



LIBERTY
In it with you

17 Melrose Boulevard, Melrose Arch, 2196
P O Box 202, Melrose Arch, 2076
T +27 (0)11 448 6000
F 086 727 7505/+27 (0)11 448 6666
E contact@stanlib.com
Registration: STANLIB Wealth Management (Pty) Ltd
Reg. No. 1996/005412/07. Authorised FSP in terms
of the FAIS Act, 2002 (Licence No. 590).

STANLIB
IMAGINE MORE

Liberty Living Annuity

Underwritten by Liberty Group Limited, a registered Long-Term Insurer.

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

INSTRUCTION TYPE	<input type="checkbox"/> NEW INVESTMENT ON RETIREMENT	<input type="checkbox"/> TRANSFER FROM ANOTHER ANNUITY
REFERENCE NUMBER (GENERATED BY ONLINE)	<input type="text"/>	
GENERATED ON	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>	

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.

X	Please submit the instruction together with the following documents:
<input type="checkbox"/>	Certified or verified Identity document/ valid passport/ work permit
<input type="checkbox"/>	Discretionary FSP client mandate, if applicable
<input type="checkbox"/>	For a unit transfer request, a recent statement from the transferring administrator
<input type="checkbox"/>	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
 FOREIGN INDIVIDUAL
 DIRECTOR PRIVATE COMPANY
 ASSISTED
 REFUGEE

* Compulsory fields

CLIENT DETAILS

INVESTMENT PROPOSAL NUMBER

TITLE*

NAME/S*

SURNAME*

PREVIOUS NAME

PREVIOUS/ MAIDEN NAME

ID/ PASSPORT/ PERMIT NUMBER*

PASSPORT EXPIRY DATE*(IF PASSPORT NUMBER IS PROVIDED) - -

- -

 D D M M Y Y Y Y

PASSPORT COUNTRY OF ISSUE*(IF PASSPORT NUMBER IS PROVIDED)

DATE OF BIRTH* - -

- -

 D D M M Y Y Y Y

GENDER* FEMALE MALE

CELLPHONE NUMBER*

TELEPHONE (W)

TELEPHONE NUMBER (H)

EMAIL ADDRESS* **

TAX REFERENCE NUMBER*

COUNTRY OF RESIDENCE*

COUNTRIES OF CITIZENSHIP*

NATIONALITY*

COUNTRY OF BIRTH*

* Compulsory fields

** Please note that where possible our correspondence to you will be sent by email.

INDUSTRY

CODE* Please provide the code number which applies as per the list below

1. Administrative and support service	5. Electricity, water, gas supply and waste management	9. Human health and social work activities	13. Motor vehicles/ Transportation/ Distribution	17. Real estate
2. Agriculture, forestry and fishing	6. Financial, investment and insurance	10. Information, technology and communication	14. Non-profit/ Religious organisations	18. Unemployed
3. Arts/ Entertainment/ Hospitality	7. Gambling	11. Manufacturing/ Wholesale and retail	15. Politics	19. Retired
4. Construction	8. Government/ State owned enterprise/ Armed forces	12. Mining and quarrying	16. Professional/ Scientific/ Technical and education	

* Compulsory fields



OCCUPATION

CODE* Please provide the code number which applies as per the list below

1. Clerical support	4. General staff	7. Professional	10. Technician/ Sales or services	13. Retired
2. Craft and trades worker	5. Heads of Government/ Cabinet Ministers/ Judges	8. Religious leader	11. Traditional leaders/ Royal family	
3. Executives/ General	6. Management	9. Self employed	12. Unemployed	

* Compulsory fields

ADDRESS DETAILS

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*Compulsory fields

POSTAL ADDRESS

SAME AS PHYSICAL ADDRESS

ADDRESS TYPE	<input type="checkbox"/> PO BOX	<input type="checkbox"/> PRIVATE BAG	<input type="checkbox"/> POSTNET SUITE	POSTNET SUITE NUMBER	<input type="text"/>
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	POST OFFICE NAME	<input type="text"/>
				POSTAL CODE	<input type="text"/>

INVESTMENT DETAILS

The minimum investment amount is R100 000.00.

CASH TRANSFER UNIT TRANSFER

ESTIMATED TOTAL INVESTMENT AMOUNT

GUARANTEE OPTION

ADD A GUARANTEE TO MY INVESTMENT

Please refer to the terms and conditions pertaining to this investment, in order to understand how the Guarantee Option on this product works.

