

Change of details Form

Collective Investments (Unit Trust)

CLIENT DETAILS

Please ensure that all required supporting documentation is submitted with this instruction as stipulated in the Financial Intelligence Centre Act.

ENTITY NUMBER*	<input type="text"/>	TITLE	<input type="text"/>
NAME/S*	<input type="text"/>	SURNAME/NAME OF LEGAL ENTITY*	<input type="text"/>
IDENTITY/PASSPORT / REGISTRATION NUMBER*	<input type="text"/>	CELLPHONE NUMBER*	<input type="text"/>
TELEPHONE (WORK)	<input type="text"/>	EMAIL ADDRESS*	<input type="text"/>

***Compulsory section**

CLIENT'S PHYSICAL ADDRESS *

COMPLEX / UNIT / HOUSE NUMBER *	<input type="text"/>
COMPLEX NAME / ESTATE *	<input type="text"/>
STREET NUMBER *	<input type="text"/>
STREET NAME / FARM NAME / AREA NAME *	<input type="text"/>
SUBURB / DISTRICT *	<input type="text"/>
CITY / TOWN *	<input type="text"/>
COUNTRY *	<input type="text"/> CODE * <input type="text"/>

***Compulsory section**

CLIENT'S POSTAL ADDRESS

SAME AS PHYSICAL ADDRESS

PO BOX NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
POSTNET SUITE NUMBER	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>

CHANGE OF EMAIL ADDRESS

EMAIL ADDRESS



CHANGE OF RECURRING DEBIT ORDER DETAILS

The product minimum recurring debit order amounts must be met, refer to our website www.stanlib.com for more information.

LOAD A NEW DEBIT ORDER YES NO

CHANGE AN EXISTING DEBIT ORDER YES NO

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

COMMENCEMENT DATE -
M M Y Y Y Y

*If no date is selected, we will default to the 1st of the following month.

Fund name	New debit order amount	Change debit order portfolio to (specify new portfolio name)	Cancel
	R		
	R		
	R		
	R		
	R		

ANNUAL CONTRIBUTION INCREASE

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

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

CANCEL ANNUAL DEBIT ORDER INCREASE YES NO

EFFECTIVE MONTH -
M M Y Y Y Y

INCOME DISTRIBUTION

All distributions will be reinvested as per the investment selection unless otherwise instructed.

Fund Name	Income Distribution Method			
	Pay into Bank Account	Reinvest into Existing Fund	Reinvest into Another Fund	Fund Name to Reinvest into
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

BANKING DETAILS

Use the bank details listed below for the following transactions:

REDEMPTIONS INCOME DISTRIBUTIONS REGULAR WITHDRAWAL OPTIONS DEBIT ORDERS

Payments to third party bank accounts are not allowed. Payments can only be paid into an account in the name of the Client.

BANK

BRANCH BRANCH CODE

ACCOUNT NUMBER

ACCOUNT TYPE CHEQUE SAVINGS TRANSMISSION



ACCOUNT HOLDER'S ID NUMBER

Grid for account holder's ID number

ACCOUNT HOLDER'S NAME

Grid for account holder's name

SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY

Signature box

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.

CORRESPONDENCE PREFERENCE

All statements, reports and notices will be sent to you via the selected preference indicated below:

Form for selecting correspondence preference: ELECTRONIC (EMAIL) and HARDCOPY (POSTED)

PHASE-IN OPTION

Please note that a Phase-in option and a Cash Flow Plan (CFP) are not allowed to run on the same fund concurrently. Phase-in will move all units from the STANLIB Money Market Fund to the target fund at the requested period over the period selected. The amount to be phased in will be calculated in accordance with the percentage selected based on the original amount stipulated below, until the balance in the STANLIB Money Market Fund has reduced to zero. Any distribution amounts payable from the Money Market fund will be reinvested into the first fund indicated below.

Table with 2 columns: Phase Into, Percentage. Three rows for data entry.

Form for Phase-In details: PLEASE PHASE IN THE AMOUNT OF R [] [] [] [] [] [] [] [] [] [] . [] [] ON THE [] [] OF THE MONTH. PHASE IN FREQUENCY: [] MONTHLY [] QUARTERLY [] BI-ANNUALLY [] ANNUALLY. COMMENCEMENT DATE: [] [] - [] [] - [] [] [] [] [] []

REGULAR INCOME OPTION (CASH FLOW PLAN)

The regular income option allows you to invest money in a specific portfolio and then repurchase from that portfolio on a regular basis. Note: the commencement date of the regular income option refers to the date the Manager will process the transaction. Payment can take up to 2 business days, depending on your bank.

Form for Regular Income Option: LOAD A NEW REGULAR INCOME OPTION [] YES [] NO. CHANGE AN EXISTING REGULAR INCOME OPTION [] YES [] NO. CANCEL REGULAR INCOME OPTION [] YES [] NO.

Table with 2 columns: Portfolio Choice, Amount. Includes a TOTAL row.

Form for Regular Income Option details: PAYMENT FREQUENCY: [] MONTHLY [] QUARTERLY [] BI-ANNUALLY [] ANNUALLY. COMMENCEMENT DATE: [] [] - [] [] - [] [] [] [] [] [] PREFERRED DATE: [] [] - [] [] - [] [] [] [] [] []



TERMS AND CONDITIONS

1. Electronic Transactions

I/We agree that you shall be entitled to implement all instructions and applications of whatever nature received by you on your Internet site, by telephone, by fax or any other electronic medium and which appear to emanate from me. You are indemnified against any losses, claims or damages arising from you acting on such instructions and/or applications, notwithstanding that it may later be proved that any such instruction was not given by me. I/We agree that the electronic records of all instructions and applications processed by or on my/our behalf or which purport to be processed on my/our behalf via your Internet site, telefax, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

2. General

2.1. 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.

2.2. The Manager will endeavour to process a change of details instruction within a period of 48-hours, provided that there are no outstanding administrative issues between the Manager and the Client.

2.3 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, by fax 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, telefax, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

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

