



# New Business Investment Form

## Linked Investments - Individuals

Registration details: Classic Retirement Annuity Fund Registration number 12/8/34304 (SARS Registration number 18/20/4/41660), Classic Preservation Pension Plan Registration number 12/8/34312 (SARS Registration number 18/20/4/39087), Classic Preservation Provident Plan Registration number 12/8/34309 (SARS Registration number 18/20/4/41669)

PRODUCT*	<input type="checkbox"/> CLASSIC INVESTMENT PLAN	<input type="checkbox"/> CLASSIC LINKED LIFE ANNUITY	<input type="checkbox"/> CLASSIC RETIREMENT ANNUITY FUND
	<input type="checkbox"/> CLASSIC PRESERVATION PENSION PLAN	<input type="checkbox"/> CLASSIC PRESERVATION PROVIDENT PLAN	<input type="checkbox"/> STANLIB LINKED INVESTMENTS TAX-FREE SAVINGS PLAN
INSTRUCTION TYPE*	<input type="checkbox"/> NEW	<input type="checkbox"/> SECTION 37 TRANSFER	<input type="checkbox"/> SECTION 14 TRANSFER
	<input type="checkbox"/> CASH TRANSFER	<input type="checkbox"/> UNIT TRANSFER	
CLIENT TYPE*	<input type="text"/>		

### IMPORTANT INFORMATION

All sections applicable to this investment must be completed in full and in block letters; all options must be indicated by a cross (X), failure to provide clear instruction will delay the processing of the instruction. \* **Indicates compulsory fields/sections where applicable**  
Please refer to "**what I need to know when completing this form (last two pages)**" for more information.

**STANLIB will not be liable for any loss from the delay in the processing of investment due to outstanding requirements such as the following:**

- Inability to verify the accuracy of the instruction
- Monies not received on time or identified
- Supporting documentation

**Please submit the instruction together with the following documents:**

- Application form
- Copy of the Identity documents
- Proof of Address (not older than 3 months)
- If required, FICA and FATCA documents

Please note: If the portfolio range is not selected, Linked Range will apply. If the portfolio selected is not offered on the Linked Range, then the Select portfolio range will apply.

#### Access to Funds

A clearance period of 21 calendar days for cheques and 45 calendar days for recurring and once-off debit orders will apply.

#### Withdrawals on Retirement Products:

\* Only one withdrawal will be allowed per contract. This means that for more than one transfer into a single contract, a member will not be permitted a further withdrawal if a previous withdrawal has been taken (applicable to Classic Preservation Pension Plan and Classic Preservation Provident Plan).

\* A member with multiple contracts will be allowed a once off withdrawal from each contract (applicable to Classic Preservation Pension Plan and Classic Preservation Provident Plan).

\* Please remember no pre-retirement (RA) withdrawals will be allowed, unless the member share is below the current threshold of R7000 (applicable to Classic Retirement Annuity Fund).

**A Daily cut-off time for fully completed instructions received by STANLIB is before 15H30 on any business day.**

**Send completed instructions to STANLIB: E-mail:** [Lispinstructions@stanlib.com](mailto:Lispinstructions@stanlib.com) **or Fax:** +27(0) 867 277 516



