



Standard Bank Fundisa Withdrawal Form

Collective Investments (Unit Trusts)

CLIENT DETAILS

ENTITY ACCOUNT NUMBER	<input type="text"/>
NAME & SURNAME/ ENTITY NAME	<input type="text"/>
IDENTITY/PASSPORT/REGISTRATION NUMBER	<input type="text"/>

WITHDRAWAL DETAILS

The Withdrawal proceeds for tertiary studies will be paid directly to the approved NSFAS institution.

REASON FOR WITHDRAWAL:	<input type="checkbox"/> PERSONAL USE	<input type="checkbox"/> EDUCATIONAL COSTS
CHILD/ NOMINATED STUDENT NAME	<input type="text"/>	
INVESTMENT ACCOUNT NUMBER	CANCEL DEBIT/STAFF STOP ORDER	<input type="checkbox"/> YES <input type="checkbox"/> NO
PORTFOLIO NAME	<input type="text"/>	
RAND AMOUNT	R <input type="text"/>	<input type="text"/> % OF UNITS <input type="text"/> %

REASON FOR WITHDRAWAL:	<input type="checkbox"/> PERSONAL USE	<input type="checkbox"/> EDUCATIONAL COSTS
CHILD/ NOMINATED STUDENT NAME	<input type="text"/>	
INVESTMENT ACCOUNT NUMBER	CANCEL DEBIT/STAFF STOP ORDER	<input type="checkbox"/> YES <input type="checkbox"/> NO
PORTFOLIO NAME	<input type="text"/>	
RAND AMOUNT	R <input type="text"/>	<input type="text"/> % OF UNITS <input type="text"/> %

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CHILD/ NOMINATED STUDENT NAME	<input type="text"/>	
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PORTFOLIO NAME	<input type="text"/>	
RAND AMOUNT	R <input type="text"/>	<input type="text"/> % OF UNITS <input type="text"/> %



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"/>
CAPACITY	<input type="text"/>	SIGNED AT	
SIGNATURE OF FINANCIAL ADVISER	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
			<input type="text"/>
		SIGNED AT	