INCOME ENHANCER BENEFIT

The percentage must be between 1% and 95% of the investment value. Based on this percentage the amount committed to the Income Enhancer Benefit pool can only be between R50 000.00 and R5 000 000.00.

ADD THE INCOME ENHANCER BENEFIT TO MY INVESTMENT AT %

LUMP SUM PORTFOLIOS

You must allocate your lump sum into one or more unit trust portfolios, by indicating either a percentage or Rand amount in the table below. You may select up to 20 unit trust portfolios.

Portfolio Name	Percentage	or	Rand Amount
	%	R	
	%	R	
	%	R	
	%	R	
	%	R	
	%	R	



Please select the frequency of your income payment:

Quarterly, bi-annual and annual income frequency options can only be made in advance.

FREQUENCY MONTHLY QUARTERLY BI-ANNUALLY ANNUALLY

Please note:

The income amount selected above might differ to the actual annuity received as a result of the deduction of Income Tax in terms of legislation. STANLIB and Liberty will aggregate your annuities, payable by STANLIB, to determine the appropriate tax bracket as required by legislation.

	A. TAX PERCENTAGE or	B. TAX AMOUNT:
Tax Method	%	R

Please note:

- New investment:** If we receive and process your instruction before the 14th of the month, you will receive your first monthly payment by the 1st of the following month. If we receive your instruction after this, you will receive your payment by the 1st of the month after next.
- Transfers from another Annuity provider:** If we receive and process your instruction before the 14th of the month, you will receive your first monthly payment by the 1st of the following month. If we process your instruction after this, we will ensure that, if applicable, you don't miss a monthly annuity payment due to the transfer, although you may receive your first payment later than the 1st of the following month.

TAX DETAILS

If your selected tax rate is lower than the current SARS tax tables, please supply your tax directive number below:

TAX DIRECTIVE NUMBER

PORTFOLIO NOMINATION FOR ANNUITY INCOME DEDUCTIONS

Annuity Income account

Please specify the investment portfolios from which you would like us to deduct your annuity income. If you specify more than one portfolio, we will deduct from the specified portfolios proportionally.

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

- From any money market or call accounts in your investment account.
- If you don't have the above, then money will be deducted proportionately from all the investment portfolios in your investment account.

Portfolio Name

PORTFOLIO NOMINATION FOR FEE DEDUCTION

Fee account

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

If you do not specify a fund to deduct fees and/or your annuity income from, it will be deducted as follows:

- From any money market or call accounts in your investment account.
- If you don't have the above, then money will be deducted proportionately from all the investment portfolios in your investment account.

Portfolio Name



TRANSFER DETAILS

Name of Administrator	Account Number	Product Type	Estimated Amount
			R
			R
			R
			R

In the event of a transfer, the Income Enhancer Benefit percentage on the Flexible Annuity will remain. Should a change be required to this percentage, an **Add or Update the Income Enhancer Benefit** form must be submitted to Lispinstructions@stanlib.com.

BANK DETAILS FOR ANNUITY PAYMENT

BANK	<input type="text"/>		
BRANCH	<input type="text"/>	BRANCH CODE	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>		
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION
ACCOUNT HOLDER'S ID NUMBER	<input type="text"/>		
ACCOUNT HOLDER'S NAME	<input type="text"/>		

BENEFICIARY NOMINATION

Please nominate one or more natural persons or Trusts to receive a portion of the death benefit from your account should you pass away. This party does not need to be financially dependent on you. If no beneficiary is nominated, the death benefit will be payable to your estate.

NOTE: Each beneficiary nominated on this investment account needs to complete a related party annexure available on www.stanlib.com. If the beneficiary is a trust or legal entity, please complete the entity related party annexure.

Name	Surname	Contact Number	ID/Passport Number	Relationship to Investor	Percentage

FINANCIAL SERVICE PROVIDER

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.

- The Primary Financial Adviser will receive all correspondence.

FINANCIAL SERVICE PROVIDER CHARGES (EXCLUDING VAT)

Transfers: No Financial Adviser Initial Fees are permitted on Transfers from another Living/Life Annuity product.

New Investments: Initial Advice Fees are permitted, please specify the percentage you have negotiated with your Financial Adviser, if applicable. A maximum of 1.5% applies.