## CLIENT DETAILS

TITLE*	<input type="text"/>	NAME/S*	<input type="text"/>
SURNAME*	<input type="text"/>	ID NUMBER*	<input type="text"/>
PASSPORT NUMBER*	<input type="text"/>		
PASSPORT EXPIRY DATE*	<input type="text"/> <input type="text"/> - <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	COUNTRY OF ISSUE*	<input type="text"/>
DATE OF BIRTH*	<input type="text"/> <input type="text"/> - <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	GENDER*	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
RETIREMENT AGE	<input type="text"/>		
CELLPHONE NUMBER*	<input type="text"/>	TELEPHONE NUMBER (H)/ (W)	<input type="text"/>
EMAIL ADDRESS*	<input type="text"/>	TAX REFERENCE NUMBER*	<input type="text"/>
SOUTH AFRICAN RESIDENT*	<input type="checkbox"/> YES <input type="checkbox"/> NO	COUNTRY OF RESIDENCE	<input type="text"/>
NATIONALITY	<input type="text"/>	COUNTRY OF BIRTH	<input type="text"/>
SOURCE OF FUNDS*	<input type="checkbox"/> INHERITANCE <input type="checkbox"/> ESTATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER		
IF OTHER PLEASE SPECIFY*	<input type="text"/>		
SOURCE OF INCOME*	<input type="checkbox"/> SALARY/WAGES <input type="checkbox"/> PENSION <input type="checkbox"/> INVESTMENT INCOME <input type="checkbox"/> ANNUITY INCOME <input type="checkbox"/> OTHER		
IF OTHER PLEASE SPECIFY*	<input type="text"/>		
WITHHOLDING TAX	<input type="checkbox"/> WITHHOLDING TAX EXEMPT <input type="checkbox"/> WITHHOLDING TAX REDUCED RATE	REDUCED RATE	<input type="text"/>
INTEREST TAX	<input type="checkbox"/> EXEMPT FROM TAX ON INTEREST <input type="checkbox"/> REDUCED INTEREST TAX RATE	REDUCED RATE	<input type="text"/>
REIT TAX	<input type="checkbox"/> EXEMPT FROM TAX ON REIT <input type="checkbox"/> REDUCED REIT TAX RATE	REDUCED RATE	<input type="text"/>

\* Compulsory fields

## ADDRESS DETAILS

### PHYSICAL ADDRESS

COMPLEX/UNIT/NUMBER*	<input type="text"/>	COMPLEX NAME*	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

\* Compulsory fields

### POSTAL ADDRESS

SAME AS PHYSICAL ADDRESS

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

### CORRESPONDENCE ADDRESS

If you wish for correspondence to be sent to a different address to your physical or postal address, please complete this sections.

COMPLEX/UNIT/NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>
SUBURB	<input type="text"/>	CITY	<input type="text"/>
COUNTRY	<input type="text"/>	POSTAL CODE	<input type="text"/>



ADDRESS TYPE  PO BOX  PRIVATE BAG  POSTNET SUITE POSTNET SUITE NUMBER

NUMBER      POST OFFICE NAME  POSTAL CODE

**CORRESPONDENCE PREFERENCE \***

PREFERRED CORRESPONDENCE  ELECTRONIC  POST

**TAX INFORMATION FOR CLASSIC INVESTMENT PLAN ONLY**

ARE YOU A REGISTERED TAX PAYER:  YES  NO

If Yes, please indicate all countries (including South Africa) in which you are resident for tax purposes and the associated tax identification numbers in the table below as mandatory information:

Country(ies) of Tax Residency *	Tax Identification Number * (If you do not have a TIN, please provide reason)

**INVESTMENT DETAILS \***

INVESTMENT TYPE  LUMP SUM  RECURRING  COMBINATION

**LUMP SUM**

LUMP SUM: ONCE-OFF DEBIT AMOUNT R  DATE   -   -

LUMP SUM: DIRECT DEPOSIT AMOUNT R  DATE   -   -

LUMP SUM: TRANSFER (UNIT) AMOUNT R

MULTIPLE DEPOSITS  INVEST AS AND WHEN DEPOSITS ARE RECEIVED

If the option above is not selected, STANLIB will invest total amount once all deposits have been received.

