

INVESTMENT SUMMARY

Linked Investments

REFERENCE NUMBER

GENERATED ON

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

INVESTOR DETAILS

| | | | |
|----------------------|----------------------|-----------------------------------|----------------------|
| ID/PASSPORT NUMBER | <input type="text"/> | TITLE | <input type="text"/> |
| NAME/S | <input type="text"/> | SURNAME | <input type="text"/> |
| CONTACT NUMBER | <input type="text"/> | EMAIL ADDRESS | <input type="text"/> |
| TAX REFERENCE NUMBER | <input type="text"/> | | |
| REGISTRATION NUMBER | <input type="text"/> | NAME OF LEGAL ENTITY / TRADE NAME | <input type="text"/> |
| CONTACT NUMBER | <input type="text"/> | EMAIL ADDRESS | <input type="text"/> |

INVESTMENT DETAILS

PRODUCT

INVESTMENT TYPE

LUMP SUM AMOUNT R .

LUMP SUM: ONCE-OFF DEBIT AMOUNT R .

LUMP SUM: DIRECT DEPOSIT AMOUNT R .

LUMP SUM: TRANSFER AMOUNT R .

RECURRING DEBIT ORDER AMOUNT R . RECURRING DEBIT ORDER DATE

RECURRING DEBIT ORDER FREQUENCY MONTHLY ANNUALLY

OPTIONS SELECTED:

PHASE-IN PERCENTAGE SELECTED . %

PHASE-IN PORTFOLIOS

| PORTFOLIO | PERCENTAGE | AMOUNT |
|-----------|------------|--------|
| | % | R |

LUMP SUM PORTFOLIOS

| PORTFOLIO | PERCENTAGE | AMOUNT |
|-----------|------------|--------|
| | % | R |

RECURRING DEBIT ORDER PORTFOLIOS

| PORTFOLIO | PERCENTAGE | AMOUNT |
|-----------|------------|--------|
|-----------|------------|--------|



PORTFOLIO NOMINATION FOR FEE/INCOME

You have selected the following portfolio(s) for your regular income:

*Underlying portfolios within a Model Portfolio

You have selected the following portfolio(s) for your annuity income:

*Underlying portfolios within a Model Portfolio

You have selected the following portfolio(s) for ongoing fee deductions:

*Underlying portfolios within a Model Portfolio

FINANCIAL ADVISER DETAILS

FINANCIAL SERVICE PROVIDER
LICENCE NO:

STANLIB ID

NAME OF SOLE PROPRIETOR /
REPRESENTATIVE

FINANCIAL SERVICE PROVIDER CHARGES (EXCLUDING VAT)

FEE SPLIT: Only available to advisers from the same Financial Service Provider

FSP SERVICE CHARGE

 %

INITIAL FSP CHARGE: LUMP SUM INVESTMENT

 %

INITIAL FSP CHARGE: RECURRING INVESTMENT

 %

FINANCIAL ADVISER 1 %

FINANCIAL ADVISER 2 %

INVESTOR DECLARATION

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS FOR THIS INVESTMENT AND I AM AWARE OF THE EFFECTIVE ANNUAL COST

General:

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. 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.
3. STANLIB does not give advice. I confirm that no advice was given by STANLIB in respect of this application.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.

Classic Investment Plan and STANLIB Linked Investments Tax Free Savings Plan:

1. I confirm that I have read and understood the Terms and Conditions of the investment product which I am purchasing. I agree that the clauses in the Terms and Conditions 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.
2. STANLIB Linked Investments Tax Free Savings Plan:
 - a. I confirm that I understand that I may contribute up to a maximum of R36 000 per tax year to all of your tax-free savings accounts, and R500 000 over a lifetime. These amounts are specified in legislation and may change from time to time. Any excess contributions will be taxed at a rate of 40% in the hands of the investor.
 - b. I confirm that I understand that any money which I withdraw will still count towards my annual and lifetime limits.
3. Either party is entitled to terminate this administrative contract after notice in writing of not more than 60 days. Please note that all other terms and conditions pertaining to the underlying investment will still be applicable.
4. 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.
5. 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 abovementioned extracts of legislation.



6. 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.

7. 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.

Classic Retirement Annuity Fund, Classic Preservation Pension and Plan Classic Preservation Provident Plan:

1. 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.

2. 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).

3. I confirm that I have read and understood the Terms and Conditions of the investment product which I am purchasing.

4. 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.

5. 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.

6. 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 abovementioned extracts of legislation.

7. 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.

8. I acknowledge that for Preservation plan investments I may only make a single withdrawal from my benefit prior to retirement. I understand that 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.

9. If your investment originates from the Government Employees Pension Fund, you are permitted to withdraw one third of your benefit, either before or at retirement, or a combination of the two.

10. I acknowledge that for Retirement Annuity Fund investments I may not withdraw from my benefit prior to retirement.

Classic Linked Life Annuity:

1. 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.

2. 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.

3. The owner of the underlying assets in the investment is Liberty Group Limited as the Insurer.

4. 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 is not fully disclosed or is found to be untrue, Liberty Life may decide not to pay any claims, benefits or cancel the policy.

5. 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.

6. 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.

7. 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.

8. I acknowledge that I may not cancel the Classic Linked Life Annuity as a cooling-off period does not apply to this policy.

9. 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.

10. 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.

11. I understand that the annuity is compulsory, and may not be assigned, reduced, hypothecated or attached by creditors.

12. 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.

13. 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.

14. 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.

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 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

