



Transfer Mandate

Classic Product Range/Classic Investment Plan

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.

Investment number

Client's details

Title

First name (if individual)

Surname/Name of legal entity

Identity/Registration number Date of birth DD - MM - CC YY

Telephone - Cellphone -

Transfer details

Banking details

Bank Branch

Account number Branch code

Account type Cheque account Transmission account
 Savings account

Account holder's name

Investment details

| Name of transferring LISP/Pension Fund Administrator/ Unit Trust | Type of investment with transferring LISP/Pension Fund Administrator/ Unit Trust | Account/investment number | Name of Product Transfer to: |
|--|--|---------------------------|------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Do you wish to make a switch subsequent to the transfer?

Yes
 No

If yes, please complete the switch instruction on page 2.

Switch instruction

How to do your switch

Select a switch option (percentage or rand switch) by ticking **one** of the boxes but **not both**. If more than one option is selected the switch instruction is incomplete.

- Where a **Percentage Switch** has been requested:
 - Percentage "Switch From" represents the percentage of holdings in that portfolio and **not** of your entire portfolio.
 - Percentage "Switch To" must add up to 100%.
- Where a **Rand Switch** has been requested:
 - Rand "Switch out of" a portfolio can never be more than 90% of the portfolio value.
 - Rand "Switch into" must add up to the total value in the "Switch out of" column.
- Multiple switches **cannot be** requested on a switch form.
- The switch will be completed only once all the required documentation has been received.

Future debit orders and phasing-in instruction

In respect of future debit orders (if applicable)

Change the mix of collective investments (*unit trusts*) as shown above for this switch

Change future debit orders Yes
 No

In respect of future phasing-in (if applicable)

Change the mix of collective investments (*unit trusts*) as shown above for this switch

Change future phasing-in Yes
 No

Switch option

Switch option (select one) Percentage or Rand

| Switch From | | |
|----------------|------------|--------|
| Portfolio name | Percentage | Amount |
| 1. | % R | |
| 2. | % R | |
| 3. | % R | |
| 4. | % R | |
| 5. | % R | |
| 6. | % R | |
| 7. | % R | |
| 8. | % R | |
| Switch To | | |
| Portfolio name | Percentage | Amount |
| 1. | % R | |
| 2. | % R | |
| 3. | % R | |
| 4. | % R | |
| 5. | % R | |
| 6. | % R | |
| 7. | % R | |
| 8. | % R | |

Terms and conditions

- I hereby confirm that I have completed and signed a terms and conditions and the relevant application form in terms of which I have agreed upon the terms and conditions that will govern the relationship between myself and STANLIB Wealth Management Limited ("STANLIB"), in respect of products provided and administered by STANLIB.
- I hereby confirm that I hold the investments with STANLIB and that such investments are administered by the Linked Investment Services Provider/s (LISP(s)) mentioned. I further confirm that I want such investments transferred from the LISP(s) (Administrative FSPs) and/or Pension Fund Administrator(s) identified to STANLIB and/or the Preservation Pension, Preservation Provident and Retirement Annuity Fund administered by STANLIB. I further confirm that my Intermediary (FSP), the details of whom are included below, has advised me of the consequences (implications; costs; incentives) of the proposed transfer of my investments as contemplated herein and that I understand and accept them.
- I hereby authorise and empower STANLIB to do all things and sign all documents required to effect the transfer of my investments listed below from the mentioned LISP and/or Pension Fund Administrator to STANLIB or the Classic Retirement Annuity Plan, Classic Preservation Pension Plan, Classic Preservation Provident Plan ("the Funds") as indicated. I hereby authorise the LISP(s) and/or Pension Fund administrator identified to disclose to STANLIB all relevant information in respect of my investments listed and to fully cooperate with STANLIB in transferring the investments to STANLIB and/or the Funds.
- I hereby indemnify STANLIB and/or the Classic Collection Trust and/or the Funds against all claims, damages or losses, which may arise from any delay in the transfer of investments from any other LISP(s) and/or Pension Fund Administrator or Fund to STANLIB and/or the Funds or in respect of any difference in the number or value of participatory interests (units) in Collective Investments held in the investments and the number or value of units transferred to STANLIB and/or the Funds. I confirm that I am aware that the transfer of investments in Retirement Funds may require the approval of the Financial Services Board and that the transfer of such investments may therefore be delayed until such approval has been obtained.
- I hereby agree 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 my behalf until all such documentation and information has been received. (Access the STANLIB website on www.stanlib.com to view the applicable FICA requirements).
- I understand that all material facts must be accurately and properly disclosed and the accuracy and completeness of all information provided by me, or on my behalf, is my own responsibility. I understand that no FSP may request me 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.
- 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 (Intermediary) whether the transfer is appropriate considering his/her unique objectives, financial situation and particular needs.
- The Client hereby appoints the representative (intermediary), as named herein to act as his agent in respect of all applications and instructions to be executed on his behalf. The Client understands that in terms of the intermediary and The Financial Advisory and Intermediary Services Act, 2002, his intermediary must be mandated by a FSB authorised Financial Services Provider (FSP) as a representative to act on the Client's behalf and that it is also the Client's responsibility to determine whether his intermediary has the necessary authorisation. (FSB toll free number: 0800 110 443). The Client understands and confirms that STANLIB is entitled to act on his intermediary's instructions, whether in written or electronic format, as if they were the Client's own instructions. The Client hereby indemnifies STANLIB against all losses or damage, which he may sustain, as a result of transactions entered into on the basis of this delegation of authority by the Client to the intermediary. Where the Client has terminated his intermediary's appointment, it is the Client's responsibility to advise STANLIB of such termination immediately. On receipt of such written notification, STANLIB will cease payment of all charges, other than accrued charges, to the relevant intermediary. The Client agrees that STANLIB will pay to such intermediary the agreed charge as set out in the Classic Investment Plan application form.

