

Classic Investment Plan-Individuals 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 CASH UNIT TRANSFER FROM ANOTHER PROVIDER CASH TRANSFER FROM ANOTHER PROVIDER

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"/>	FICA documents, as listed at the end of the form
<input type="checkbox"/>	Model portfolio mandate, if applicable
<input type="checkbox"/>	Discretionary FSP client mandate, if applicable
<input type="checkbox"/>	For a transfer, a recent statement from the transferring administrator, reflecting the base cost of the investment
<input type="checkbox"/>	Dividend tax exemption or reduction form, if applicable*
<input type="checkbox"/>	Withholding tax on interest form, if applicable*
<input type="checkbox"/>	Related party annexure, if applicable**

* SARS does not allow us to exempt any client automatically. We will deduct tax from your investment if we do not receive this form.
**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.



CLIENT TYPE*

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FOREIGN INDIVIDUAL	<input type="checkbox"/> INSOLVENT ESTATE	<input type="checkbox"/> ASSISTED
<input type="checkbox"/> ESTATE LATE (DECEASED ESTATE)	<input type="checkbox"/> MINOR	<input type="checkbox"/> SOLE PROPRIETOR	

* Compulsory fields

CLIENT DETAILS

TITLE*	<input type="text"/>
NAME/S*	<input type="text"/>
SURNAME*	<input type="text"/>
PREVIOUS NAME	<input type="text"/>
PREVIOUS SURNAME/ MAIDEN NAME	<input type="text"/>
ID/ PASSPORT/ ASYLUM/ PERMIT NUMBER*	<input type="text"/>
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)*	<input type="text"/> - <input type="text"/> - <input type="text"/>
	<small>D D M M Y Y Y Y</small>
PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)*	<input type="text"/>
DATE OF BIRTH*	<input type="text"/> - <input type="text"/> - <input type="text"/>
	<small>D D M M Y Y Y Y</small>
GENDER*	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CELLPHONE NUMBER*	<input type="text"/>
TELEPHONE NUMBER (H)	<input type="text"/>
TELEPHONE NUMBER (W)	<input type="text"/>
EMAIL ADDRESS* **	<input type="text"/>
COUNTRY OF RESIDENCE*	<input type="text"/>
COUNTRY OF BIRTH*	<input type="text"/>
NATIONALITY*	<input type="text"/>
COUNTRIES OF CITIZENSHIP* ***	<input type="text"/>

* Compulsory fields

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

***If you are a U.S. citizen, please complete an individual IRS W-9 form for Tax Identification and Certification found on the IRS website: <http://www.irs.gov/pub/irs-pdf/fw9.pdf> and provide it to us.

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

SOURCE OF INCOME

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

1. Child/ Spousal support payments	4. Passive income (Rental, dividends, interest)	7. Savings
2. Credit	5. Retirement/ Insurance pay out	8. Tax Refund
3. Gift/ Inheritance/ Winnings	6. Salary/ Bonus	9. Trade/ Business

* Compulsory fields

PURPOSE OF INVESTMENT

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

1. Education savings	2. Foreign exchange hedging	3. Start and expand a business	4. Save for retirement / Financial goals	5. Winding up estate
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* 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"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	POSTAL CODE	<input type="text"/>

FATCA/CRS SELF-CERTIFICATION DECLARATION FOR INDIVIDUALS

As part of STANLIB's obligation to comply with the U.S Foreign Account Tax Compliance Act (FATCA), Common Reporting Standards (CRS) and the Automatic Exchange of Information reporting (AEOI) we require you to provide us with your tax information. This tax information will be kept on record and will be disclosed to the relevant tax authorities as and when required as per the FATCA regulation.

The information contained under this section is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice.

FATCA REPORTING: UNITED STATES OF AMERICA CITIZENS *

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? NO YES If 'YES', please complete an individual IRS W-9 form for Tax identification and Certification found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

TAX INFORMATION FOR CRS REPORTING *

ARE YOU A REGISTERED TAX PAYER IN SOUTH AFRICA?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	TAX IDENTIFICATION NUMBER	<input type="text"/>
ARE YOU A REGISTERED TAX PAYER IN THE UNITED STATES OF AMERICA?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	TAX IDENTIFICATION NUMBER	<input type="text"/>
ARE YOU A REGISTERED TAX PAYER IN ANY OTHER COUNTRY?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		



Please indicate all other countries in which you are resident for tax purposes and the associated Tax Identification Numbers in the table below.

Country(ies) of Tax Residency *	Tax Identification Number * (If you do not have a TIN, please provide reason)	Not Applicable
PRIMARY:		<input type="checkbox"/>
SECONDARY:		<input type="checkbox"/>
TERTIARY:		

* Compulsory fields

- By ticking 'NO' you confirm that you are not registered for Tax and you are still required to complete country(ies) of tax residency in the table above.
- If 'YES' to any of the above, please list all countries in which you are a resident for tax purposes and provide the associated Tax Identification Numbers in the table above.
- By ticking 'Not Applicable' in the table above, you confirm that the country specified does not issue Tax Identification Numbers.

DIVIDENDS TAX / INTEREST TAX EXEMPTIONS OR REDUCED RATES

- SARS will levy a withholdings default tax on dividends of 20%.
- On interest earned, SARS will levy a withholding default tax rate of 15%.

