

Change of details Form

Collective Investments (Unit Trust)

NEW CLIENT DETAILS																												
Please ensure that all required supp	orting	doc	ume	entat	tion i	is sı	ubmi	itted	with	n this	s ins	stru	ctio	n as	stip	ulat	ed i	n the	Fir	anc	ial Ir	ntelli	geno	e C	ent	re A	ct.	
ENTITY/INVESTMENT ACCOUNT NUMBER																												
TITLE																												
NAME/S																												
SURNAME/NAME OF LEGAL ENTITY																												
IDENTITY/PASSPORT / REGISTRATION NUMBER																												
CELLPHONE NUMBER				-									TE	LEP (W	HONE VORK	E [-								
EMAIL ADDRESS																												
CLI ENT'S PHYSI CAL ADDE	RESS	;																										
COMPLEX / UNIT / HOUSE NUMBER																												
COMPLEX NAME / ESTATE																									T			
STREET NUMBER																												
STREET NAME / FARM NAME / AREA NAME																												
SUBURB / DISTRICT																												
CITY / TOWN																												
COUNTRY																						c	ODE					
CLIENT'S POSTAL ADDRES	SS																											
SAME AS PHYSICAL ADDRESS																												
PO BOX NUMBER																												
POST OFFICE NAME																												
POSTAL CODE																												
PRIVATE BAG NUMBER																												
POST OFFICE NAME																												
POSTAL CODE																												
POSTNET SUITE NUMBER																												
PRIVATE BAG NUMBER																												
POST OFFICE NAME																						CC	DDE					
NEW EMAIL ADDRESS																												
EMAIL ADDRESS																												



The product minimum recurring deb	it orc	der a	ımou	nts m	ust	be n	net, r	efer t	to ot	ır we	ebsit	e ww	w.st	anlib	.co	m for	more	info	rma	tion.				
LOAD A NEW DEBIT ORDER		YES	3							NO														
CHANGE AN EXISTING DEBIT ORDER		YES	S							NO														
EFFECTIVE DATE OF CHANGE	D	D] -	M	М	-	Y	Y	Υ	Υ														
Portfo	lio na	me								New	debi	it orde	er am	ount			Chan (spe				portfolio na	0	C	ance
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ANNUAL CONTRIBUTION	INC	RE.	ASE																					
Should you wish to increase your re	curri	ng d	lebit (order	auto	oma	tically	eac	h ye	ar, p	oleas	se inc	dicat	e thi	s b	elow:								
PERCENTAGE INCREASE PER ANNUM		5%	6		1	0%			15%			20%	6											
CANCEL ANNUAL DEBIT ORDER INCREASE		YE	ΞS		_ \	NO																		
EFFECTIVE MONTH	М	M		Y	Y	Y	′ Ү																	
INCOME DISTRIBUTION																								
All distributions will be reinvested a	s per	the	inve	stmer	nt se	elect	ion u	nless	oth	erwi	se ir	nstruc	cted.											
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Poi	rtfolio	1							(t into ortfoli		В		y into Acco	unt				Reinv nothe	nto tfolio		
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BANKING DETAILS																								
Use the bank details listed below fo	r the	1] pe	0111	A D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TUD	2010/				7						
REDEMPTIONS		INC	OME	DISTF	RIBU	OITU	NS			OP	TION	AR WI [*] IS	IHDF	KAW/	ΑL			DE	BIT C	RDE	RS			
Payments to third party bank accou	ınts a	are n	ot al	lowed	1. Pa	aym	ents	can d	only	be p	aid	into a	an a	ccou	ınt i	n the	nam	e of t	the c	lient	i.	 		
BANK													<u></u>											
BRANCH														E	BRA	NCH	CODE							
ACCOUNT NUMBER																								
ACCOUNT TYPE		СН	EQUE	_						SA	VING	S						TRA	ANSI	ЛISSI	ON			

CHANGE OF RECURRING DEBIT ORDER DETAILS



ACCOUNT HOLDER'S ID NUMBER

ACCOUNT HOLDER'S NAME

SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY				
If the debit order is funded by a 3rd party (spouse inclutive For individuals: Certified copy of the third party's ider For entities: Standard Bank – Bank account mandate to Other banks – Letter from the bank confirming signing	ntity document with a specimen signa		ure of the signatory/ies.	
CORRESPONDENCE PREFEREN	CE			
All statements, reports and notices will be	sent to you via the selected	preference indicated below:		
ELECTRONIC (EMAIL)	HARDCOPY (POSTED)			
PHASE-IN OPTION				
The Phase-in option allows you to invest n certain period. The amount to be phased in below, until the balance in the Standard Ba portfolio will be reinvested into the first por	will be calculated in accordance in will be calculated in accordance in will be calculated in accordance.	ance with the percentage selecte	ed based on the original amo	ount stipulated
	Phase Into			Percentage
				%
				%
				%
PLEASE PHASE IN THE AMOUNT OF R			ON THE OF THE MONTH	
PHASE IN FREQUENCY	MONTHLY QUARTERLY	BI-ANNUALLY ANNU	JALLY	
COMMENCEMENT DATE	D M M Y Y	YY		
REGULAR INCOME OPTION (CA	SH FLOW PLAN)			
The regular income option allows you to in commencement date of the regular income depending on your bank.				
LOAD A NEW REGULAR INCOME OPTION	YES	NO		
CHANGE AN EXISTING REGULAR INCOME OPT	TION YES	NO		
CANCEL REGULAR INCOME OPTION	YES	NO		
	Portfolio Choice		Amount	I
			R	

	Portfolio Choice	Amount
		R
		R
		R
	тот	L R
PAYMENT FREQUENCY	MONTHLY QUARTERLY BI-ANNUALLY	ANNUALLY

TERMS AND CONDITIONS

COMMENCEMENT DATE

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 agree that the electronic records of all instructions and applications processed by/or on behalf of myself or which purport to be

PREFERRED DATE



processed on behalf of myself 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. STANLIB Collective Investments (RF) Limited 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

I/We hereby 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 behalf until all such documentation has been provided.

I/We confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	DATE	D	D	-	M	M	-	Υ	Υ	Y	Y
	SIGNED AT										
SIGNATURE OF FINANCIAL ADVISER	DATE			-			-				
		D	D		М	M		Y	Y	Y	Y
	SIGNED AT										

