

STANLIB Linked Investments Tax-Free Savings Plan

New Investment Application

A Daily cut-off time for fully completed instructions received by STANLIB is before 15H30 on any business day.

Send completed instructions to STANLIB: E-mail: Lispinstructions@stanlib.com or Fax: +27(0) 867 277 516

*Please note that we cannot accept transfer applications

IMPORTANT INFORMATION

All sections applicable to this investment must be completed in full and in block letters; all options must be indicated by a cross (X). Failure to provide clear instructions will delay processing.

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x	Please submit the instruction together with the following documents:
	FICA documents, as listed at the end of the form
	Model portfolio mandate, if applicable
	Discretionary FSP client mandate, if applicable
	Related party annexure, if applicable*
*Each	related party (beneficial owner, controller, signatory, power of attorney holder) to this investment account must complete a related party annexure available on www.stanlib.com.



CLIENT TYPE*							
INDIVIDUAL		MINOR					
* Compulsory fields							
CLIENT DETAILS							
TITLE*							
NAME/S*							
SURNAME*							
PREVIOUS NAME							
PREVIOUS SURNAME/ MAIDEN	NAME						
ID NUMBER*							
DATE OF BIRTH*							
GENDER*		D D M M Y	Υ	YY			
CELLPHONE NUMBER*							
TELEPHONE NUMBER (H)							
TELEPHONE NUMBER (W)							
EMAIL ADDRESS* **							
TAX REFERENCE NUMBER*							
COUNTRY OF RESIDENCE*							
COUNTRIES OF CITIZENSHIP*							
NATIONALITY*							
COUNTRY OF BIRTH*							
* Compulsory fields **Please note that where po	ssible o	our correspondence to you will	be s	ent by email.			
INDUSTRY							
CODE* Please p	orovide	the code number which applies	s as p	per the list below			
	5. Electrion	,, ,,	9. Hu activi	man health and social work ties		otor vehicles/ Transportation/ bution	17. Real estate
Agriculture, forestry and fishing	6. Financ	cial, investment and insurance		formation, technology and nunication	14. N	on-profit/ Religious organisations	18. Unemployed
3. Arts/ Entertainment/ Hospitality	7. Gambli	ing	11. M	anufacturing/ Wholesale and retail	15. P	Politics	19.Retired
	8. Govern	nment/ State owned enterprise/ Armed	12. M	ining and quarrying	16. P	rofessional/ Scientific/ Technical and	
* Compulsory fields] [
OCCUPATION							
CODE*	rovide	the code number which applies	s as p	per the list below			
1. Clerical support	4. 0	General staff		7. Professional		10. Technician/ Sales or services	13. Retired
Craft and trades worker		leads of Government/ Cabinet Ministers/		8. Religious leader		11. Traditional leaders/ Royal family	
3. Executives/ General	6. N	Management		9. Self employed		12. Unemployed	
* Compulsory fields							

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SOURCE OF INCOME													
CODE*	ase provide the co	de number	which applies as p	er the list below									
1. Child/ Spousal support pay	yments	4.	Passive income (Renta	I, dividends, interest)		7. Savings							
2. Credit		5.	Retirement/ Insurance p	pay out		8. Tax Refund							
3. Gift/ Inheritance/ Winnings	i	6.	Salary/ Bonus			9. Trade/ Business							
* Compulsory fields													
PURPOSE OF INVEST	MENT												
CODE*	ase provide the co	de number	which applies as p	er the list below									
1. Education savings	2. Foreign exchange h	edging	3. Start and expand	a business	4. Save for reti	rement / Financial goals	5. Winding up estate						
* Compulsory fields													
ADDRESS DETAI	LS												
PHYSICAL ADDRESS													
COMPLEX/UNIT/ NUMBER				COMPLEX NA	ME								
STREET NUMBER				STREET NAM	E*								
SUBURB*				CITY*									
COUNTRY*				POSTAL CODE	 *								
*Compulsory fields													
POSTAL ADDRESS													
SAME AS PHYSICAL	ADDRESS												
ADDRESS TYPE	РО ВОХ	PRIVATE	BAG POSTN SUITE	IET POSTI	NET SUITE NU	JMBER							
NUMBER		POS	T OFFICE NAME			POS							
INVESTMENT DE	ΓAILS												
The minimum investment of the maximum investment of the maximum investment of the maximum investment of the maximum investment of the minimum investment of the maximum investment of the minimum invest				-		-	a recurring investment. 000.00 over a lifetime.						
INVESTMENT BY		LUMP SUM		RECURRIN	IG								
LUMP SUM INVESTM	ENT												
METHOD OF PAYMENT		ELECTRONIC (EFT)	C FUND TRANSFER	ONCE OFF	DEBIT								
		REPURCHAS UNIT TRUST	SE FROM STANLIB	STANLIB UNIT TR ENTITY NUMBER									
INVESTMENT AMOUNT													
Please note, once off de	ebits will be debite	d from the	specified bank acc	count when we h	ave finished	processing this instruc	ction.						
RECURRING INVESTM	1ENT												
RECURRING AMOUNT													
RECURRING DEBIT ORDE FREQUENCY	ER	MONTHLY	ANNUALLY										
RECURRING DEBIT ORDE	ER DAY	1ST	15TH										
You must send us this current month. Any in						ate for the instruction	to take effect in the						
DEBIT ORDER START MOI		-											