REPURCHASE FROM STANLIB UNIT TRUST  YES STANLIB UNIT TRUST ENTITY NUMBER

**RECURRING**

RECURRING DEBIT ORDER AMOUNT R

DEBIT ORDER DATE   -

RECURRING DEBIT ORDER FREQUENCY  MONTHLY  ANNUALLY RECURRING DEBIT ORDER DAY  1ST  15TH

ANNUAL CONTRIBUTION INCREASE PERCENTAGE  0%  5%  10%  15%  20%

**PHASE-IN OPTION**

NUMBER OF PHASE IN MONTHS  3  6  9  12  15  18  24 FIRST PHASE-IN DATE   -

COMMENCEMENT DAY  3RD OR  17TH OF THE MONTH PHASE-IN PERCENTAGE    .   %

Portfolio Name	Portfolio Range			Percentage
	Linked Range	Select	Classic	
				%
				%
				%



Portfolio Name	Portfolio Range			Percentage
	Linked Range	Select	Classic	
				%

LUMP SUM PORTFOLIOS\*

Portfolio Name	Portfolio Range			Percentage	Amount
	Linked Range	Select	Classic		
				%	R
				%	R
				%	R
				%	R
				%	R
				%	R
				%	R

If you have selected a model portfolio and it is not managed by STANLIB Multi-Manager or Morningstar, please submit the application form with a mandate.

PERSONAL SHARE PORTFOLIO TRANSFER DETAILS\*

Source (From) Personal Share Portfolio Name	Transfer Type		Destination (To) Personal Share Portfolio Name	Amount/Value
	Cash	Share/ Script		
				R
				R
				R
				R

RECURRING DEBIT ORDER PORTFOLIOS\*

Portfolio Name	Portfolio Range			Percentage	Amount
	Linked Range	Select	Classic		
				%	R
				%	R
				%	R
				%	R
				%	R
				%	R
				%	R

If you have selected a model portfolio and it is not managed by STANLIB Multi-Manager or Morningstar, please submit the application form with a mandate.



**BANK DETAILS\***

Details	Recurring debit Order	Once Off Debit
BANK		
BRANCH		
BRANCH CODE		
ACCOUNT TYPE	CHEQUE SAVINGS TRANSMISSION	CHEQUE SAVINGS TRANSMISSION
ACCOUNT NUMBER		
ACCOUNT HOLDER'S NAME		
ACCOUNT HOLDER ID/REGISTRATION NUMBER		
SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY *		

\*Please sign if the bank details provided above are third party bank details.

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 Juristic: 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.

**REGULAR WITHDRAWAL AND ANNUITY INCOME DETAILS**

INCOME AMOUNT	R	<input type="text"/>	.	<input type="text"/>	INCOME PERCENTAGE*	<input type="text"/>	.	<input type="text"/>	%
FREQUENCY	<input type="text"/>				TAX RATE**	<input type="text"/>			
FIRST PAYMENT MONTH	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	M	M		Y	Y	Y	Y		
BANK NAME	<input type="text"/>			BRANCH	<input type="text"/>				
BRANCH CODE	<input type="text"/>			ACCOUNT NUMBER	<input type="text"/>				
ACCOUNT TYPE	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>	TRANSMISSION	ACCOUNT HOLDER'S NAME	<input type="text"/>	

\*\* Applicable to Classic Linked Life Annuity only

**PORTFOLIO NOMINATION FOR FEE/INCOME**

PORTFOLIO(S) SELECTED FOR INCOME	PORTFOLIO(S) SELECTED FOR ONGOING FEE DEDUCTIONS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**TRANSFER DETAILS**

Name of Administrator	Account Number	Product Type	Estimated Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	<input type="text"/>	R

**BENEFICIARY NOMINATION**

You can nominate beneficiaries that the Fund should consider to receive the benefit on your death. This person does not need to be financially dependent on you.

Name	Surname	ID/Passport Number	Relationship to Investor	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%



Name	Surname	ID/Passport Number	Relationship to Investor	Percentage
				%
				%
<b>Total</b>				%

**FINANCIAL ADVISER DETAILS \***

Details	Financial Adviser 1	Financial Adviser 2
FINANCIAL SERVICE PROVIDER LICENCE NO:		
STANLIB ID		
NAME OF SOLE PROPRIETOR OR REPRESENTATIVE		
FEE SPLIT*	%	%

\*Fee Split: Only available to financial advisers from the same Financial Service Provider.

