

Additional Investment Form

Collective Investments (Unit Trusts)

- This application form is solely for the Additional investment Purposes (Top-up deposits only).
- For Debit Order, Cash Flow and Details amendments, The Change of Details Form is to be used.

The abovementioned forms can be found on www.stanlib.com/Individuals/Investwithus/Pages/ApplicationForms.aspx if required. A copy of this form must be sent to the Manager and the Financial Adviser must also retain a complete copy. In terms of the FAIS Act, the Financial Adviser that dealt with the Client must deliver the original to the Client for safe custody. All amendments / changes made on the application form are to be initialled by the investor.

CLIENT DETAILS

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

SOURCE OF INCOME *

CODE:

<input type="checkbox"/> 01. Gifts / inheritance / winnings	<input type="checkbox"/> 04. Passive income (Rental, Dividends, Interest)	<input type="checkbox"/> 07. Retirement / insurance pay out
<input type="checkbox"/> 02. Trade / business	<input type="checkbox"/> 05. Savings	<input type="checkbox"/> 08. Salary / bonus
<input type="checkbox"/> 03. Credit	<input type="checkbox"/> 06. Child / spousal support payments	<input type="checkbox"/> 09. Tax refund

*Compulsory Section

PURPOSE OF INVESTMENT *

CODE:

<input type="checkbox"/> 01. Start and expand a business	<input type="checkbox"/> 02. Education savings	<input type="checkbox"/> 03. Foreign exchange hedging	<input type="checkbox"/> 04. Save for retirement / financial goals	<input type="checkbox"/> 05. Winding up estate
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*Compulsory Section

IF YOUR CELL NUMBER AND EMAIL ADDRESS HAVE CHANGED, PLEASE UPDATE BELOW

CELL NO	<input type="text"/>
EMAIL	<input type="text"/>

INVESTMENT DETAILS

PAYMENT TYPE LUMP SUM: DIRECT DEPOSIT (PROOF OF DEPOSIT REQUIRED) LUMP SUM: ONCE OFF DEBIT RECURRING PLAN: RECURRING DEBIT ORDER

The minimum ad-hoc amount is determined by the fund selection. Please refer to our website for more information regarding funds and fees. If the initial manager charge is not specified, zero fees will be applied. If the initial manager charge specified is higher than the maximum fee, the maximum will be applied.

UNIT TRUST INVESTMENT SELECTION

Fund Name	Allocate to existing account number		Account Number	Lump sum investment amount	Recurring debit order investment amount	Initial Financial Adviser Charge (excl. VAT)
	YES	NO				
	YES	NO		R	R	%
	YES	NO		R	R	%
	YES	NO		R	R	%
	YES	NO		R	R	%



***If an existing fund is selected and no selection to an existing portfolio number is indicated, we will process on the existing portfolio number. If a selection is made regarding allocation to the existing portfolio number, we will allocate a new portfolio number.**

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY*		DATE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		SIGNED AT					
SIGNATURE OF FINANCIAL ADVISER		DATE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		SIGNED AT					

***Compulsory if fees have been selected. Where fees are not selected we will default to 0%.**

DEPOSIT REFERENCE - PROOF OF DEPOSIT REQUIRED

Note: To identify the applicable deposit reference number to be used, please refer to points 5 & 6 of the Terms and Conditions.

DEPOSIT AMOUNT R .

DEPOSIT DATE
 -
 -

APPLICABLE DEPOSIT REFERENCE

DEBIT ORDER DETAILS FOR A ONCE-OFF DEBIT ORDER COLLECTION

ONCE-OFF DEBIT AMOUNT R .

ONCE-OFF DEBIT DATE
 -
 -

*** If no debit date is supplied the debit order will run two days after receipt of a fully completed application form without any outstanding requirements.**

A maximum of R1 million may be debited from a Investor's bank account. I authorise the Manager to arrange with my bank for the payment of the investment amounts as indicated above, including amendments that may be made during the life of the investment on the specific day as indicated. If a Investor requests a once off collection of more than R1 million, the transaction will be loaded over three days at R1 million per day to a maximum of R3 million rand. The normal 45 day clearing period for once off collections will remain in force. Debits can only be loaded 2 business days after receiving the completed information.

DEBIT ORDER DETAILS FOR A NEW RECURRING DEBIT ORDER

DEBIT ORDER PREFERRED DATE 1ST (DEFAULT DATE) 15TH 25TH COMMENCEMENT DATE
 -

PAYMENT FREQUENCY MONTHLY QUARTERLY BI-ANNUALLY ANNUALLY

***If no date is selected, we will default to the 1st of the following month.**
***If the payment frequency is not selected, we will default to monthly.**

ANNUAL CONTRIBUTION INCREASE FOR A RECURRING DEBIT ORDER

Should you wish to increase your recurring debit order premium automatically each year, please indicate this below:

PERCENTAGE INCREASE PER ANNUM 5% 10% 15% 20%

AMOUNT INCREASE PER ANNUM R .

EFFECTIVE DATE
 -
 -

BANKING DETAILS FOR A ONCE OFF DEBIT

BANK

BRANCH BRANCH CODE

ACCOUNT NUMBER



ACCOUNT TYPE	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION
ACCOUNT HOLDER'S ID NUMBER			
ACCOUNT HOLDER'S NAME			
SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY			

Once off debits are not allowed from Call/ notice accounts. If the debit order is funded by a 3rd party (spouse included):

* For individuals: Certified copy of the third party's identity document with a specimen signature.

