

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 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"/>

*Compulsory section

FATCA/CRS SELF-CERTIFICATION DECLARATION FOR INDIVIDUALS

As part of STANLIB's obligation to comply with the U.S Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and the Automatic Exchange of Information reporting (AEOI) we require you to provide us with your tax information. This tax information will be kept on record and will be disclosed to the relevant tax authorities as and when required as per the FATCA and CRS regulations. **The information contained under this section is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice.**

- Failure to complete all fields in this section will result in a delay in your application being processed

UNITED STATES OF AMERICA CITIZENS *

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? NO YES If 'YES', please complete an individual IRS W-9 form for Tax identification and Certification found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

TAX INFORMATION FOR AEOI /CRS REPORTING *

*ARE YOU REGISTERED FOR TAX IN SOUTH AFRICA?
 • By ticking 'No' you confirm that you are not registered for Tax
 • If you are registered or not registered for taxation in South Africa, we still require confirmation of country(ies) of tax residency on the table below.

NO YES TAX IDENTIFICATION NUMBER

*ARE YOU REGISTERED FOR TAX IN THE UNITED STATES OF AMERICA?
 NO YES TAX IDENTIFICATION NUMBER

*ARE YOU A REGISTERED TAX PAYER IN ANY OTHER COUNTRY?
 NO YES

- **TAX RESIDENCY:** Please list all countries, including South Africa, in which you are considered a RESIDENT for TAXATION purposes, and provide the associated Tax Identification Numbers in the table below,
- By ticking 'Not applicable' on the table below, you confirm that the country specified does not issue Tax Identification Numbers.

Country(ies) of Tax Residency *	Tax Identification Number *	Not Applicable
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>

*Compulsory Section



DETAILS UPDATE *

Please tick the appropriate field below for the change you wish to implement on your investment profile.

<input type="checkbox"/> EMAIL ADDRESS	<input type="checkbox"/> TELEPHONE/CELLPHONE NUMBER	<input type="checkbox"/> ADDRESS DETAIL (POSTAL/PHYSICAL)	<input type="checkbox"/> BANKING DETAIL
<input type="checkbox"/> DEBIT ORDER DETAILS	<input type="checkbox"/> ANNUAL CONTRIBUTION INCREASE	<input type="checkbox"/> INCOME DISTRIBUTION	<input type="checkbox"/> PHASE IN OPTION

***Compulsory section**

CHANGE OF ADDRESS

PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER *

COMPLEX NAME / ESTATE *

STREET NUMBER *

STREET NAME / FARM NAME / AREA NAME *

SUBURB / DISTRICT *

CITY / TOWN *

COUNTRY * CODE *

POSTAL ADDRESS

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

POSTAL CODE

CHANGE OF CONTACT NUMBER

NEW CELLPHONE NUMBER -

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 for more information.

- 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 balance of uncleared units when they clear, 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 when they clear.

DEBIT ORDER PREFERRED DATE 1ST (DEFAULT DATE) 15TH 25TH COMMENCEMENT DATE -
M M Y Y Y Y

PAYMENT FREQUENCY MONTHLY QUARTERLY BI-ANNUALLY ANNUALLY

CHANGE EXISTING DEBIT ORDER YES NO

LOAD NEW DEBIT ORDER (EXISTING CLIENTS ONLY) YES NO

*If no date is selected, we will default to the 1st of the following month.

*If frequency is not selected, we will default to a monthly payment frequency.

Fund 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.

Fund Name	Income Distribution Method			
	Pay into Bank Account	Reinvest into Existing Fund	Reinvest into Another Fund	Fund Name to Reinvest into
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHASE-IN OPTION

Please note that a Phase-in option and a Cash Flow Plan (CFP) are not allowed to run on the same fund concurrently. Phase-in will move all units from the STANLIB Money Market Fund to the target fund at the requested period over the period selected. 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 fund will be reinvested into the first fund indicated below.

Phase Into	Percentage



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. By signing this form, the client consents to STANLIB processing their personal information in accordance with the terms and conditions.
5. 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	[] [] - [] [] - [] [] [] [] <small>D D M M Y Y Y Y</small>
CAPACITY		SIGNED AT	
SIGNATURE OF FINANCIAL ADVISER		DATE	[] [] - [] [] - [] [] [] [] <small>D D M M Y Y Y Y</small>
		SIGNED AT	