**FINANCIAL SERVICE PROVIDER CHARGES (EXCLUDING VAT)**

Where the client has not specified an initial FSP charge for lump sum or recurring investments, and / or an ongoing service charge, a fee of zero percent will apply. STANLIB cannot adjust these fees retrospectively.

	Initial Lump Sum Investment	Initial Recurring Investment	Ongoing Service Charge
<b>FSP Charge</b>	%	%	%

**APPOINTMENT OF MODEL PORTFOLIO FINANCIAL SERVICES PROVIDER \***

If you have selected a model portfolio and it is not managed by STANLIB Multi-Manager or Morningstar, please submit the application form with a mandate.

NAME OF FSP / ENTITY	<input type="text"/>	FSP / ENTITY LICENCE NO	<input type="text"/>
NAME OF SOLE PROPRIETOR OR REPRESENTATIVE	<input type="text"/>	MODEL PORTFOLIO MANAGER CHARGE	<input type="text"/>

This will be calculated on the last business day prior to the 10th day of each month on the market value of the model portfolio/portfolios selected by the Client. The Client hereby appoints the FSP as the discretionary financial service provider with effect from the date of client's signature of this form on the terms and conditions set out herein and subject to applicable legislation.

ACCEPTANCE OF APPOINTMENT  YES  NO

**PERSONAL SHARE PORTFOLIOS INVESTMENT MANAGEMENT FEES \***

INVESTMENT MANAGER	<input type="text"/>
MAXIMUM FEE INVESTMENT MANAGEMENT FEE	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> %

**FICA DECLARATION (FINANCIAL ADVISERS NOT SUBMITTING FICA DOCUMENTATION)**

I HAVE ESTABLISHED AND VERIFIED THE IDENTITY OF THE INVESTOR IN TERMS OF SECTION 21 OF FICA.

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	<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"/> <input type="text"/>
		SIGNED AT	<input type="text"/>



## DECLARATION\*

The terms and conditions are available on: <http://www.stanlib.com/Individuals/knowledgecentre/Pages/TermsandConditions.aspx> OR <http://www.stanlib.com/Advisers/KnowledgeCentre/Pages/TermsandConditions.aspx> and STANLIB online.

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 give consent to STANLIB to debit my bank account for the debit order instruction.

I/We agree to provide all documentation and information required in terms of the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my behalf until all such documentation and information has been provided. Any money received by STANLIB that is not accompanied by the required documentation will be held in a call account until said documentation is received.

The client and the Financial Adviser, by signing this form, state and declare that they have each read and understood the terms and conditions pertaining to the investment; including but not limited to Investment objective, Information on Net Asset Value, Charges, including the Effective Annual Cost, Risk Factors, Income accruals and declare that the STANLIB and Financial Adviser charges as indicated on this application form are correct; warrant that all statements given by each of them in this application form are true and correct in every aspect; and that such statements shall form the basis of the contract which is to be entered into with STANLIB as well as the contract between the client and the Financial Adviser.

The client understands that in terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), his Financial Adviser must be mandated by a licensed Financial Services Provider ("FSP") as a representative with the necessary FAIS sub - categories to act on the client's behalf and that it is also the client's responsibility to determine whether his Financial Adviser has the necessary authorization. (FSB toll free number: 0800 110443). The client understands and confirms that STANLIB is entitled to act on his Financial Adviser's instructions, whether in written or electronic format, as if they were the client's own instructions. The client hereby indemnifies STANLIB against all losses or damage, which he may sustain, as a result of transactions entered into on the basis of this delegation of authority by the client to the Financial Adviser. Where the client has terminated his Financial Adviser's appointment, it is the client's 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.

I the undersigned client, hereby confirm that I have completed this application form for my investment with the assistance of my above mentioned Financial Adviser. Further that in completing this application form my Financial Adviser has explained to me the terms and conditions as it appeared on STANLIB's application system and that this declaration is confirmation that I understood the terms and conditions as explained to me and that I have accepted the terms and conditions as displayed. For legal entities, please specify authorised signatories in terms of the resolution.

