



STANLIB

Claim Form for Trust Beneficiaries

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

Please complete for each beneficiary receiving a portion of the benefit.

INSTRUCTION TYPE*

CASH WITHDRAWAL FOR DEATH CLAIM
 TRANSFER WITHDRAWAL FOR DEATH CLAIM
 CASH TRANSFER TO ESTATE

*Compulsory fields

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"/>	Trust deed or founding Authority to act: letter of authority from the Master of the High Court and trustees' resolution Identity document, contract details of each trustee, each beneficiary, the founder and the persons authorised to act
<input type="checkbox"/>	FICA documents, as listed at the end of the form
<input type="checkbox"/>	Related party annexure, if applicable*

*Each related party (beneficial owner, controller, signatory, power of attorney holder) to this investment account need to complete a related party annexure available on www.stanlib.com.

INVESTMENT DETAILS

ENTITY/ INVESTMENT ACCOUNT NUMBER	<input type="text"/>
FIRST NAME	<input type="text"/>
SURNAME	<input type="text"/>
IDENTITY/ PASSPORT NUMBER	<input type="text"/>
TAX NUMBER	<input type="text"/>

WITHDRAWAL / CLAIM DETAILS

ESTIMATED GROSS AMOUNT R .

Note: Please specify the estimated gross amount before tax.



TRUST BENEFICIARY DETAILS

REGISTERED TRUST NAME*

REGISTRATION NUMBER*

DATE OF REGISTRATION* - -

COUNTRY OF REGISTRATION*

COUNTRY OF OPERATION*

TELEPHONE NUMBER*

EMAIL ADDRESS* **

*Compulsory fields

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

INDUSTRY

Please only provide details if you have not previously provided them or your circumstances have changed.

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

BUSINESS ACTIVITY

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

1. Administration and support services	4. Financial services	7. Management/ Consulting	10. Sales
2. Customer Service	5. Dormant Company	8. Marketing	11. Trust Management
3. Distribution	6. Maintenance	9. Production and Supply	12. Wholesale and retail

*Compulsory fields

ADDRESS DETAILS *

PHYSICAL ADDRESS *

COMPLEX / UNIT / BUILDING NUMBER	<input type="text"/>	COMPLEX / BUILDING 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 Section



BANKING DETAILS FOR PAYMENTS

Payments to third party bank account are not allowed. Payments can only be paid into an account in the name of the beneficiary.

BANK			
BRANCH		BRANCH CODE	
ACCOUNT TYPE			
ACCOUNT NUMBER			
ACCOUNT HOLDER'S NAME			
ACCOUNT HOLDER'S ID NUMBER			

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.

INDIVIDUALS LINKED TO THE TRUST

Note: Please list the Individuals linked to the Trust Beneficiary

- A **Beneficial owner** shares equal to or greater than 25% holding or owns the bank account used by the entity.
- A **Controller** exercises control over the entity such as directors, executives or trustees.
- A **Signatory** binds a person / entity to the terms of an agreement such as executors of the trust.
- A **Power of attorney** has authorisation to present or act on behalf of a person / entity.

INDIVIDUAL 1 LINKED TO TRUST

RELATIONSHIP TO TRUST*	<input type="checkbox"/> BENEFICIAL OWNER	<input type="checkbox"/> CONTROLLER/TRUSTEE	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> POWER OF ATTORNEY										
FIRSTNAME*														
SURNAME*														
DATE OF BIRTH*	<table style="width: 100%; border-collapse: collapse;"> <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="border: 1px solid black; width: 10px; text-align: center;">-</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: 10px; text-align: center;">-</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> </table>						-			-				
		-			-									
TYPE OF IDENTITY*	<input type="checkbox"/> IDENTITY NUMBER	<input type="checkbox"/> PASSPORT NUMBER												
IDENTITY / PASSPORT NUMBER*														
NATIONALITY														
GENDER*	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE												
CELLPHONE NUMBER*														
EMAIL ADDRESS*														

PHYSICAL ADDRESS

COMPLEX / UNIT / BUILDING NUMBER		COMPLEX / BUILDING NAME	
STREET NUMBER		STREET NAME	
SUBURB		CITY	
COUNTRY		POSTAL CODE	