	Initial Lump Sum Investment	Ongoing Service Charge
FSP Charge	%	%

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY*	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
		SIGNED AT	<input type="text"/>
SIGNATURE OF FINANCIAL ADVISER*	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
		SIGNED AT	<input type="text"/>

* Compulsory fields

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/ AUTHORISED SIGNATORY*	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
		SIGNED AT	<input type="text"/>
SIGNATURE OF FINANCIAL ADVISER*	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
		SIGNED AT	<input type="text"/>

* Compulsory fields

DECLARATION

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS FOR THIS INVESTMENT AND I AM AWARE OF THE EFFECTIVE ANNUAL COST

1. We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared. PoPIA (Protection of Personal Information Act, 2013) is South Africa's data protection law that aims to protect your personal information. Our latest terms and conditions, available on www.STANLIB.com explain how and why we obtain, use, process, store, verify and share your personal information.
2. I/We hereby agree to provide all documentation and information required in terms of 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 information has been provided. Any money received by STANLIB that is not accompanied by the required documentation will be held in a call account until said documentation is received.
3. The Client and the Financial Adviser, by signing this form, state and declare that they have each read and understood the terms and conditions pertaining to the investment; including but not limited to Investment objective, Information on Net Asset Value, Charges, including the Effective Annual Cost, Risk Factors, Income accruals and declare that the STANLIB and Financial Adviser charges as indicated on this application form 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 Financial Adviser. 4. The Client understands that in terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), his Financial Adviser must be mandated by a licensed Financial Services Provider ("FSP") as a representative with the necessary FAIS sub - categories to act on the Client's behalf and that it is also the Client's responsibility to determine whether his Financial Adviser has the necessary authorization. (FSB toll free number: 0800 110443). The Client understands and confirms that STANLIB is entitled to act on his Financial Adviser'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 Financial Adviser. Where the Client has terminated his Financial Adviser'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 Financial Adviser. The Client agrees that STANLIB will pay to such Financial Adviser the agreed charges as set out in this Application Form. If a Financial Adviser is not mandated as required by the Financial Services Board, STANLIB is obliged by law to decline any instructions from such Financial Adviser. STANLIB may and will accept instructions on the strength of the Client's signature.

5. I, the undersigned Client, hereby confirm that I have completed this online application form for my investment with the assistance of my above mentioned Financial Adviser. Further that in completing this online application form my Financial Adviser has explained to me the terms and conditions as it appeared on STANLIB's online application system and that this declaration is confirmation that I understood the terms and conditions as explained to me and that I have accepted the terms and conditions as displayed. For legal entities, please specify authorised signatories in terms of the resolution.

SIGNATURE OF CLIENT /
AUTHORISED SIGNATORY

DATE

		-			-				
D	D		M	M		Y	Y	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 online application form I have explained the terms and conditions to my client as it appeared on STANLIB's online application system. I further confirm that I have explained all such terms and conditions to the client before he/she accepted the Online terms and conditions as displayed. 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.

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

STANLIB Wealth Management (Pty) Limited (Registration Number 1996/005412/07) an Authorised Administrative FSP in terms of the FAIS Act, 2002 (FSP Number 590)

Liberty Group Limited is a registered Long-Term Insurer and an Authorised Financial Service Provider in terms of the FAIS Act (no. 2409)

DISCRETIONARY MANDATE

LINKED INVESTMENTS

Please complete and sign this Discretionary Mandate if you have selected to invest into a Model Portfolio managed by one of the following discretionary fund managers ("DFMs"):

STANLIB MULTI-MANAGER, A DIVISION OF STANLIB ASSET MANAGEMENT (PTY) LTD, REGISTRATION NUMBER 1969/002753/07 WITH FSP LICENCE NO. 26/10/719 ("STANLIB MULTI-MANAGER")

INN8 INVEST, A DIVISION OF STANLIB WEALTH MANAGEMENT (PTY) LTD, REGISTRATION NUMBER 1996/005412/07 WITH FSP LICENCE NO. 590 ("INN8 INVEST")

Please tick only the applicable DFM, hereinafter referred to as the appointed DFM throughout the document. Should you not elect any of the two but have completed and signed the Discretionary Mandate, you will be assumed to be contracting with both STANLIB Multi-Manager and INN8 Invest, allowing you to have. Discretionary Mandates with either or both as and when you invest with them.