SIGNATURE OF CLIENT /  
AUTHORISED SIGNATORY

DATE

D	D	-	M	M	-	Y	Y	Y	Y

SIGNED AT

I the undersigned Financial Adviser, hereby confirm that the above-mentioned client is a client of mine and that in assisting the client to complete this application form I have explained the terms and conditions to my client as it appeared on STANLIB's application system. I further confirm that I have explained all such terms and conditions to the client before he/she accepted the terms and conditions as displayed. I further indemnify STANLIB Wealth Management (Pty) Limited from any claim of whatsoever nature arising from the non-acceptance of these terms and conditions should it be shown that I did not adequately explain the terms and conditions, as displayed, to the client.

SIGNATURE OF FINANCIAL ADVISER

DATE

D	D	-	M	M	-	Y	Y	Y	Y

SIGNED AT





# What I need to know when completing this form?

## Linked Investments - Individual

### Note: \* Compulsory Fields

#### Natural Person Client Types include the following:

- Individual (Not a Director of a Private Company/Member of a CC),
- Foreign Individual
- Insolvent Estate
- Director of Private Company/Member of a CC
- Refugee
- Asylum Seeker
- Personal Service Provider

### Dividends Tax, Withholding Tax on Interest and REIT Tax

SARS will levy a dividends tax of 20%, withholdings tax on interest and REIT tax of 15%. If you are an exempt entity or have a reduced rate, please indicate this by completing the corresponding declaration as an annexure to the application form. The declaration form are available on [www.stanlib.com](http://www.stanlib.com) and the default rate will be applied if the annexure is not completed and submitted.

### Phase-in option

Where the Phase-in option has been selected the investment amount will be held in a Standard Bank Call account. The investment amount will be divided by the frequency selected and the amounts derived will be withdrawn from the call account and invested proportionately in the portfolios selected on the selected dates. Only available on Lump sum investments, not available for Additional Investments.

### Investment Minimums

Product Name	Lump Sum	Recurring
Classic Investment Plan	R50 000.00	R1 000.00 p.m. / R12 000.00 p.a.
Classic Linked Life Annuity	R50 000.00	N/A
Classic Retirement Annuity Fund	R25 000.00	R 500.00 p.m. / R6 000.00 p.a.
Classic Preservation Pension Plan	R25 000.00	N/A
Classic Preservation Provident Plan	R25 000.00	N/A
STANLIB Linked Investments Tax-Free Savings Plan	R10 000.00 (Max R33 000)	500 (Max R2 750) p.m. / R6 000.00 (Max R33 000) p.a.

### Maximum once off debit order amount in a day

A maximum of R1 000 000 may be debited from a client's bank account within a day. I hereby authorise STANLIB Wealth Management Limited 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. Please note: where no debit date is specified on the form, STANLIB will debit the client's bank account at the next possible debit order run date.

### Fee and Income Nomination

STANLIB allows you to select a specific portfolio/s for the deduction of fees/ income. If you have not selected a specific portfolio/s, STANLIB will deduct fees/ income from Call accounts and Money Market portfolios first. Thereafter, fees/ income will be deducted proportionately from Unit Trust portfolios, then Model Portfolios and lastly Personal Share Portfolios.

If a portfolio/s is selected, all fees/ income will be deducted from this portfolio until the portfolio is depleted. If multiple portfolios are selected, the fees/ income will be deducted proportionately across these portfolios until the portfolios are depleted. Thereafter the default fee/ income deduction rules will apply.

### Regular income option

The regular income option allows you to invest money in a specific portfolio and then draw funds from that portfolio (or from an existing portfolio) on a regular basis (usually monthly). The minimum amount is R500. The payments you receive are redemptions and not income distributions. Where the regular income option is selected participatory interests will be repurchased from the call account or money market fund. Where the Client does not have any such funds then the repurchases will be made from the Client's other investments proportionately. Regular income transactions are processed on the 20th of the month and payments will be received by the 1st business day of the following month. A complete instruction must be sent to STANLIB 7 days prior to the annuity run, for the regular withdrawal to be paid in the current month. A clearance period of 21 calendar days for cheques and 45 calendar days for recurring and once-off debit orders will apply.

