraw once in part or full before you retire from the Fund. If you transfer to us from another Preservation Fund, and you have already taken a withdrawal from the previously preserved money, that will count as your one withdrawal. If you left your employer fund and preserved your savings when you were over the normal retirement age of the employer fund, you will not be permitted to make a withdrawal from your Preservation Fund investment before you retire. You may withdraw in full if you emigrate through the South African Reserve Bank. If your investment originates from the Government Employees Pension Fund, you can withdraw one third of your benefit, either before or at retirement, or a combination of the two.
- **Classic Retirement Annuity Fund:** You will only be able to withdraw from your investment before the minimum retirement age of 55 if you officially emigrate through the South African Reserve Bank, or the value of your investment account is less than the legislated minimum amount of R7 000. In both circumstances you must withdraw the full amount of your investment.
- If you get divorced or a claim for maintenance is brought against your name, the court may award a portion of your benefit to your ex-spouse, or to the Maintenance Court.
- If you are requesting a partial withdrawal, your investment must comply with Regulation 28 limits after we process your instruction. Please refer to our website for more information.

TYPE OF WITHDRAWAL	<input type="checkbox"/> FULL WITHDRAWAL	<input type="checkbox"/> PART WITHDRAWAL (PLEASE COMPLETE THE PORTFOLIO SELECTION BELOW)
WITHDRAWAL REASON	<input type="checkbox"/> ONCE-OFF WITHDRAWAL	<input type="checkbox"/> RETIREMENT ANNUITY OF R7000 OR LESS
	<input type="checkbox"/> DIVORCE (TRANSFER)	<input type="checkbox"/> DIVORCE (CASH) <input type="checkbox"/> EMIGRATION
		<input type="checkbox"/> MAINTENANCE <input type="checkbox"/> DEATH

Please complete either rand amount or % of units.

Portfolio Name	Amount	% of Units
	R	%
	R	%
	R	%
	R	%
	R	%
	R	%
	R	%
	R	%
	R	%

TOTAL AMOUNT R

AMOUNT IN WORDS



WITHDRAWAL AT RETIREMENT

If you would like to request an early retirement due to ill health or disability, please contact us for the requirements.

Retirement Annuity Fund| Preservation Pension Plan

If the current illustrative value of all your Retirement Annuity Fund / Preservation Pension Plan investments fall below R 247 500, a full cash withdrawal is allowed.

Form with checkboxes for 1/3 - 2/3 SPLIT, CASH LUMP SUM R [input boxes] (to a maximum of 1/3 and balance transfer to an annuity), and FULL TRANSFER TO AN ANNUITY.

STANLIB does not calculate client's tax liability, if you have selected a cash lump sum, please provide the gross amount including the tax.

Preservation Provident Plan

Form with checkboxes for 1/3 - 2/3 SPLIT, FULL WITHDRAWAL, CASH LUMP SUM R [input boxes] (and balance transfer to an annuity), and FULL TRANSFER TO AN ANNUITY.

STANLIB does not calculate client's tax liability, if you have selected a cash lump sum, please provide the gross amount including the tax.

ANNUITY DETAILS

This section must be completed if a portion or the full benefit is used to purchase an annuity. Please attach a copy of the annuity application form to this application form.

Form with input fields for PRODUCT NAME, COMPANY NAME, CONTACT PERSON, and CONTACT NUMBER/ EMAIL ADDRESS.

BANKING DETAILS FOR WITHDRAWAL PAYMENTS

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

Form with input fields for BANK, BRANCH, BRANCH CODE, ACCOUNT NUMBER, ACCOUNT TYPE (CHEQUE, SAVINGS, TRANSMISSION), ACCOUNT HOLDER'S ID NUMBER, and ACCOUNT HOLDER'S NAME.



TERMS AND CONDITIONS

General

1. Our latest terms and conditions will apply to this transaction. You may request a copy of the terms and conditions from your Financial adviser or the from us on 0860 123 003.

Full Withdrawal

Business Cut-off: 3.30pm	Switch to Money Market	Application for Tax Directive (once switch complete)	SARS response and load instruction	Sell units	Investor statement reflects instruction	STANLIB Pays you
Before cut-off	Business day 1	Business day 4	Business day 5	Business day 6	Business day 8	Business day 8
After cut-off	Business day 2	Business day 5	Business day 6	Business day 7	Business day 9	Business day 9

Partial Withdrawal

Business Cut-off 3.3pm	Application for Tax Directive	SARS response and load instruction	Sell units	Investor statement reflects instruction	STANLIB pays you
Before cut-off	Business day 1	Business day 3	Business day 3	Business day 4	Business day 4
After cut-off	Business day 2	Business day 4	Business day 4	Business day 5	Business day 5

Please note that the payment may take a few days to reflect in your bank account. The time it takes depends on inter-bank processing standards.

2. We are not able to process withdrawal or switch instructions on your account while we are busy deducting money to pay fees or a regular income payment. We deduct fees on the 10th of each month or the first business day thereafter if the 10th is not a working day, and the process takes two business days to complete. We begin the process to deduct regular incomes on the 20th of each month, or the business day prior if the 20th is not a working day, and the process takes two business days to complete. Income distributions are processed between the 1st and the 10th of the month, and this may affect our ability to process other instructions you send to us, such as switches, withdrawals, unit transfers, and regular withdrawals. Withdrawal requests received during the monthly expense run or monthly annuity run will be processed once the run has priced up. This will generally add up to 2 business days to our normal timelines. Due to the nature of the investment, the turnaround time for withdrawals from Personal Share Portfolios will be determined by the Investment Manager. The maximum period for completing a withdrawal is 60 days from when a fully complete an accurate instruction is received.

3. Full withdrawals and retirements: Your investment will be switched into the STANLIB Money Market class B13 fund, and will remain there until the required tax directives have been received from SARS and the withdrawal can be processed. Should you request to cancel the instruction, the investment will be switched back to the original underlying portfolio selection prior to the withdrawal instruction received by STANLIB within normal business turnaround times.

4. The proceeds of the withdrawal will be paid electronically to the your bank account. Payment to third parties i.e. an account not in the name of the investor, is not allowed. Payments can only be made to transmission, savings or current accounts.

5. Any values previously advised are only a guide to the actual values of the assets will be disinvested. The actual amount of the withdrawal will be calculated in accordance with the latest prices provided to STANLIB by the Fund Manager as at time of withdrawal.

6. Any distributions received from the Fund Manager after this withdrawal will automatically be credited to the original portfolio(s). If a full withdrawal has taken place the distribution will be paid automatically to the same bank account used for the withdrawal.

INVESTOR DECLARATION

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.

I/We agree to provide all documentation and information required in terms of STANLIB's business rules and the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided. 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.

I/We confirm that neither STANLIB nor any of its representatives provided me/us with any advice and that I/we have taken particular care to consider my/our own or with the assistance of my/our authorised FSP (financial adviser) whether the withdrawal is appropriate considering my/our unique objectives, financial situation and particular needs. I/We hereby agree to provide all documentation and information in terms of STANLIB's requirements and understand that STANLIB is prohibited from processing any transaction on my behalf until all such information and documentation has been received. I/We understand that all material facts must be accurately and properly disclosed and the accuracy and completeness of all information provided by me or on my behalf, is my/ our own responsibility. I/We understand that no financial adviser may request me/us to sign any written or printed form or document unless all details required to be inserted thereon by me or on my behalf have already been inserted. I/We understand that if I/we take a withdrawal benefit from the retirement product I/we would be reducing the capital available for retirement.

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 *

DATE

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

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

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

SIGNED AT

