



Surrender and Discharge

Structured investments application form

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.

Policy number

Client's details

First name (if individual)
 Surname/Name of legal entity
 Identity/Registration number Date of birth
 Telephone (h) Cellphone
 Telephone (w) Fax
 Email address
 Cessionary (if applicable)

Payment request

As a precaution against fraud, payment will only be made into the owner's personal bank or building society current or savings account by means of electronic transfer of funds. Please attach proof of these details (original current bank statement or cancelled cheque).

Bank Branch
 Account number Branch code
 Account type Cheque account Transmission account
 Savings account
 Accountholder's name

I, _____ (full names of Policy Owner/Cessionary)

hereby warrant that I am the owner of the above policy and confirm that I wish to encash the policy with immediate effect. I certify that, to the best of my knowledge and belief there are no prior loans or cessions affect my right to surrender this policy.

Signature of client Date - -
 Signed at
 Company/Cessionary stamp

Please note: the payment will be made within 6 working days of receipt of this form and the accompanying document. The Client understands that all material facts must be accurately and properly disclosed and the accuracy and completeness of all information provided by or on behalf of the Client, is the Client's own responsibility. The Client understands that no financial adviser may request the Client to sign any written or printed form or document unless all details required to be inserted thereon by the Client or on behalf of the Client have already been inserted.

Documentation

Please forward the following business requirement documentation:

1. This form with original signatures

2. Original policy document

3. Please forward the original certified copies of the following business requirement documents, if not already on file:

If a Trust:

- Master's letter of appointment of trustees
- Copies of the identity documents of the trustees
- Resolution if one trustee may act on behalf of the other trustees

If a Company:

- CM29
- Memo & Articles of Association
- Resolution if one director may act on behalf of the other directors and copy of the identity document of the director

If a Close Corporation

- Founding Statement
- Resolution if one member may act on behalf of the other members and copy of the identity document of that member

If natural person:

- Copy of identity document

(STANLIB reserves the right to call for further requirements should the need arise.)

IMPORTANT NOTICE

- The client hereby agrees to provide all documentation and information required in terms of the Financial Intelligence Centre Act, No. 38 of 2001, and understands that STANLIB is prohibited from processing any transactions on the Client's behalf until such documentation and information has been received. (Access the STANLIB website on www.stanlib.com to view the applicable FICA requirements).
- The Client confirms that neither STANLIB nor any of its representatives provided him/her with any advice and that he/she has taken particular care to consider on his/her own or with the assistance of his/her authorised FSP (financial adviser) whether the surrender of discharge is appropriate considering his/her unique objectives, financial situation and particular needs.

Please note: 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.