INDIVIDUAL 2 LINKED TO TRUST

RELATIONSHIP TO TRUST*	<input type="checkbox"/> BENEFICIAL OWNER	<input type="checkbox"/> CONTROLLER/TRUSTEE	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> POWER OF ATTORNEY										
FIRSTNAME*														
SURNAME*														
DATE OF BIRTH*	<table style="width: 100%; border-collapse: collapse;"> <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="border: 1px solid black; width: 10px; text-align: center;">-</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: 10px; text-align: center;">-</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> </table>						-			-				
		-			-									
TYPE OF IDENTITY*	<input type="checkbox"/> IDENTITY NUMBER	<input type="checkbox"/> PASSPORT NUMBER												
IDENTITY / PASSPORT NUMBER*														



NATIONALITY

GENDER* FEMALE MALE

CELLPHONE NUMBER*

EMAIL ADDRESS*

PHYSICAL ADDRESS

COMPLEX / UNIT / BUILDING NUMBER	<input type="text"/>	COMPLEX / BUILDING 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"/>

INDIVIDUAL 3 LINKED TO TRUST

RELATIONSHIP TO TRUST* BENEFICIAL OWNER CONTROLLER/TRUSTEE SIGNATORY POWER OF ATTORNEY

FIRSTNAME*

SURNAME*

DATE OF BIRTH* - -

TYPE OF IDENTITY* IDENTITY NUMBER PASSPORT NUMBER

IDENTITY / PASSPORT NUMBER*

NATIONALITY

GENDER* FEMALE MALE

CELLPHONE NUMBER*

EMAIL ADDRESS*

PHYSICAL ADDRESS

COMPLEX / UNIT / BUILDING NUMBER	<input type="text"/>	COMPLEX / BUILDING 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"/>

INDIVIDUAL 4 LINKED TO TRUST

RELATIONSHIP TO TRUST* BENEFICIAL OWNER CONTROLLER/TRUSTEE SIGNATORY POWER OF ATTORNEY

FIRSTNAME*

SURNAME*

DATE OF BIRTH* - -

TYPE OF IDENTITY* IDENTITY NUMBER PASSPORT NUMBER

IDENTITY / PASSPORT NUMBER*

NATIONALITY

GENDER* FEMALE MALE

CELLPHONE NUMBER*

EMAIL ADDRESS*



PHYSICAL ADDRESS

COMPLEX / UNIT / BUILDING NUMBER		COMPLEX / BUILDING NAME	
STREET NUMBER		STREET NAME	
SUBURB		CITY	
COUNTRY		POSTAL CODE	

*Compulsory Section

TERMS AND CONDITIONS

1. The terms and conditions signed and agreed to in the Investment Application form will remain in force and apply to this transaction. Refer to the Investment Application forms on Stanlib.com for the detailed terms and conditions. Alternatively, you can request a copy of the terms and conditions from your financial adviser or the Contact Centre on 0860 123 003
2. Where a fully completed and accurate instruction is received by STANLIB head office before 15h30 of business day 1, payment to the Client will be made by no later than the end of the 10th business day.
3. STANLIB will apply for a tax directive on the Client or Claimant's behalf. All tax calculations are done by SARS and queries should be directed accordingly.
4. The monthly expense run takes place on the **10th of the month**. In the event of the 10th being on a weekend or public holiday, the expense run will take place on the next business day. The monthly annuity run takes place on the **20th of the month**. In the event of the 20th being a weekend or public holiday, the annuity run will take place on the preceding business day. Withdrawal/claim requests received during the monthly expense or annuity run will only be processed once the run has been priced up. This can add up to 2 business days to the above service level.
5. The proceeds of the sale will be transferred electronically to the bank account of the Claimant. Payment can only be made to transmission, savings, or current accounts.
6. Any values previously advised are only a guide to the actual values of the assets that are realised. The actual amount of the withdrawal will be calculated in accordance with the prices advised to STANLIB by the fund managers.
7. This instruction must be signed and dated by the Claimant, or the Client's FSB licensed FSP. STANLIB will only accept an instruction from the Claimant or the Client's FSB licensed FSP, if the Client explicitly authorised STANLIB in the FSP authorization Form to accept withdrawal instructions implemented by the client's FSB licensed FSP. The Client understands that by authorizing his/her FSB licensed FSP to sign this instruction on his/her behalf, STANLIB will implement the instruction, whether in written or electronic format, as if it were the client's own instruction.
8. Any distribution received from the Fund Managers will automatically be credited to the original portfolio(s).