PORTFOLIOS

Please note that you may not invest in more than 20 investment portfolios within your account.

Portfolio Name	Lump sum Percentage	Recurring Percentage
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
TOTAL	100%	100%

BANK DETAILS

Details	Recurring debit Order	Once off Debit
SAME AS		SAME AS RECURRING DEBIT ORDER
BANK		
BRANCH		
BRANCH CODE		
ACCOUNT NUMBER		
ACCOUNT TYPE		
ACCOUNT HOLDER'S NAME		
ACCOUNT HOLDER ID/REGISTRATION NUMBER		
The bank account holder hereby authorises STANLIB	to make direct debits against the bank account provided	
SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY *		

Third party bank account holder: for an individual, please include a certified ID copy of the bank account holder with their specimen signature. For a legal entity please include the FICA documents as per the FICA requirements list and a bank mandate detailing the person(s) authorised to act on the bank account and the signing arrangements of the person(s) authorised.



PORTFOLIO NOMINATION FOR FEE DEDUCTIONS

Fee account

You can choose to have your STANLIB annual service charge, financial adviser annual ongoing service charge and model portfolio management fee (as applicable) deducted from one or more investment portfolio(s) in your account. If you would like to make use of this option, please specify the portfolios below.

If you do not specify a fund to deduct fees from, it will be deducted as follows:

- 1. From any money market or call accounts in your investment account.
- 2. If you don't have the above, then money will be deducted proportionately from all the unit trust funds in your investment account.
- 3. Any money invested through a model portfolio will be used last for deductions.

Portfolio(s) Selected For Ongoing Fee Deductions

FINANCIAL ADVISER DETAILS

Details	Primary Financial Adviser	Secondary Financial Adviser
FINANCIAL SERVICE PROVIDER NAME		
FINANCIAL ADVISER NAME		
STANLIB ID		
FEE SPLIT*	%	%

^{*}Fee Split: Only available to financial advisers from the same Financial Service Provider. Applies to both initial and ongoing adviser fees.

FINANCIAL SERVICE PROVIDER CHARGES

Transfers: No Financial Adviser Initial Fees are permitted on Transfers into the Classic Retirement Annuity fund from another Retirement Annuity.

New Investments: Initial Advice Fees are permitted, please specify the percentage you have negotiated with your Financial Adviser, if applicable. Our maximum initial advice fee rules apply.

	Initial Lump Sum I	Investment (excl.VAT)	Ongoin	Ongoing Service Charge (excl.VAT)					Initial Recurring Investments (excl.VAT)										
FSP Charge		%			%										%				
SIGNATURE OF AUTHORISED SI				DATE SIGNED AT		D	D	- [M	M	-	Υ	Y	Υ	Y				
SIGNATURE OF	FINANCIAL ADVISER*			DATE SIGNED AT		D	D	- [M	М	-	Υ	Y	Y	Y				

^{*} Compulsory fields



⁻The Primary Financial Adviser will receive all correspondence.