### Appointment of STANLIB as the Model Portfolio Declaration

1. The Client hereby appoints STANLIB as his/her discretionary financial service provider with effect from the date of client's signature of this form on the terms and conditions set out herein and subject to applicable legislation. STANLIB hereby agrees to act as a discretionary financial services provider to the Client. In terms of this clause, the Client hereby confers on STANLIB complete discretion to take such action as STANLIB considers necessary to attain the investment objectives of the Client, namely to maximize the income on the investments of the Client over an extended period. STANLIB may vote on behalf of the Client in respect of the Client's investment. STANLIB as the Client's representative is authorised to enter into any agreements of the Client with any other person, financial exchange, member or regulatory body in the execution of its obligations in terms of the agreement. STANLIB may sub-contract its responsibilities in terms of this clause to another party.

2. Model portfolio manager charge: STANLIB will levy a Model portfolio manager charge of \_\_\_\_\_%





This will be calculated on the last business day prior to the 10th day of each month on the market value of the model portfolio/portfolios selected by the Client.

3. Discretionary Financial Services Provider: STANLIB is an authorised Financial Services Provider in terms of section 8(5)(a)(i) of the FAIS Act and is licensed to carry on the business:

3.1. in respect of financial advisory services, financial intermediary services in the following products: Long-term Insurance: Category B1, c, B2, Retail Pension Fund Benefits, Securities and Instruments: Shares in a company other than a "share block company" as defined in the Share Blocks Control Act, 1980, Money Market instruments, Debentures and securities debt, Warrants, certificates and other instruments acknowledging, conferring or creating rights to subscribe to, acquire, dispose of, or convert securities, Bonds, Derivative instruments, Deposits as defined in the Banks Act, Participatory interests in one or more collective investment scheme, Foreign currency denominated investments instrument, including foreign currency deposit;

3.2. in respect of discretionary services in the following products: Long-term Insurance: Category B1, C, B2, Pension Fund Benefits: (Retail), Securities and Instruments: Shares in a company other than a "share block company" as defined in the Share Blocks Control Act, 1980, Money-market Instruments, Debentures and securitised debt, Warrants, certificates and other instruments acknowledging, conferring or creating rights to subscribe to, acquire, dispose of, or convert securities, Bonds, Derivative instruments, Participatory interests in one or more collective investment scheme, Foreign currency denominated investment instruments, including a foreign currency deposit, Long-term Deposits, Short-term Deposits.

3.3. in respect of administrative services in the following products: Long-term Insurance: Category B1, C, B2, Pension Fund Benefits: (Retail), Securities and Instruments: Shares in a company other than a "share block company" as defined in the Share Blocks Control Act, 1980, Money-market instruments, Debentures and securitised debt, Warrants, certificates and other instruments acknowledging, conferring or creating rights to subscribe to, acquire, dispose of, or convert securities, Bonds, Derivative instruments, Participatory interests in one or more collective investment schemes, Foreign currency denominated investment instruments, including foreign currency deposit.

## Beneficiary Nomination

Classic Investment Plan: This is a voluntary investment. There is no option to nominate beneficiaries or nominees to whom the investment may transfer to on your death. The investment will form part of your estate and will be distributed by the Executor of your estate.

Retirement Funds: You acknowledge that on your death the proceeds of the investments you hold in any of the retirement funds will be distributed by the Trustees of the fund(s) in terms of section 37C of the Pension Funds Act. Note that nominating a person as a beneficiary does not guarantee that they will receive a share of the proceeds. Any persons nominated by you may be paid a portion or all of the proceeds of your retirement fund death benefit should they qualify according to the law. The hierarchy of who may receive a benefit is the following;

- Financial and legal dependants, nominees and then estate.

