

## 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/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"/>
TELEPHONE (WORK)	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>

### 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"/>

\* Note that this is a compulsory field.

### CLIENT'S POSTAL ADDRESS

<input type="checkbox"/> 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](http://www.stanlib.com) for more information.

LOAD A NEW DEBIT ORDER  YES  NO

CHANGE AN EXISTING DEBIT ORDER  YES  NO

EFFECTIVE DATE OF CHANGE   -   -

D D M M Y Y Y Y

Portfolio 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.

Portfolio	Income Distribution Method		
	Reinvest into Current Portfolio	Pay into Bank Account	Reinvest into Another Portfolio
	<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



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:

ELECTRONIC (EMAIL) and HARDCOPY (POSTED) checkboxes

PHASE-IN OPTION

The Phase-in option allows you to invest money into the STANLIB Money Market Fund and switch this money into another portfolio over a certain period. 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 portfolio will be reinvested into the first portfolio indicated below.

Table with 2 columns: Phase Into, Percentage

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.

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

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.

## DECLARATION

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 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.

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