STANLIB Multi-Manager and INN8 Invest are authorised financial service providers ("FSPs") in terms of section 8(5)(a)(i) of the FAIS Act and is licensed to provide discretionary intermediary services for the following products: Long-term Insurance: Category C, Pension Fund Benefits(Retail), Securities and Instruments: Shares in a company other than a "share block company" as defined in the Share Blocks Control Act, 1980, Money-Market Instruments as defined in BN 90 of 2014 issued in terms of the Collective Investment Schemes Control Act, 2002, ("CISCA"), Debentures and securitised debt, Warrants, Certificates and Other instruments, conferring or creating rights to subscribe to, acquire, dispose of, or convert Securities, Bonds, Derivative instruments, Participatory interests in one or more Collective Investment Schemes (including Collective Investment Schemes in Hedge Funds), Long-term deposits, Short-term deposits, Participatory interest in a hedge fund, Structured deposits and other asset classes permitted within the legislation and for which is authorised to provide intermediary services.

1. Appointment and Authorisation

1.1 I hereby appoint and authorise the above selected DFM to provide me with intermediary services of a full discretionary nature, and to manage my chosen Model Portfolio as specified on this form on my behalf, in accordance with the terms and conditions contained in this Discretionary Mandate and the FAIS Act.

1.2 I acknowledge that, upon receipt of the signed Discretionary Mandate, the appointed DFM is deemed to have accepted the above appointment in accordance with the terms and conditions set out in this Discretionary Mandate.

1.3 I hereby authorise the appointed DFM to exercise its full, unlimited and sole discretion in the management of my Model Portfolio Investment, in accordance with the investment objective of the Model Portfolio. I understand and agree that the DFM will invest, withdraw, or switch Investment Portfolios within my Model Portfolio Investment at its sole discretion.

1.4 I hereby authorise the appointed DFM in its sole and full discretion to invest in any Investment Portfolio on my behalf for which it is licensed, including both local and offshore assets.

1.5 I hereby authorise the appointed DFM to switch between Investment Portfolios within the Model Portfolio Investment with no limitation placed on the number of switches performed.

1.6 I acknowledge and accept that certain instructions undertaken on my behalf by the appointed DFM, in their sole discretion may be subject to tax, depending on the legislation which governs the Product in which my Model Portfolio Investment is held.



- 1.7 The appointed DFM may, at its own discretion, utilise the services of its own staff or that of another approved FSP in terms of the FAIS Act to render intermediary services to its Clients.
- 1.8 I hereby authorise the appointed DFM, at its discretion, to cede or assign at any time its rights and obligations in this Discretionary Mandate to any third party who is approved as a discretionary FSP in terms of the FAIS Act.
- 1.9 I hereby authorise the appointed DFM to vote on my behalf in respect of the Investment Portfolios in my Model Portfolio Investment.
- 1.10 I hereby authorise the appointed DFM as my representative to enter into any agreements on my behalf with any other person, financial exchange, member or regulatory body in the execution of its obligations in terms of this Discretionary Mandate.
- 1.11 I am not required to supply a bank account to the appointed DFM, and I acknowledge that the appointed DFM will not accept or facilitate any monies for investment or payment. The authorised and appointed administrative FSP, who administers the Investment Account, will receive and provide bank account details as required as part of the application process.
- 1.12 I acknowledge that all distributions received, including cash, interest and dividends, will be reinvested by the Investment Portfolios into my Investment Account. I confirm that I can refer to the relevant collective investment scheme fund fact sheet/minimum disclosure document for details of when distributions take place.

2. Registration of Model Portfolio Investment

The Client's appointed administrative FSP will register this investment as reflected in the application form. The investment may be registered in the name of the Client, the Retirement Fund, an approved Nominee Company, or the Long-Term Insurer as applicable according to the Financial Product in which the investment is held.

3. Investment Objective

The investment objective of the Client is to earn and maximise return on the investment in accordance with the risk profile of the Model Portfolio in which the Client invests, as stipulated in the relevant fact sheet.

