STANLIB

Retirement Products Withdrawal Form

| CLIENT DETAILS | | | | | | | | | | | | | | | | | | | | | |
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| INVESTMENT ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | | | | |
| NAME/S | | | | | | | | | | | | | | | | | | | | | |
| SURNAME / NAME OF LEGAL ENTITY | | | | | | | | | | | | | | | | | | | | | |
| IDENTITY/PASSPORT/ASYLUM/REG NUMBER | | | | | | | | | | | | | | | | | | | | | |
| PLEASE CONTACT FOR THIS TRANSACTION | | CLIE | ENT | | (| OR | | | FIN | ANC | CIAL A | DVISE | ER | | | | | | | | |
| WITHDRAWAL INSTRUCT | ION | l | | | | | | | | | | | | | | | | | | | |
| ARE YOU RETIRING? | | NO | | | | | | | YES | S * | | | | | | | | | | | |
| * Please complete only the "withdra | wal a | at reti | irement' | ' sec | tion | of th | is fo | rm, a | nd th | ne " | annu | ity de | etai | ils" se | ction | if ap | plicable. | | | | |
| WITHDRAWAL BEFORE RE | ETH | REM | IENT | | | | | | | | | | | | | | | | | | |
| you left your employer fund permitted to make a withdraw the South African Reserve E your benefit, either before on Classic Retirement Annuity officially emigrate through the amount of R15 000. In both If you get divorced or a claim ex-spouse, or to the Mainten ex-spouse, or to the Mainten of If you are requesting a partial refer to our website for more If your investment contains be your Benefit, then from the vitable of WITHDRAWAL WITHDRAWAL REASON | wal f Bank. r at refunde Socircum for ance all with info ooth veste | rom y If you If you etirer I: You the Aumsta main Cou hdraw rmati veste ed po FULL DIVO | your Presur investment, or use will on African Fances you tenance rt. wal, you on. ed and nortion. L WITHDF | eservitation eserv | ratior nt or nombir e able erve I ust w proug restm | n Fu igina natice to Banl vitho ght a nent d be | nd in ates on of without k, or draw again mus | from the to draw the v the for est you | ment the (wo. from ralue ull ar na nply v PAF | you you of mou ame with all w | ernmur inverse your int of e, the Reg | you rement E yestm inves your cour ulatic awal RAWA | etir Emp nen stm r in rt m on 2 will | e. Yo ploye at beforent a vestmay av 28 lim | u may es Pe ore the ccoun nent. ward a its aff leduct | with nsione mire to see mire t | ndraw in Fund, in Fund, in Fund, in Fund, in Fund in F | full if you can etirement the legion our benchmarks your in the non- | u em without age slate efit to nstructivesto | igrated fram () of 55 d mirror your ction. | e through one third of if you nimum r |
| P | ortfo | lio Na | me | | | | | | | | | | | | An | noun | t | | | 9 | % of Units |
| | | | | | | | | | | | R | | | | | | | | | | % |
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| TOTAL AMOUNT | R | | | | | | | | | | | | | | | | | | | | |



| Vested portion of your Retirement Annuity Fund / Preservation Plan investment 1/3 - 2/3 SPLIT FULL WITHDRAWAL CASH LUMP SUM R (and balance transfer to an annuity) FULL TRANSFER TO AN ANNUITY STANLIB does not calculate client's tax liability, if you have selected a cash lump sum, please provide the gross amount including the tax. ANNUITY DETAILS This section must be completed if a portion or the full benefit is used to purchase an annuity. Please attach a copy of the annuity application form to | AMOUNT IN WORDS | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|--|
| If you would like to request an early retirement due to ill health or disability, please contact us for the requirements. Non-vested portion of your Retirement Annuity Fund / Preservation Plan investment If the current illustrative value of all your Retirement Annuity Fund / Preservation Plan investments fall below R 247 500, a full cash withdrawal is allowed. 13-23 SPLIT CASH LUMP SUM R FULL TRANSFER TO AN ANNUITY STANLIB does not calculate client's tax liability, if you have selected a cash lump sum, please provide the gross amount including the tax. Vested portion of your Retirement Annuity Fund / Preservation Plan Investment 30-23 SPLIT GASH LUMP SUM R FULL TRANSFER TO AN ANNUITY STANLIB does not calculate client's tax liability, if you have selected a cash lump sum, please provide the gross amount including the tax. ANNUITY DETAILS This section must be completed if a portion or the full benefit is used to purchase an annuity. Please attach a copy of the annuity application form to this application form. PRODUCT NAME COMPANY NAME CONTACT PURBER FURMAL ADDRESS BANKI NG DETAILS FOR WITHDRAWAL PAYMENTS Payments to third party bank accounts are not allowed. Payments can only be paid into an account in the name of the client. BANKI BRANCH BRANCH BRANCH BRANCH CODE CHEQUE SAVINGS TRANSMISSION ACCOUNT NUMBER | | | | | | | | | | | | |
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| ACCOUNT HOLDER'S ID NUMBER | ACCOUNT NUMBER | | | | | | | | | | | |
| | ACCOUNT TYPE | CHEQUE SAVINGS TRANSMISSION | | | | | | | | | | |
| ACCOUNT HOLDER'S NAME | ACCOUNT HOLDER'S ID NUMBER | | | | | | | | | | | |
| | ACCOUNT HOLDER'S NAME | | | | | | | | | | | |



TERMS AND CONDITIONS

General

1. Our latest terms and conditions will apply to this transaction. You may request a copy of the terms and conditions from your Financial adviser or the from us on 0860 123 003.

