

## 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](mailto: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:
<input type="checkbox"/>	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
<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](http://www.stanlib.com).



**CLIENT TYPE\***

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FOREIGN INDIVIDUAL	<input type="checkbox"/> REFUGEE	<input type="checkbox"/> PERSONAL SERVICE PROVIDER
<input type="checkbox"/> ASYLUM SEEKER	<input type="checkbox"/> MINOR	<input type="checkbox"/> ASSISTED	<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"/> D	<input type="text"/> D	<input type="text"/> M
	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y
	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
PASSPORT COUNTRY OF ISSUE*(IF PASSPORT NUMBER IS PROVIDED)	<input type="text"/>		
DATE OF BIRTH*	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M
	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y
	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
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"/>		
COUNTRIES OF CITIZENSHIP*	<input type="text"/>		
NATIONALITY*	<input type="text"/>		
COUNTRY OF BIRTH*	<input type="text"/>		

\*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	<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  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  SHARE PORTFOLIO SCRIP TRANSFER

ESTIMATED TOTAL INVESTMENT AMOUNT

TRANSFER DETAILS

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

PHASE-IN OPTION

We give you the option to gradually invest some or all of your initial investment in the investment portfolios you have chosen over a 3, 6, 9, 12, or 24 month period. Where the phase-in option has been selected, the specified initial investment amount will be held in a Standard Bank call account and switched into the investment portfolios over the frequency specified.

If you would like to make use of this option, please indicate your preferences below, and provide the percentage of your investment you would like to phase-in, in the "Phase in Call account" option in the portfolio list.

DO YOU WANT TO PHASE-IN?  YES

NUMBER OF PHASE-IN MONTHS  3  6  9  12  15  18  24

PHASE-IN DAY  3RD OR  17TH OF THE MONTH

FIRST PHASE-IN MONTH   -

M M Y Y Y Y



PORTFOLIOS

Please note that you may not invest in more than 20 investment portfolios within your account.

Portfolio Name	Lump sum Percentage	Recurring Percentage
<input type="checkbox"/> PHASE-IN CALL ACCOUNT	%	
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

PHASE-IN PORTFOLIOS

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

Portfolio Name	Percentage
	%
	%
	%
	%
	%
	%
	%
	%
	%
<b>TOTAL</b>	<b>100%</b>

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 therefore 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.
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	Portfolio(s) Selected For Annuity Income Payments

**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
					%
					%
					%



Name	Surname	Contact Number	ID/Passport Number	Relationship to Investor	Percentage
					%
<b>TOTAL</b>					<b>100%</b>

### 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
<b>FSP Charge</b>	%	%

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY		DATE	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
		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"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
		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

## 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

		-			-				
<b>D</b>	<b>D</b>		<b>M</b>	<b>M</b>		<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

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](mailto:contact@stanlib.com)  
Website: [www.stanlib.com](http://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](mailto:info@liberty.co.za)  
Website: [www.liberty.co.za](http://www.liberty.co.za)  
Directors: JH Maree (Chairman), DC Munro\* (Chief Executive), Y Maharaj\* (Financial Director), AWB Band, SL Botha, CL Roskrige 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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