Intermediary

The Client understands that his/her Intermediary must be mandated by a licensed FSP as a representative, as explained in paragraph 1.7. If an Intermediary is not mandated as set out above, STANLIB is obliged by law to decline any instructions from such Intermediary. STANLIB may and will accept instructions on the strength of the Client's signature. The Client understands that he/she must, together with the Intermediary, sign the STANLIB FSP Authorisation Form to give effect to his/her appointment of the Intermediary to act on his/her behalf. The Client understands that there may be circumstances where STANLIB incentivises the Intermediary.

Intermediary 1

| | | |
|---|---|---|
| Full name of Intermediary i.e. Brokerage | <input type="text"/> | |
| Brokerage Id | <input type="text"/> | |
| Herein represented by (i.e. Adviser) | <input type="text"/> | |
| STANLIB Id | <input type="text"/> | |
| FSP licence number | <input type="text"/> | |
| Telephone (work) | <input type="text"/> - <input type="text"/> | Fax (work) <input type="text"/> - <input type="text"/> |
| Street address | <input type="text"/> | |
| City/town | <input type="text"/> | |
| Country | <input type="text"/> | Code <input type="text"/> |
| Email address | <input type="text"/> | |
| Upfront intermediary charge | <input type="text"/> , <input type="text"/> % | Percentage split (if applicable) <input type="text"/> % |
| Intermediary service charge | <input type="text"/> , <input type="text"/> % | |

Intermediary

Intermediary 2

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|---|----------------------|---|----------------------------------|----------------------|---|--|--|------------|----------------------|--|---|----------------------|--|--|--|--|--|--|------|----------------------|--|--|--|
| Full name of Intermediary i.e. Brokerage | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Brokerage Id | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Herein represented by (i.e. Adviser) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| STANLIB Id | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| FSP licence number | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone (work) | <input type="text"/> | | | | - | <input type="text"/> | | | | Fax (work) | <input type="text"/> | | - | <input type="text"/> | | | | | | | | | | | |
| Street address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| City/town | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | <input type="text"/> | | | | | | | | | | | | | | | | | | | | Code | <input type="text"/> | | | |
| Email address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Upfront intermediary charge | <input type="text"/> | , | <input type="text"/> | % | Percentage split (if applicable) | <input type="text"/> | % | | | | | | | | | | | | | | | | | | |
| Intermediary service charge | <input type="text"/> | , | <input type="text"/> | % | | | | | | | | | | | | | | | | | | | | | |

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 and 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 | <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"/> | | | | | | | | | |
| 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"/> | | | | | | | | | |

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