4. Remuneration of Fees

- 4.1 I confirm that I have read and understood the Model Portfolio fact sheet, which discloses the current and maximum Model Portfolio charges and all underlying Investment Portfolio related charges. Depending on the Model Portfolio(s) selected, a different charge structure may apply.
- 4.2 I agree to pay the appointed DFM up to the disclosed maximum Model Portfolio charge, per annum plus VAT, for the intermediary services provided for in this Discretionary Mandate.
- 4.3 I acknowledge that the Model Portfolio Charge will be deducted from my Investment Account monthly in arrears.
- 4.4 The appointed DFM shall be entitled to vary the maximum Model Portfolio Charge upon 60 (Sixty) calendar days prior written notice.
- 4.5 The appointed DFM does not receive any commissions, incentives or rebates from any administrative FSP or Product Provider for placing my Model Portfolio investment with them. In respect of INN8 Invest only, INN8 Invest may, from time to time, negotiate fee reductions with the Product Providers depending on the applicable charge structure and construction of the Model Portfolio.

5. Reporting

- 5.1 I confirm that my appointed administrative FSP will provide me with quarterly investment statements by email or another medium as stipulated.
- 5.2 I request the appointed DFM not to provide me with any information that a relevant Investment Portfolio Product Provider must disclose by law. STANLIB Multi-Manager/INN8 Invest must only provide such information when I specifically request it.

6. Risk and Indemnity

- 6.1 By signing this Discretionary Mandate, I acknowledge that:
 - 6.1.1 The appointed DFM does not provide a guarantee on the value of the Model Portfolio Investment nor does it guarantee the performance of the Investment Portfolios in the Model Portfolio Investment. The market value of the Model Portfolio Investment may fluctuate and go down as well as up, and past performance is not necessarily a guide to future performance. I understand that I bear the investment and market risk, which includes the possibility of losing capital.
 - 6.1.2 There are risks involved in an investment in Investment Portfolios via a Model Portfolio Investment. I understand that I carry the currency, investment and market risk, which includes the possibility of losing my entire capital. I acknowledge that I am aware of, understands and accepts the risks of investment.
- 6.2 Where the selected Model Portfolio Investment allocates to a collective investment scheme in hedge funds, I confirm that I have read and understood the information pertaining to these investment options in the Terms and Conditions of the administrative FSP.

7. Duration

- 7.1 This Discretionary Mandate shall come into effect on the date of processing my application and shall remain in force until it is terminated.
- 7.2 The Discretionary Mandate may be terminated as follows:
 - 7.2.1 Automatically on the transfer of the Client from the Client's appointed administrative FSP.
 - 7.2.2 Automatically if the Client requests a full withdrawal or switch out of the Model Portfolio Investment within his/her Investment Account and a different fee structure may then apply as per the rules of the applicable Investment Portfolio(s).
 - 7.2.3 By either party on 60 days' written notice to the other. In this instance the appointed DFM is mandated and required to complete all instructions and transactions in progress which were initiated prior to the receipt and processing of the termination request. The appointed DFM is furthermore entitled to the standard model portfolio charge during the termination period. A different fee structure may then apply as per the rules of the applicable Investment Portfolio(s).

8. Protection of Personal Information Act

- 8.1 The Protection of Personal Information Act, 2013 is South Africa's data protection law that aims to protect your personal information. The appointed DFM's latest Privacy and Security Statement, available on www.stanlibmultimanager.co.za, www.STANLIB.com or www.INN8.co.za, explain how and why the appointed DFM obtains, uses, processes, stores, verifies and/or shares my personal information.
- 8.2 I confirm that I have read and accept the clauses in the above Privacy and Security Statement relating to the collection, processing, storage and distribution of my/our personal information.
- 8.3 I acknowledge that acceptance of the Privacy and Security Statement is voluntary, but that without my/our personal information as required by the application form, the appointed DFM will be unable to provide me/us with products or services.

9. Client Declaration

All information provided in my application form is complete and correct and I agree to advise the appointed DFM in writing if any of the details provided to the appointed DFM change subsequent to signature hereof.

SIGNATURE OF CLIENT / AUTHORISED SIGNATORY		DATE	<table border="0" style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">D</td> <td style="font-size: 8px; text-align: center;">D</td> <td></td> <td style="font-size: 8px; text-align: center;">M</td> <td style="font-size: 8px; text-align: center;">M</td> <td></td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
		-			-																		
D	D		M	M		Y	Y	Y	Y														
		SIGNED AT																					
SIGNATURE OF FINANCIAL ADVISER		DATE	<table border="0" style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">D</td> <td style="font-size: 8px; text-align: center;">D</td> <td></td> <td style="font-size: 8px; text-align: center;">M</td> <td style="font-size: 8px; text-align: center;">M</td> <td></td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
		-			-																		
D	D		M	M		Y	Y	Y	Y														
		SIGNED AT																					