INVESTOR FEE AND DISCRETIONARY MANDATE DECLARATION

- 1.1. Financial Advisory and Intermediary Services Act, No. 37 of 2002 ("FAIS") disclosure
- I confirm that:
- a. I am a representative of a licensed FSP
- b. I have made the required disclosures to the client named in this application form required in terms of FAIS and subordinate legislation
- c. I have fully explained to the client named in this application form the details and constraints of the product and investment portfolios into which the client will invest, and I confirm that the client understands the information
- d. I understand and accept that the client named in this application form may cancel my appointment at any time by instructing STANLIB in writing, and may reduce or cancel the fees which he/she pays to me by way of a written instruction to STANLIB
- e. I warrant that I have explained all the fees that relate to this investment to the client named in this application form
- 1.2. Investor Fee and Discretionary Mandate Declaration

The below confirmation is required where the client has entered into a Category II discretionary mandate with the FSP, which holds a Category II license with the FSB The client hereby confirms that:

a.I have entered into a mandate with the FSP named in this application form:

FULL DISCRETION	OR	LIMITED DISCRETION	INVEST	WITHDRAW	SWITCH	CHANGE OF DETAILS

Please attach a signed copy of the mandate to this instruction

- b. I understand that if I have not entered into a mandate with the FSP, STANLIB will only act on instructions signed by me
- c. I understand that if I have entered into a mandate with the FSP, STANLIB will accept instructions signed by my FSP and will not require my signature or proof of my authorisation of the instruction
- d. I indemnify STANLIB against any losses whatsoever that may occur as a result of any instructions carried out on the instruction of my FSP
- e. I have read and signed this declaration, understand its implications and regard it as binding

SIGNATURE OF CLIENT/	DATE	D	D	-	M	M	-	Υ	Y	Υ	Y
AUTHORISED SIGNATORY*	SIGNED AT										
	DATE			-			-				
SIGNATURE OF FINANCIAL ADVISER*		D	D		М	М		Y	Y	Y	Y
	SIGNED AT										

* Compulsory fields

DECLARATION

- 1. I confirm that all the information provided in this form is true and accurate at the time of signing this document. I furthermore confirm that all material facts are accurately and properly disclosed, and that the accuracy and completeness of all answers, statements or other information provided by me or on my behalf, are my responsibility.
- 2. I confirm that I have read and understood the Terms and Conditions of the investment product which I am purchasing. I agree that the clauses in the Terms and Conditions and this application form create a binding agreement between myself and STANLIB. Where any representations have been made (verbal or otherwise) that contradict the clauses contained in these documents, the clauses in these documents shall prevail.
- 3. PoPIA (Protection of Personal Information Act, 2013) is South Africa's data protection law that aims to protect your personal information. Our latest Platform terms and conditions, available on www.STANLIB.com explain how and why we obtain, use, process, store, verify and share your personal information.
- 4. I/We confirm that I/We have read and accept the clauses in the Terms and Conditions relating to the collection, processing, storage and distribution of my/our personal information.
- 5. I/We acknowledge that acceptance of these terms and conditions is voluntary, but that without my/our personal information as required by this application form STANLIB will be unable to provide me/us with products or services.
- 6. I confirm that I understand that I may contribute up to a maximum of R36 000 per tax year to all of your tax-free savings accounts, and R500 000 over a lifetime. These amounts are specified in legislation and may change from time to time. Any excess contributions will be taxed at a rate of 40% in the hands of the investor.
- 7. I confirm that I understand that any money which I withdraw will still count towards my annual and lifetime limits.
- 8. Either party is entitled to terminate this administrative contract after notice in writing of not more than 60 days. Please note that all other terms and conditions pertaining to the underlying investment will still be applicable.
- 9. STANLIB does not give advice. I confirm that no advice was given by STANLIB in respect of this application.
- 10. I confirm that I am the legal owner of the money used to fund this investment, or alternatively I have obtained the signed permission of the third party bank account holder whose account is being debited, as specified in this application.
- 11. I confirm that none of the money which is being invested is from the proceeds of any unlawful activity, or is in contravention of the Prevention of Organised Crime Act 121 of 1998 and the Financial Intelligence Centre Act 38 of 2001. I further declare that all approvals have been granted and that the required notifications have been made in respect of the above mentioned extracts of legislation.
- 12. I understand and agree to pay all the charges and investment fees applicable to this investment. I authorise STANLIB to withdraw from the Investment Portfolios in my Investment Account to facilitate the payment of these fees.
- 13. If I am investing into a Hedge Fund, Personal Share Portfolio and/or Model Portfolio, I confirm that I have read and understood the information pertaining to these investment options in the Terms and Conditions.
- 14. I understand that in terms of the Financial Advisory and Intermediary Services Act, 2002, my Financial Adviser must be mandated as a representative by a licensed Financial Services Provider ("FSP"), and must furthermore have the license categories required to provide advice and/or intermediary services for this investment.
- 15. I agree that STANLIB is entitled to act on all signed instructions from myself or my authorised Financial Adviser, as is furthermore entitled to act on signed instructions received by facsimile and email. I confirm that I understand that if my Financial Adviser submits instruction for me, I should be satisfied as to the accuracy and completeness of the details. STANLIB is indemnified against any losses, claims or damages arising from STANLIB acting on such instructions and/or applications.
- 16. I hereby indemnify STANLIB against all losses or damage which I may sustain as a result of transactions entered into on the basis of my delegation of authority to my Financial Adviser, if



