

# Change of Financial Adviser - Client Nomination

## Collective Investments (Unit Trusts)

STANLIB ENTITY (PLEASE SELECT)  STANLIB COLLECTIVE INVESTMENTS (UNIT TRUST)  STANLIB WEALTH MANAGEMENT (LISP)  ALL

### CLIENT DETAILS

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

### NEW FINANCIAL ADVISER DETAILS

Please replace my financial adviser on record with the following financial adviser:

NAME OF FINANCIAL CONSULTANCY (FSP)	<input type="text"/>
FSP LICENCE NUMBER	<input type="text"/>
NAME OF REPRESENTATIVE (FINANCIAL ADVISER)	<input type="text"/>
FINANCIAL ADVISER CODE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>
FINANCIAL ADVISER SERVICE CHARGE	<input type="text"/> . <input type="text"/> % (LISP)

### FINANCIAL SERVICES PROVIDER AUTHORISATION

- I hereby appoint the financial adviser as named herein as my financial Adviser and authorise STANLIB to amend their records accordingly.
- I understand that in the terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), the financial adviser must be mandated by a Licenced Financial Services Provider ("FSP") as a representative with the necessary FAIS sub-categories to act on my behalf and that it is also my responsibility to determine whether my Financial Adviser has the necessary authorisation. (FSB toll free number: 0800 110 443).
- I understand and confirm that this document merely serves as a notification to STANLIB to record the details of my Financial Adviser. Further that I have entered into a separate mandate with my Financial Adviser that stipulates under what circumstances my Financial Adviser may interact on my behalf with STANLIB.
- I hereby indemnify STANLIB against all losses or damage, which I may sustain, as a result of transaction entered into on the basis of this delegation of authority by me to the Financial Adviser.
- Where I have terminated my Financial Adviser's appointment it is my responsibility to advise STANLIB of such termination immediately. On receipt of such written notification, STANLIB will cease payment of all charges, other than accrued charges, to the Financial Adviser. The Client agrees that STANLIB will pay to such Financial Adviser the agreed charges as set out in this Application Form.
- If a Financial Adviser is not mandated as required by the Financial Services Board, STANLIB is obliged by law to decline any instructions from such Financial Adviser. STANLIB may and will accept instructions on the strength of the Client's signature.
- The portfolio range of funds is only available to Clients whose Financial Adviser is accredited to sell a specific range. Where the Client terminates the services of an accredited Financial Adviser, and appoint a financial adviser who is not accredited to sell the same range of funds, the Client will immediately be moved from the current class fund/s to an available class fund/s linked to the new financial adviser. Please note a Capital Gains Tax (CGT) event may occur.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT									



FINANCIAL SERVICES PROVIDER ACCEPTANCE OF APPOINTMENT

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-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 hereby confirm that I am mandated by a FSB authorised Financial Services Provider (FSP), as set out above, to act on behalf of that FSP as a representative. I confirm that I hereby accept my appointment as intermediary to the Client.

SIGNATURE OF FINANCIAL ADVISER

[Signature box]

DATE

DD - MM - YYYY

SIGNED AT

[Location box]