I HAVE AN EXEMPTION OR REDUCED RATE ON DIVIDENDS AND/OR INTEREST WITHHOLDING TAX (*SA NATIONALS AND FOREIGN NATIONALS)

DIVIDEND WITHHOLDING TAX

WITHHOLDING TAX EXEMPT WITHHOLDING TAX REDUCED RATE REDUCED RATE %

INTEREST WITHHOLDING TAX

EXEMPT FROM TAX ON INTEREST REDUCED INTEREST TAX RATE REDUCED RATE %

REIT TAX

EXEMPT FROM TAX ON REIT REDUCED REIT TAX RATE REDUCED RATE %

If you are exempt or have a reduced rate, please submit the fully completed declaration annexure required together with this form. The declaration annexures are available on www.stanlib.com and the default rate will be applied if the annexure is not completed and submitted.

INVESTMENT DETAILS

The minimum investment amount is R50 000.00 for a lump sum or R1 000.00 per month / R12 000.00 per annum for a recurring investment.

INVESTMENT BY LUMP SUM RECURRING

LUMP SUM INVESTMENT

METHOD OF PAYMENT ELECTRONIC FUND TRANSFER (EFT) ONCE OFF DEBIT CASH TRANSFER UNIT TRANSFER
 REPURCHASE FROM STANLIB UNIT TRUST STANLIB UNIT TRUST ENTITY NUMBER

INVESTMENT AMOUNT

Please note, once off debits will be debited from the specified bank account when we have finished processing this instruction.

RECURRING INVESTMENT

RECURRING AMOUNT

RECURRING DEBIT ORDER FREQUENCY MONTHLY ANNUALLY

RECURRING DEBIT ORDER DAY 1ST 15TH

You must send us this instruction at least five business days prior to your specified debit date for the instruction to take effect in the current month. Any instructions received after this will take effect in the following month.

DEBIT ORDER START MONTH -
M M Y Y Y Y

ANNUAL CONTRIBUTION INCREASE PERCENTAGE 0% 5% 10% 15% 20%



A maximum of R1 000 000 may be debited from a client's bank account within a 45 day period. I hereby authorise STANLIB Wealth Management (Pty) Limited to arrange with my bank for the payment of the investment amounts as indicated above, including amendments that may be made during the life of the investment on the specific day as indicated.

PORTFOLIOS

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

Portfolio Name	Lump sum Percentage	Recurring Percentage
<input type="checkbox"/> PHASE-IN CALL ACCOUNT	%	
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
TOTAL	100%	100%

PHASE-IN OPTION

We give you the option to gradually invest some or all of your initial investment in the investment portfolios you have chosen over a 3, 6, 9, 12, or 24 month period. Where the phase-in option has been selected, the specified initial investment amount will be held in a Standard Bank call account and switched into the investment portfolios over the frequency specified.

If you would like to make use of this option, please indicate your preferences below, and provide the percentage of your investment you would like to phase-in, in the "Phase in Call account" option in the portfolio list.

DO YOU WANT TO PHASE-IN? YES

NUMBER OF PHASE-IN MONTHS 3 6 9 12 15 18 24

PHASE-IN DAY 3RD OR 17TH OF THE MONTH

FIRST PHASE-IN MONTH -

M M Y Y Y Y

PHASE-IN PORTFOLIOS

Please indicate the portfolios into which you would like to phase in below

Portfolio Name	Percentage
	%
	%
	%
	%
	%
	%
	%



Portfolio Name	Percentage
	%
TOTAL	100%

BANK DETAILS

Details	Recurring debit Order	Once off Debit	Regular withdrawal
SAME AS		<input type="checkbox"/> SAME AS RECURRING DEBIT ORDER	<input type="checkbox"/> 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.

REGULAR WITHDRAWAL DETAILS

The minimum monthly regular withdrawal amount is R500 per investment account.

REGULAR WITHDRAWAL AMOUNT

FREQUENCY MONTHLY QUARTERLY BI-ANNUALLY ANNUALLY

FIRST PAYMENT MONTH -
M M Y Y Y Y

You must send us this instruction at least five business days prior to the 20th for the instruction to take effect in the current month. Deductions for regular withdrawals are initiated on the 20th of the month, or the previous business day if the 20th falls on a non-business day. You will receive your payment by the first business day of the following month.

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

PORTFOLIO NOMINATION FOR FEE/REGULAR WITHDRAWAL 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.

Regular withdrawal account

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

If you do not specify a fund to deduct fees and/or your regular withdrawal 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 or in a share portfolio will be used last for deductions.

Portfolio(s) Selected For Ongoing Fee Deductions	Portfolio(s) Selected For Regular Withdrawal



Portfolio(s) Selected For Ongoing Fee Deductions	Portfolio(s) Selected For Regular Withdrawal

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.

-The Primary Financial Adviser will receive all correspondence.

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 Investment (excl.VAT)	Ongoing Service Charge (excl.VAT)	Initial Recurring Investments (excl.VAT)
FSP Charge	%	%	%

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY*	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y
	<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"/> D D M M Y Y Y Y
	<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*

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL
ADVISER*

DATE

		-			-				
D	D		M	M		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. 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.
7. STANLIB does not give advice. I confirm that no advice was given by STANLIB in respect of this application.
8. 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.
9. 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.
10. 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.
11. 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.
12. I understand that in terms of FAIS, 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.
13. 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.
14. 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.
15. 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.
16. 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.
17. 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 will not be permitted to withdraw monies which have not cleared.

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 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.

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

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

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 African bar-coded ID, valid passport (if foreign national) 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.

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

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

