

# Withdrawal Form

## Collective Investments (Unit Trusts)

### CLIENT DETAILS

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

ENTITY/INVESTMENT ACCOUNT 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"/> - <input type="text"/>
TELEPHONE (WORK)	<input type="text"/> - <input type="text"/>
EMAIL ADDRESS	<input type="text"/>

### WITHDRAWAL DETAILS

The minimum withdrawal amount for all STANLIB Funds is R2,000.00. Refer to the Terms and Conditions regarding the minimum remaining amount.

#### WITHDRAWAL FROM

Fund Name	Account Number	Amount	**All Units	Cancel Debit Order
		R		
		R		
		R		
		R		
		R		

TOTAL AMOUNT R

**\*\*If Withdrawal for all units option is selected, this will override the Rand amount stated and the total Rand value of available units will be paid out.**

**\*\*If the amount requested is more than the current market value, the total balance available will be paid out.**

- If all units are selected and the debit order is not requested to be cancelled, we will payout all available units at that time and the debit order will continue running.
- If all units are selected and the debit order cancellation is selected, we will payout all cleared units at the time of request and stop the debit order, uncleared units will be paid out the last clearance date.

#### REASON FOR WITHDRAWAL

Kindly select the applicable reason for withdrawing funds from your goal driven investment by indicating the applicable code below.

CODE:

- |                                   |   |                                    |                                     |                                       |
|-----------------------------------|---|------------------------------------|-------------------------------------|---------------------------------------|
| <b>01</b> Require access to funds | <b>02</b> Unhappy with fund performance | <b>03</b> Investment goal achieved | <b>04</b> Personal goal has changed | <b>05</b> Advice expectations not met |
|-----------------------------------|---|------------------------------------|-------------------------------------|---------------------------------------|





## INVESTOR DECLARATION

1. I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my investment.
2. I/We agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.
3. 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.
4. 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

CAPACITY

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

