



# Change of Details

Financial adviser

**Please note:** A copy of this form must be sent to **STANLIB** and the **Intermediary** must also retain a complete copy of the application. In terms of the **FAIS Act**, the financial services provider that dealt with the Client must deliver the original to the **CLIENT** for safe custody.

## Personal details

Name of financial adviser	<input type="text"/>												
Name of Financial Services Provider (Financial Consultancy)	<input type="text"/>												
Financial Services Provider (FSP) no	<input type="text"/>						Financial adviser code	<input type="text"/>					

## Change of address/Contact details

### Physical address

Street	<input type="text"/>												
Suburb	<input type="text"/>												
City/town	<input type="text"/>												
Country	<input type="text"/>						Postal code	<input type="text"/>					

### Postal address

Box/Street	<input type="text"/>												
Suburb	<input type="text"/>												
City/Town	<input type="text"/>												
Country	<input type="text"/>						Postal code	<input type="text"/>					

## Change of bank details

Proof of banking details in the form of a bank statement or a cancelled cheque is required.

Bank	<input type="text"/>						Branch	<input type="text"/>					
Account number	<input type="text"/>						Branch code	<input type="text"/>					
Account type	<input type="checkbox"/> Cheque account	<input type="checkbox"/> Transmission account	<input type="checkbox"/> Savings account										
Account holder's name	<input type="text"/>												

Signature of account holder	<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"/>	<input type="text"/>	<input type="text"/>
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## Signature

Signature of account holder	<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"/>	<input type="text"/>	<input type="text"/>
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Please note that in the event of any modification or variation of this standard form STANLIB will regard this form as being invalid and of no force and effect.

## Change of bank details

Proof of banking details in the form of a certified/verified bank statement or a cancelled cheque is required.

Bank	<input type="text"/>	Branch	<input type="text"/>
Account number	<input type="text"/>	Branch code	<input type="text"/>
Account type	<input type="checkbox"/> Cheque account	<input type="checkbox"/> Transmission account	
	<input type="checkbox"/> Savings account		
Account holder's name	<input type="text"/>		

## Debit order details (for once-off debit orders and recurring plan option)

### Recurring debit orders

I hereby grant permission for STANLIB Wealth Management Limited to arrange with my bank for the payment of the investment amounts in terms of this application (including amendments that may be made during the life of the investment) from my account on the specified day of each month.

Total debit order amount **R**  .

Please debit my account on the  <sup>1<sup>st</sup></sup> or  <sup>15<sup>th</sup></sup> of each month, for investment at the ruling price on that day, commencing in the month of

Recurring debit orders are applied on the 1st or the 15th of each month except where it falls on a weekend or public holiday where it will be effective from the first business day thereafter. The cut-off for all recurring debit order notices to be processed in a particular month is five business days before the 1st or the 15th day of the month.

Signature of bank account holder	<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"/>
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## Change of beneficiary/ies (Applicable to Retirement Annuity, Preservation Pension/Provident Funds and Linked Life Annuity only)

You may nominate one or more natural persons who may receive a benefit on your death. If no beneficiary is nominated, the proceeds may be payable to your estate.

I am aware that, upon my death, my beneficiaries are allowed the following options:

- Where my funds originate from my pension or provident plan, to commute the full value of the policy (within six months of my death); or to continue the policy as the new owners
- Where my funds originate from my retirement annuity fund, to commute one third of the value and to commit the remaining value to a life annuity.