applicable. I understand and confirm that in this instance STANLIB is entitled to act on my Financial Adviser's instructions, whether in written or electronic format, as if they were my own instructions.

- 17. I understand that my investment application will only be processed if it is fully completed and accurate, and once the money for the investment reflects in the relevant STANLIB bank account.
- 18. STANLIB will verify any bank account details received before we make use of them, but we do reserve the right to request proof of bank details before processing an instruction, should we need to do so
- 19. I understand that a clearance period of 21 business days applies for investments made via cheque, and 45 business days for investments made via direct debit. I acknowledge that I will not be permitted to withdraw monies which have not cleared.
- 20. I understand the STANLIB Tax-Free product will levy an annual platform service charge of 0.2% (excl. VAT) on receipt of the value of the total investment.

	DATE			-			-				
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY		D	D		М	М		Υ	Υ	Y	Y
	SIGNED AT										
	•										

I, the undersigned Financial Adviser, hereby confirm that the above-mentioned client is a client of mine and that in assisting the client to complete this application form I have explained the terms and conditions to my client. I further indemnify STANLIB Wealth Management (Pty) Limited from any claim of whatsoever nature arising from the non-acceptance of these terms and conditions should it be shown that I did not adequately explain the terms and conditions, as displayed, to the client.

	DATE			-			-				
SIGNATURE OF FINANCIAL ADVISER/S		D	D		М	M		Υ	Υ	Υ	Υ
	SIGNED AT										

FICA REQUIREMENTS

Unless previously provided to the Manager, please send verified/certified copies of the documents set out below. These are used to verify the identity of the Investor. Strictly, only clear, legible copies of identity and other documents will be accepted, the Manager reserves the right to ask for further documentation.

Individual: South Africa

- · Green, bar-coded Identity document, Smart ID (back and front)
- If not available valid reason why identity document could not be provided together with a valid Passport or valid driver's licence
- Authority to act (if applicable): power of attorney/ letter of appointment from the court and Identity document

Minors

- Minor child's copy of South African bar-coded ID, or birth certificate
- Minor child's birth certificate/ Proof of Guardianship reflecting the name of the parent who will control the investment on behalf of the minor, along with a certified ID of the
 parent/ guardian. Where a minor child's birth certificate does not reflect the name of the parent investing on behalf of the minor, the parent must also complete the STANLIB
 'Acting on behalf of a minor' form
- SARS document confirming the minor's tax number (if the minor is registered for tax)

If a 3rd party is acting on behalf of the investor the following is required:

- 1. Proof of authority i.e. power of attorney, mandate, resolution, court order, letters of appointment by the Master of the High Court.
- 2. Documents as for Individual FICA above, for the person who is acting on behalf of the Investor and a specimen signature on the ID/ passport.
- 3. If the Investor is a minor, the application form must be signed by the legal guardian.
- 4. Related party annexure. Related parties (beneficial owner, controller, signatory, power of attorney) to this investment account need to complete the related party annexure available on www.stanlib.com.