* For entities: Standard Bank – Bank account mandate * Other banks – Letter from the bank confirming signing authority and a certified copy of identity document with a specimen signature of the signatory/ies.

FINANCIAL SERVICES PROVIDER (IF APPLICABLE)

1. The Investor confirms that he/she has appointed the Financial Services Provider (FSP) whose FSB licence number is disclosed below for purposes of his/her dealings with the Manager.
2. The Investor agrees that the Manager will pay the FSP the charges as set out in this application form. Where the FSP is a legal entity (e.g a company or a close corporation) the FSP is represented herein by the natural person identified in the relevant block below. Where the FSP has a Category II FAIS licence and the Investor has mandated the FSP (or it's Representative) to act on his/her behalf in terms of a written agreement a copy of the written agreement must be provided to the Manager. The Manager will not act on instructions from the FSP if it has not received a copy of this agreement. The Manager is obliged by law to decline any instructions from an FSP who is not properly licensed with the Financial Services Board.
3. Where the Investor has terminated his FSP's appointment, it is the Investor's responsibility to advise the Manager of such termination immediately. On receipt of such written notification, the Manager will cease payment of all charges, other than accrued charges to the FSP.
4. The Investor understands that where he/she changes FSP the consequences of such change may result in different or new fund and fees structures.

FINANCIAL ADVISER

If financial advisor details are omitted, the instruction will be processed as STANLIB direct client.

SILICA BROKER CODE	
FSP LICENCE NO	
NAME OF SOLE PROPRIETOR OR NAME OF REPRESENTATIVE	

FICA DECLARATION

TO BE COMPLETED BY FINANCIAL ADVISERS NOT SUBMITTING FICA DOCUMENTATION

I confirm that I am the primary accountable institution (as described in the FICA regulations) in respect of the investor on whose behalf I am establishing a business relationship or concluding a single transaction with the Manager (the secondary accountable institution). I confirm that I have established and verified the identity of the investor in terms of section 21 of FICA. I confirm that I will keep a record of the investor's records as is required in terms of section 21 of FICA. I will make available copies of these documents and details of the verification procedures followed on request from any party entitled thereto in terms of FICA within 5 business days of request

SIGNATURE OF FINANCIAL ADVISER	DATE	<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
	*If no date is indicated, we will default to the receipt date								
	SIGNED AT	<input type="text"/>							

TERMS AND CONDITIONS

1. The terms and conditions signed and agreed to in the Investment Application form will remain in force and apply to this transaction. Refer to your Investment application form for the detailed terms and conditions. Alternatively you can request a copy of the terms and conditions from your Financial Adviser or the Contact Centre on 0860 123 003.
2. Some of the terms and conditions are set out in the Investment Application Form and the remainder is set out in this form. The Client agrees to be bound by the terms and conditions as set out in the Investment Application Form as well as those set out in this form. In the event of a conflict between the terms and conditions in the Investment Application Form and the terms and conditions contained in this Additional Investments form, the terms and conditions in this form will apply.
3. The Client agrees to provide all documentation and information in terms of the Financial Intelligence Centre Act, No 38 of 2001, and understand that the Manager is prohibited from processing any transaction on the Client's behalf until all such documentation and information has been received. (Access the STANLIB website on www.stanlib.com to view the applicable FICA requirements).
4. The Manager reserves the right in its sole discretion to reduce or increase the service charges depending on circumstances, it is the Client's responsibility, or where applicable that of the Client's Financial Adviser, to determine the relevant charge structures applicable to the investment. The charges on the Client's Investment will be reflected in Client's quarterly statements.(For further details please refer to STANLIB online on www.stanlib.com to view the applicable charges).
5. Payment references used for deposits should be according to the requested reference on the Additional investment form. Funds will be allocated if:
 - 5.1. The account number supplied as a payment reference,
 - 5.2. An entity number is supplied and only one UT portfolio exists,
 - 5.3. An ID number was used as a payment reference and only one UT portfolio exists.
6. Money will not be allocated to portfolios if:
 - 6.1. An entity number is supplied as payment reference but multiple UT portfolios exist,
 - 6.2. No Entity or UT account number was supplied.
7. Financial Adviser negotiates the initial charge with the Client, and should depend on the level of professional advise/service rendered. The Manager may at its sole discretion, vary the



percentage of the initial charge that it pays to the Financial Adviser.

8. All portfolios are valued daily at 15h00, except for fund of funds which are valued at 24h00. For non-money market funds, investments and repurchases will receive the price of the same day if a complete instruction is received prior to 15h00.

9. For money market funds, investments will receive the price of the same day if a complete instruction is received prior to 12h00, and repurchases will receive the price of the following day if a complete instruction is received prior to 12h00.

10. Electronic Transactions: the Client agrees that the Manager shall be entitled to implement all instructions and applications of whatever nature received on their Internet site, by telephone or any other electronic medium and which appear to emanate from the Client. The Financial Advisor is indemnified against any losses, claims or damages arising from acting on such instructions and/or applications, notwithstanding that it may later be proved that any such instruction was not given by the Client. The Client agrees that the electronic records of all instructions and applications processed by/or on behalf of him/her or which purport to be processed on behalf of the Client via the Manager's Internet site, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

11. FAIS Ombudsman details: Block B, Sussex Office Park, 473 Lynwood Road, Pretoria, 0081. Telephone 012 470 9080.

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

SIGNED AT

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNATURE OF FINANCIAL ADVISER

DATE

SIGNED AT

		-			-				
D	D		M	M		Y	Y	Y	Y