BENEFICIARY DECLARATION

1. I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my claim request. 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 agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.
3. I/We confirm that all information provided herein is true and correct and that I/We have read and understood the contents of this form.
4. By signing this form, the claimant consents to STANLIB processing their personal information in accordance with the terms and conditions.
5. I/We acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident.

If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

SIGNATURE OF BENEFICIARY / AUTHORISED SIGNATORY *		DATE	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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D	D		M	M		Y	Y	Y	Y														
CAPACITY		SIGNED AT																					
SIGNATURE OF FINANCIAL ADVISER		DATE	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
			-			-																	
D	D		M	M		Y	Y	Y	Y														
		SIGNED AT																					



FICA and Business Requirements Annexure

Linked Investments

FICA AND BUSINESS 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

Individual: Foreign national

- Valid passport/ valid asylum seekers permit / valid work permit
- Authority to act (if applicable): power of attorney/ letter of appointment from the court and Identity document

Minors

- Minor child's copy of South Africa bar-coded ID, valid passport (if foreign national) or 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)

Unlisted companies: South African

- Certificate of Incorporation (CM1 or CoR 15.1/CoR 14.1)
- Certified copy of Change of Name, if applicable (CM9 or CoR 9.1 or 2)
- Notice of Registered Office and Postal Address (CM22 or CoR 21)
- Current list of Directors (CM29 or CoR 39)
- Authority to act: Directors' Resolution and/or Delegation of Authority
- In respect of the Principal Executive Officer, each Director, each Authorised person, and each shareholder holding more than 25% of the voting rights of the company: trading/operating name, Certified copy of the Identity document, Proof of contact details
- Related party annexure

Unlisted companies: Foreign

- Official Document of Incorporation (or CoR 17.1)
- Registration Certificate (CoR 17.3)
- If trading in RSA, documents for RSA unlisted companies
- Authority to act: Directors' Resolution
- Identity document/ Passport, contact details of related parties and persons authorised to act
- Related party annexure

Trusts

- Trust deed or other founding document
- Authority to act: letter of authority from the Master of the High Court and trustees' resolution
- Identity document, contact details of each trustee, each beneficiary, the founder and the persons authorised to act

Pension Funds

- Registration Certificate (Registrar of Pension Funds)
- Authority to act: Trustees' Resolution
- The registration status of the Pension Fund can be verified by visiting www.fsca.co.za
- Related party annexure

Close corporations

- Founding Statement and Certificate of Incorporation (CK1)
- Amended Founding Statement (CK2), (If applicable)
- Authority to act: Members' Resolution
- Identity document, contact details of each member, persons authorised to act and of the Person Exercising Executive control over the CC.
- Conversion of Close Corporation (If a Close Corporation converts to another entity type, the following forms are applicable)
- Form CoR 18.1 – Application to convert a Close Corporation
- Form CoR 18.3 – Registration Certificate
- Related party annexure

Medical aids

- Registration certificate (Council for Medical Schemes)
- Authority to act: trustees' resolution
- Identity document, contact details of trustees and persons authorised to act
- Related party annexure

Other entities (Legal persons)

- Founding Document/ Document of Constitution/ Registration Certificate
- Schools: Registration Certificate issued by the relevant Department of Education
- Private schools must be registered with the Department of Education in terms of Section 46 of the Schools Act
- Public Schools: Government Gazette which stipulates the full name of the school
- Regulated Funds: Certificate of Registration/ Letter from regulator confirming that the entity has been registered and copy of the Rules of the Fund - must bear the stamp of the Regulator
- Churches and other Non-Profit Organisations: registration certificate issued by the Non-Profit Organisation Directorate
- Governmental bodies other than municipalities: Government Gazette which includes the name of the relevant Municipality/ Governmental Body and proof of investment mandate
- Authority to act: Authorised Signatories' Resolution
- Identity document, contact details of Person/s Authorised to act and of the of the Person Exercising Executive control
- Related party annexure

Deceased estates

- Letter of Executorship/Letter of Authority
- Authority to act: special power of attorney (if applicable)/ executors'/ authorised signatories' resolution
- Identity document, contact details of persons authorised to act
- Related party annexure

Listed Companies

- Registration Certificate (Registrar of Companies or equivalent regulator-foreign companies)
- Documentary evidence of listing (printout from the official website of the stock exchange on which the entity is listed is required)
- Authority to act: Directors' Resolution
- Related party annexure

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. 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.

