

Withdrawal Form

Classic Investment Plan, STANLIB Linked Investments Tax-Free Savings Plan, Maturelink and Multivest

CLIENT DETAILS

ENTITY / INVESTMENT ACCOUNT NUMBER												
NAME/S												
SURNAME / NAME OF LEGAL ENTITY												
IDENTITY/PASSPORT/ASYLUM/REG NUMBER												
CELLPHONE NUMBER							IS THIS A NEW CONTACT DETAIL	<input type="checkbox"/>	YES			
EMAIL ADDRESS							IS THIS A NEW CONTACT DETAIL	<input type="checkbox"/>	YES			

CONTACT DETAILS FOR THIS TRANSACTION:

PLEASE CONTACT: CLIENT **OR** FINANCIAL ADVISER

REDEMPTION DETAILS

SELECT THE PRODUCT	<input type="checkbox"/> CLASSIC INVESTMENT PLAN	<input type="checkbox"/> MATURELINK	<input type="checkbox"/> MULTIVEST	<input type="checkbox"/> STANLIB LINKED INVESTMENTS TAX-FREE SAVINGS PLAN
TYPE OF REDEMPTION	<input type="checkbox"/> PART REDEMPTION	<input type="checkbox"/> FULL REDEMPTION		
CANCEL THE DEBIT ORDER	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

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

TOTAL AMOUNT R .

AMOUNT IN WORDS



DECLARATION

We are required to collect, process, store, disclose and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or third-party contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared. 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.

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 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

		-			-				
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