Linked Life Annuity: You may nominate one or more natural persons who may receive a benefit on your death. Proceeds of a living annuity are payable strictly according to the beneficiary nomination form. If no beneficiary is nominated, the proceeds of your living annuity are payable to your estate.

In the event of your death as a linked life annuitant or retirement fund member, your nominated beneficiaries have the following options:

- To commute the full value of the policy(ies) and receive cash; or
- To buy a living annuity(ies), in their own name, with the proceeds.

## FICA and Business Requirements

Unless previously provided to the Manager, please send verified/certified copies of the documents set out below. These are used to verify the identity of the Investor. Strictly, only clear, legible copies of identity and other documents will be accepted, the Manager reserves the right to ask for further documentation

### Individual/ Sole Proprietor: South Africa

- Green, bar-coded Identity document / Smart card identity document (front and back)
- If not available valid reason why identity document could not be provided together with a valid Passport or valid driver's licence
- Proof of physical residential address
- Authority to act (if applicable) : power of attorney / letter of appointment from the court and Identity document, physical residential address and contact details of persons authorised to act

### Minors

- Minor child's copy of South African bar-coded ID, valid passport (if foreign national) or birth certificate
- Proof of Guardianship reflecting the name of the parent who will control the investment on behalf of the minor, along with a certified ID of the parent / guardian. Where a minor child's birth certificate does not reflect the name of the parent investing on behalf of the minor, the parent must also complete the STANLIB 'Acting on behalf of a minor' form
- SARS document confirming the minor's tax number (if the minor is registered for tax)

### Unlisted companies: South African

- Certificate of Incorporation (CM1 or CoR 15.1/CoR 14.1)
- Certified copy of Change of Name, if applicable (CM9 or CoR 9.1 or 2)
- Notice of Registered Office and Postal Address (CM22 or CoR 21)
- Current list of Directors (CM29 or CoR 39)
- Authority to act : Directors' Resolution and/or Delegation of Authority
- In respect of the Principal Executive Officer , each Director, each Authorised person, and each shareholder holding more than 25% of the voting rights of the company: Proof of physical business address and trading/operating name
  - Certified copy of the Identity document
  - Proof of residential address and contact details

### Trust

- Trust deed or other founding document
- Authority to act : letter of authority from the Master of the High Court and trustees' resolution
- Identity document, physical residential address and contact details of each trustee, each beneficiary, the founder and the persons authorised to act
- Proof of registered address of Master of High Court (stamp on letter of authority)

### Individual/ Sole Proprietor: Foreign

- Valid Passport
- Proof of physical residential address
- Authority to act (if applicable) : power of attorney / letter of appointment from the court and Identity document, physical residential address and contact details of persons authorised to act

### Unlisted companies: Foreign

- Official Document of Incorporation (or CoR 17.1)
- Registration Certificate (CoR 17.3)
- If trading in RSA, documents for RSA unlisted companies
- Authority to act : Directors' Resolution
- Identity document/Passport, details of physical residential address and contact details of related parties and persons authorised to act
- Proof of physical business address and trading/operating name

### Close corporations

- Founding Statement and Certificate of Incorporation (CK1)
- Amended Founding Statement (CK2), (If applicable)
- Authority to act : Members' Resolution
- Identity document, physical residential address and contact details of each member, persons authorised to act and of the Person Exercising Executive control over the CC.
- Proof of physical business address and trade name
- Conversion of Close Corporation (If a Close Corporation converts to another entity type, the following forms are applicable )
- Form CoR 18.1 – Application to convert a Close Corporation
- Form CoR 18.3 – Registration Certificate

### Other entities (Legal persons)

- Founding Document/Document of Constitution/Registration Certificate
- Schools: Registration Certificate issued by the relevant Department of Education
- Private schools must be registered with the Department of Education in terms of Section 46 of the Schools Act
- Public Schools: Government Gazette which stipulates the full name of the school
- Regulated Funds: Certificate of Registration/Letter from regulator confirming that the entity has been registered and copy of the Rules of the Fund - must bear the stamp of the Regulator
- Churches and other Non Profit Organisations: registration certificate issued by the Non Profit Organisation Directorate
- Governmental bodies other than municipalities: Government Gazette which includes the name of the relevant Municipality/ Governmental Body and proof of