Full Withdrawal

| Business Cut-off: 3.30pm | Switch to Money Market | Application for Tax Directive (once switch complete) | SARS response and load instruction | Sell units | Investor statement reflects instruction | STANLIB Pays you | |
|--------------------------|------------------------|--|------------------------------------|----------------|---|------------------|--|
| Before cut-off | Business day 1 | Business day 4 | Business day 5 | Business day 6 | Business day 8 | Business day 8 | |
| After cut-off | Business day 2 | Business day 5 | Business day 6 | Business day 7 | Business day 9 | Business day 9 | |

Partial Withdrawal

| Business Cut-off 3.3pm | Application for Tax Directive | SARS response and load instruction | Sell units | Investor statement reflects instruction | STANLIB pays you | |
|------------------------|-------------------------------|------------------------------------|----------------|---|------------------|--|
| Before cut-off | Business day 1 | Business day 3 | Business day 3 | Business day 4 | Business day 4 | |
| After cut-off | Business day 2 | Business day 4 | Business day 4 | Business day 5 | Business day 5 | |

Please note that the payment may take a few days to reflect in your bank account. The time it takes depends on inter-bank processing standards.

- 2. We are not able to process withdrawal or switch instructions on your account while we are busy deducting money to pay fees or a regular income payment. We deduct fees on the 10th of each month or the first business day thereafter if the 10th is not a working day, and the process takes two business days to complete. We begin the process to deduct regular incomes on the 20th of each month, or the business day prior if the 20th is not a working day, and the process takes two business days to complete. Income distributions are processed between the 1st and the 10th of the month, and this may affect our ability to process other instructions you send to us, such as switches, withdrawals, unit transfers, and regular withdrawals. Withdrawal requests received during the monthly expense run or monthly annuity run will be processed once the run has priced up. This will generally add up to 2 business days to our normal timelines. Due to the nature of the investment, the turnaround time for withdrawals from Personal Share Portfolios will be determined by the Investment Manager. The maximum period for completing a withdrawal is 60 days from when a fully complete an accurate instruction is received.
- 3. Full withdrawals and retirements: Your investment will be switched into the STANLIB Money Market class B13 fund, and will remain there until the required tax directives have been received from SARS and the withdrawal can be processed. Should you request to cancel the instruction, the investment will be switched back to the original underlying portfolio selection prior to the withdrawal instruction received by STANLIB within normal business turnaround times.
- 4. The proceeds of the withdrawal will be paid electronically to the your bank account. Payment to third parties i.e. an account not in the name of the investor, is not allowed. Payments can only be made to transmission, savings or current accounts.
- 5. Any values previously advised are only a guide to the actual values of the assets will be disinvested. The actual amount of the withdrawal will be calculated in accordance with the latest prices provided to STANLIB by the Fund Manager as at time of withdrawal.
- 6. Any distributions received from the Fund Manager after this withdrawal will automatically be credited to the original portfolio(s). If a full withdrawal has taken place the distribution will be paid automatically to the same bank account used for the withdrawal.

INVESTOR DECLARATION

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.

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.

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.

I/We confirm that neither STANLIB nor any of its representatives provided me/us with any advice and that I/we have taken particular care to consider my/our own or with the assistance of my/our authorised FSP (financial adviser) whether the withdrawal is appropriate considering my/our unique objectives, financial situation and particular needs. I/We hereby agree to provide all documentation and information in terms of STANLIB's requirements and understand that STANLIB is prohibited from processing any transaction on my behalf until all such information and documentation has been received. I/We understand that all material facts must be accurately and properly disclosed and the accuracy and completeness of all information provided by me or on my behalf, is my/ our own responsibility. I/We understand that no financial adviser may request me/us to sign any written or printed form or document unless all details required to be inserted thereon by me or on my behalf have already been inserted. I/We understand that if I/we take a withdrawal benefit from the retirement product I/we would be reducing the capital available for retirement.

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 CLIENT / | DATE |
|--------------------------------|-----------|
| AUTHORISED SIGNATORY * | SIGNED AT |
| CIONATURE OF FINANCIAL ARVICER | DATE |
| SIGNATURE OF FINANCIAL ADVISER | SIGNED AT |



