

## Change of details Form Collective Investments (Unit Trust)

### CLIENT DETAILS

Please ensure that all required supporting documentation is submitted with this instruction as stipulated in the Financial Intelligence Centre Act.

ENTITY/INVESTMENT ACCOUNT NUMBER	<input type="text"/>	TITLE	<input type="text"/>
NAME/S	<input type="text"/>	SURNAME/NAME OF LEGAL ENTITY	<input type="text"/>
IDENTITY/PASSPORT/ REGISTRATION NUMBER	<input type="text"/>	CELLPHONE NUMBER	<input type="text"/>
TELEPHONE (WORK)	<input type="text"/>	EMAIL ADDRESS	<input type="text"/>

### CLIENT'S PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER *	<input type="text"/>
COMPLEX NAME / ESTATE *	<input type="text"/>
STREET NUMBER *	<input type="text"/>
STREET NAME / FARM NAME / AREA NAME *	<input type="text"/>
SUBURB / DISTRICT *	<input type="text"/>
CITY / TOWN *	<input type="text"/>
COUNTRY *	<input type="text"/> CODE * <input type="text"/>

\* Note that this is a compulsory field.

### CLIENT'S POSTAL ADDRESS

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

### CHANGE OF EMAIL ADDRESS

EMAIL ADDRESS	<input type="text"/>
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**CHANGE OF RECURRING DEBIT ORDER DETAILS \***

The product minimum recurring debit order amounts must be met, refer to our website [www.stanlib.com](http://www.stanlib.com) for more information.

- If all units are selected and the debit order is not requested to be cancelled, we will payout all available units at that time and balance of uncleared units when they clear, and the debit order will continue running.
- If all units are selected and the debit order cancellation is selected, we will payout all cleared units at the time of request and stop the debit order, uncleared units will be paid out when they clear.

DEBIT ORDER PREFERRED DATE  1ST (DEFAULT DATE)  15TH  25TH COMMENCEMENT DATE   -      
M M Y Y Y Y

PAYMENT FREQUENCY  MONTHLY  QUARTERLY  BI-ANNUALLY  ANNUALLY

\*If no date is selected, we will default to the 1<sup>st</sup> of the following month.

Portfolio name	New debit order amount	Change debit order portfolio to (specify new portfolio name)	Cancel
	R		
	R		
	R		
	R		
	R		

**ANNUAL CONTRIBUTION INCREASE**

Should you wish to increase your recurring debit order automatically each year, please indicate this below:

PERCENTAGE INCREASE PER ANNUM  5%  10%  15%  20%

CANCEL ANNUAL DEBIT ORDER INCREASE  YES  NO

EFFECTIVE MONTH   -      
M M Y Y Y Y

**INCOME DISTRIBUTION**

All distributions will be reinvested as per the investment selection unless otherwise instructed.

Portfolio	Income Distribution Method		
	Pay into Bank Account	Reinvest into Another Portfolio	Portfolio Number to Reinvest into
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	





**REGULAR INCOME OPTION (CASH FLOW PLAN)**

The regular income option allows you to invest money in a specific portfolio and then repurchase from that portfolio on a regular basis. Note: the commencement date of the regular income option refers to the date the Manager will process the transaction. Payment can take up to 2 business days, depending on your bank.

LOAD A NEW REGULAR INCOME OPTION  YES  NO

Portfolio Choice	Amount	Cancel
	R	
	R	
	R	
<b>TOTAL</b>	R	

PAYMENT FREQUENCY  MONTHLY  QUARTERLY  BI-ANNUALLY  ANNUALLY

PREFERRED DATE   COMMENCEMENT DATE   -     25TH (\*DEFAULT DATE)  
M M Y Y Y Y

\*If CFP is selected and a date is not indicated, we will default to the 25<sup>th</sup>

\*Payment can take upto 48 hours to reflect from date requested and this will vary from bank to bank.

\*If payment is requested on a weekend or public holiday, it will only be processed on the next business day.

**TERMS AND CONDITIONS**

**1. Electronic Transactions**

I/We agree that you shall be entitled to implement all instructions and applications of whatever nature received by you on your Internet site, by telephone, by fax or any other electronic medium and which appear to emanate from me. You are indemnified against any losses, claims or damages arising from you acting on such instructions and/or applications, notwithstanding that it may later be proved that any such instruction was not given by me. I/We agree that the electronic records of all instructions and applications processed by or on my/our behalf or which purport to be processed on my/our behalf via your Internet site, telefax, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

**2. General**

2.1. The terms and conditions signed and agreed to in the Investment Application form will remain in force and apply to this transaction. Refer to your Investment application form 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.

2.2. The Manager will endeavour to process a change of details instruction within a period of 48-hours, provided that there are no outstanding administrative issues between the Manager and the Client.

**DECLARATION**

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.

I/We agree to provide all documentation and information required in terms of STANLIB's business rules and the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided.

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.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY		DATE		-		-				
		SIGNED AT								
SIGNATURE OF FINANCIAL ADVISER		DATE		-		-				
		SIGNED AT								