## Partnerships

- Partnership Agreement
- Authority to act: Partners' Resolution
- Identity document, physical residential address and contact details of all the partners and persons authorised to act and of the Person Exercising Executive control of the partnership

## Professional partnerships

- Certain Partnerships consisting of more than (20) partners which are incorporated in terms of Section 30(2) of Company's Act 61 of 1963 which are recognized in terms of the relevant Government Gazettes examples are: Attorneys, Notaries and Conveyancers, Public Accountants and Auditors, Medical Practitioners, Pharmacists, Professional Engineers, Quantity Surveyors, Stockbrokers and Architect
- Registration certificate (provide proof of registration of the partnership by a regulatory body)
- Partners Resolution (Authority to act)
- Identity document residential and contact details for Persons Authorised to Act and of the Person Exercising Executive control of the partnership
- Proof of physical business address

## Pension funds

- Registration Certificate (Registrar of Companies or equivalent regulator-foreign companies)
- Documentary evidence of listing (printout from the official website of the stock exchange on which the entity is listed is required)
- Authority to act : Directors' resolution
- Identity document proof of residence and contact details of persons authorised to act

## Pension funds

- Registration certificate (Registrar of Pension Funds)
- Authority to act : trustees' resolution
- Identity document, of persons authorised to act
- Details of Residential Address and contact details of the Trustees and persons authorized to act

**Proof of physical residential address:** One of the following documents reflecting name and physical residential address (must be less than 3 months old) is required for proof of address:

- Utility bill (must be less than 3 months old, unless otherwise specified)
- Current lease or rental agreement
- Bank statement
- Municipal rates and taxes invoice
- Valid television licence
- Mortgage statement
- Telkom account
- Valid motor vehicle licence
- Insurance policy
- Tax return (less than 1 year old)
- Letter from bank manager, medical practitioner, accountant, or attorney, on a formal letterhead, stating that they know the client for three years and confirming physical address
- Letter on letterhead, signed by board of trustees, directors' etc. confirming physical business address
- Correspondence from a body corporate or shareblock association
- Payslip or salary advice

All address verification documents must be valid and reflect the name and the current physical address of the client (legal property descriptions are also acceptable - e.g. erf/stand numbers).

If a 3rd party is acting on behalf of the investor the following is required:

1. Proof of authority i.e. power of attorney, mandate, resolution, court order, letters of appointment by the Master of the High Court.
2. Documents as for Individual FICA above, for the person who is acting on behalf of the Investor and a specimen signature on the ID/ passport.
3. If the Investor is a minor, the application form must be signed by the legal guardian.

investment mandate

- Authority to act : Authorised Signatories' Resolution
- Identity document, details of physical residential address and contact details of Person/s Authorised to act and of the of the Person Exercising Executive control
- Proof of physical business address

## Deceased estates

- Letter of Executorship/Letter of Authority
- Authority to act: special power of attorney (if applicable)/ executors/ authorised signatories' resolution
- Identity document, details of physical residential address and contact details of persons authorised to act

## Medical aids

- Registration certificate (Council for Medical Schemes)
- Authority to act : trustees' resolution
- Identity document, physical residential address and contact details of trustees and persons authorised to act
- Proof of physical business address

Spouse/partner

Any of above documents for spouse, together with marriage certificate or if not available; Affidavit from person co-habiting with client, providing:

- Name, identity number and physical residential address of client and co-habitant
- Relationship between client and co-habitant
- Confirmation that residential address is shared

Parent:

- Any of above documents for parent
- Must be accompanied by the child's Unabridged birth certificate (for a minor)

If above documentation not available:

- Visit to physical address by a STANLIB employee, or

Affidavit from client (as a last resort), providing:

- Name, identity number and physical residential address
- Confirmation that client resides at physical residential address

