



Addendum for Capped Fund

STANLIB Dividend Income Fund

Investor details

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name/s	<input type="text"/>
Surname	<input type="text"/>				
Identity number	<input type="text"/>				
Telephone (work)	<input type="text"/>	-	<input type="text"/>	Telephone (home)	<input type="text"/>
Cellphone	<input type="text"/>			Case number	<input type="text"/>

Option 1 – Temporary investment in the Standard Bank Money Market Fund

I have completed an application form to invest R_____ in the STANLIB Dividend Income Fund. I am aware that the STANLIB Dividend Income Fund is presently capped to new investments. I hereby give STANLIB Collective Investments Limited an instruction to place the investment into the Standard Bank Money Market Fund R Class and to switch the investment from the Standard Bank Money Market Fund (including interest accrued) to the STANLIB Dividend Income Fund when the Fund is no longer capped. I am aware and agree that STANLIB will switch investments into the STANLIB Dividend Income Fund from investors in the order of the date of their completed applications. The Management Company's decision will be regarded as final.

Option 2 – Repurchase/Return of funds

I confirm that I wished to invest in the STANLIB Dividend Income Fund. I am aware that the STANLIB Dividend Income Fund is presently capped to new investments. I hereby give STANLIB Collective Investments Limited an instruction to return my funds with interest at Standard Bank Money Market Fund rates.

Instructions for disposal of proceeds

Withdrawals can only be paid into an account in the name of the investor. No third party or cheque payments will be made. Payment into a bank account other than a Standard Bank account can take up to 2 (two) days longer.

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	<input type="checkbox"/> Standard Bank Mastercard	
Mastercard number	<input type="text"/>	Expiry date	<input type="text"/>
Account holder's name	<input type="text"/>		

I/We understand that no financial adviser may request me/us to sign any written or printed form or document unless all details required to be inserted thereon by me or on my behalf have already been inserted.

Please confirm your option

Option 1

Option 2

Signature of Investor	<input type="text"/>	Date	<input type="text"/>
		Signed at	<input type="text"/>
Signature of Intermediary	<input type="text"/>	Date	<input type="text"/>
		Signed at	<input type="text"/>
		Intermediary code	<input type="text"/>