First name	<input type="text"/>										
Surname	<input type="text"/>										
Identity number	<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"/>				
Relationship	<input type="text"/>					Percentage	<input type="text"/> %				
First name	<input type="text"/>										
Surname	<input type="text"/>										
Identity number	<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"/>				
Relationship	<input type="text"/>					Percentage	<input type="text"/> %				
First name	<input type="text"/>										
Surname	<input type="text"/>										
Identity number	<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"/>				
Relationship	<input type="text"/>					Percentage	<input type="text"/> %				
First name	<input type="text"/>										
Surname	<input type="text"/>										
Identity number	<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"/>				
Relationship	<input type="text"/>					Percentage	<input type="text"/> %				

### Change regular withdrawal details

The *Withdrawal 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) to supplement your income. The minimum amount is R500. **Please note: the payments you will receive are repurchases from the portfolio and not income distributions.** Where the withdrawal 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. **Proof of banking details in the form of a cancelled cheque or bank statement is required.**

New withdrawal amount	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	per month, as from	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Change withdrawal amount	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	per month, as from	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cancel regular withdrawal	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Repurchase frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Yearly	

### FICA declaration

#### Confirmation and declaration

The Client and the Intermediary, by signing this form, state and declare that they have each read and understood the terms and conditions pertaining to the investment; declare that the STANLIB and Intermediary charge as indicated and selected herein 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 Intermediary.

Signature of Client	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Intermediary	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

#### Confirmation by the Intermediary

I \_\_\_\_\_ hereby confirm that I have satisfied myself as to the identity of the Client, and I have verified the identity in accordance with the requirements set out in the Financial Intelligence Centre Act and any related legislation, regulations or guidelines. I have forwarded copies of all the documents to STANLIB.

Signature of Intermediary	<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"/>
		Branch office	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Intermediary code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

#### Declaration by the Intermediary (where the Intermediary retains the FICA documents)

I \_\_\_\_\_ hereby confirm that I have satisfied myself as to the identity of the Client, and I have verified the identity and undertake to keep records, in accordance with the requirements set out in the Financial Intelligence Centre Act and any related legislation, regulations or guidelines.

Signature of Intermediary	<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"/>
		Intermediary code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## FICA requirements

Unless previously provided to STANLIB, please send verified/certified copies of the documents set out below. These are used to verify the identity of the client.

### Individuals

#### If South African

- Identity document, OR if not available;
- Valid reason why identity document could not be provided AND
- Valid driver's licence; OR
- Valid passport
- Proof of physical residential address
- Document authorising person/s to act (if applicable)

#### If Foreign

- Valid passport
- Proof of physical residential address
- Document authorising person/s to act (if applicable)

### RSA unlisted companies

- Certificate of Incorporation (CM1)
- Notice of Registered Office and Postal Address (CM22)
- Identity document, details of residential address and contact numbers of principal executive officer of company, of person/s authorised to act and of person/s holding more than 25% of voting rights in company
- Document authorising person/s to act
- Proof of physical business address

### Partnerships

- Partnership agreement
- Identity document, details of residential address and contact numbers of partners and persons authorised to act, if not a partner
- Document authorising person/s to act

### Close corporations

- Founding Statement and Certificate of Incorporation (CK1)
- Amended Founding Statement (CK2), if applicable
- Document authorising person/s to act
- Identity document, details of residential address and contact numbers of each member, person authorised to act and person holding more than 25% of the voting rights in the CC
- Proof of physical business address

### Trusts

- Trust deed or other founding document
- Letter of authority from Master of High Court
- Document authorising person/s to act
- Identity document, details of residential address and contact numbers of each trustee, each beneficiary, the founder and the person/s authorised to act
- Proof of registered address of Master of High Court (stamp on letter of authority)

### Foreign unlisted companies

- Official document of incorporation
- If trading in RSA, documents for RSA Unlisted Companies
- Document authorising person/s to act
- Identity document, details of residential address and contact numbers of person/s authorised to act
- Proof of physical business address

### Other legal persons

- Constitution or founding document
- Document authorising person/s to act
- Identity document, details of residential address and contact numbers of person/s authorised to act
- Proof of physical business address

### Proof of address

**We require any of the following documents reflecting the name and physical address** (must be less than 6 months old, unless otherwise specified)

- Utility bill
- 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 share-block association
- Payslip or salary advice

#### 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
- OR** if not available
  - Visit to physical address by a STANLIB employee or authorised agent
- OR** as a last resort
  - Affidavit from client, providing:
    - Name, identity number and physical residential address
    - Confirmation that client resides at physical residential address