

Change of Financial Adviser: Client Nomination

CLIENT DETAILS

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

LISP INVESTMENTS

INVESTMENT NUMBER	<input type="text"/>
INVESTMENT NUMBER	<input type="text"/>
INVESTMENT NUMBER	<input type="text"/>
INVESTMENT NUMBER	<input type="text"/>
INVESTMENT NUMBER	<input type="text"/>

UTI INVESTMENTS

ENTITY NUMBER	<input type="text"/>
ENTITY NUMBER	<input type="text"/>
ENTITY NUMBER	<input type="text"/>
ENTITY NUMBER	<input type="text"/>
ENTITY 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 FEE TO REMAIN THE SAME
 CHANGE FINANCIAL ADVISER SERVICE CHARGE
 . % (LISP ONLY)



FINANCIAL SERVICES PROVIDER AUTHORISATION

1. I appoint the Financial Adviser named in this form "Change of Financial Adviser – Client Nomination" ("Form") as my Financial Adviser and authorise STANLIB to amend their records accordingly.
2. I understand that according to 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. (Financial Services Board (FSB) toll-free number: 0800 110 443).
3. 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.
4. I indemnify STANLIB against all losses or damages, 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.
5. 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. I agree that STANLIB will pay to my Financial Adviser the agreed charges as set out in this Application Form.
6. I acknowledge that if a Financial Adviser is not mandated as required by the FSB, STANLIB is obliged by law to decline any instructions from such Financial Adviser. Also that STANLIB may and will accept instructions on the strength of my signature.
7. I acknowledge that the portfolio range of funds is only available to clients whose Financial Adviser is accredited to sell a specific range. Where a client terminates the services of an accredited Financial Adviser and appoints 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. I acknowledge and accept that in such move, a Capital Gains Tax (CGT) event may occur.

SIGNATURE OF CLIENT/
AUTHORISED SIGNATORY

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

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 Client 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 Client in terms of section 21 of FICA. I confirm that I will keep a record of the Client'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

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

TERMS AND CONDITIONS

1. Trustees: Standard Chartered Bank, 4 Sandown Valley Crescent, Sandton, 2196, Johannesburg. Telephone: (011) 217 6600.
2. Query Support and Middle Office: STANLIB Compliance and Complaints, PO Box 202, Melrose Arch, 2076 Telephone: 0860 123 003.
3. Complaints: Should the Client wish to lodge a complaint with STANLIB regarding the services being provided, the Client can locate STANLIB's Complaints procedure on www.stanlib.com/contactus/pages/furtherqueries.aspx, alternatively the Client can send an email to rateus@stanlib.com.
4. STANLIB is a member of the Liberty Group of companies. Liberty is a full member of the Association for Savings & Investments South Africa (ASISA).
5. This application form and the relevant trust deed in respect of the STANLIB Collective Investments Scheme will form the agreement between the Client and the Manager. The investment will be administered in terms of the Collective Investment Schemes Control Act, 45 of 2002 (The Act).
6. Contact details: STANLIB Collective Investments (RF) Limited Reg. No. 1969/003468/06. 17 Melrose Boulevard, Melrose Arch, 2196 | P O Box 202, Melrose Arch, 2076; T + 27 (0)11 448 6000 | F 086 727 7505/+ 27 (0)11 448 6666; E contact@stanlib.com | W www.stanlib.com.
7. FAIS Ombudsman details: Block B, Sussex Office Park, 473 Lynwood Road, Pretoria, 0081. Telephone 012 470 9080.
8. STANLIB Compliance details: STANLIB Compliance and Complaints, PO Box 202, Melrose Arch, 2076 Telephone: 0860 123 003.
9. STANLIB Wealth Management (Pty) Limited is an authorised Financial Services Provider (FSP No: 590).

FINANCIAL SERVICES PROVIDER ACCEPTANCE OF APPOINTMENT

I confirm that I am the primary accountable institution under the Act over the Client on whose behalf I am acting. I confirm that I have identified the Client in line with section 21 of the Financial Intelligence Centre Act ("FICA"). I confirm that I will keep and maintain a record of the Client's documentation as required under section 22 of FICA and regulation 19 of FICA. I undertake to make available copies of these documents and details of the verification procedures I followed should these be requested by any party who is entitled to them. I will give this information within five (5) business days of request.

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

DECLARATION

STAUTBRK0062
2017/12
HX3877

Please note this form expires on 2018/06/30. Up to date forms are always available on www.stanlib.com



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/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 our/my 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.

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

