

**STANLIB Collective Investments Limited** Registration number 1969/003468/06  
 17 Melrose Boulevard Melrose Arch 2196 P O Box 202 Melrose Arch 2076  
 Contact Centre 0860 123 003 Facsimile 0867 277 501  
 E-mail instructions@stanlib.com

**STANLIB Wealth Management Limited** Registration number 1996/005412/06  
 Authorised Administrative FSP in terms of the FAIS Act, 2002 (FSP No. 26/10/590)  
 17 Melrose Boulevard Melrose Arch 2196 P O Box 202 Melrose Arch 2076  
 Contact Centre 0860 123 003 Facsimile 0867 277 501 or 011 448 6666  
 E-mail instructions@stanlib.com

# Change of Financial Adviser

## Client Nomination

STANLIB Entity (please select)  STANLIB Collective Investments (Unit Trust)  STANLIB Wealth Management (LISP)  All

Investment account number

### Client details

Name/s

Surname/Name of legal entity

Identity/Passport/Registration number  Date of birth  DD -  MM -  CC  YY

Mobile number  -  Telephone (work)  -

E-mail address

### Physical address

Complex/Unit number

Complex name

Street number

Street name

Suburb  Postal code

City/Town

Country

### Postal address

Select an option below and complete the details:

Same as physical address

P O Box number  Post Office name  Postal code

Private Bag number  Post Office name  Postal code

Private Suite number  Private Bag No  Post Office name  Postal code

## New financial adviser details

Please replace my financial adviser on record with the following financial adviser:

Name of financial consultancy (FSP)	<input type="text"/>
FSP licence number	<input type="text"/>
Name of representative (Financial adviser)	<input type="text"/>
Financial adviser code	<input type="text"/>
Mobile number	<input type="text"/> - <input type="text"/>
E-mail address	<input type="text"/>
Financial adviser service charge	<input type="text"/> , <input type="text"/> % (LISP)

## Financial adviser authorisation

- I hereby appoint the financial adviser as named herein.
- I understand that in the terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), the financial adviser must be mandated by a Licenced Financial Services Provider ("FSP") as a representative with the necessary FAIS sub-categories to act on my behalf and that it is also my responsibility to determine whether my Financial Adviser has the necessary authorisation. (FSB toll free number: 0800 110 443). Where I have terminated my Financial Adviser's appointment it is my 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.
- The portfolio range of funds for Fundamental Choice is only available to Clients whose Financial Adviser is accredited to sell a specific range. Where the Client terminates the services of an accredited Financial Adviser, and appoint a financial adviser who is not accredited to sell the same range of funds, the Client will immediately be moved from the current class fund/s to an available class fund/s linked to the new financial adviser. Please note a Capital Gains Tax (CGT) event may occur.

Signature of Client	<input type="text"/>	Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Signed at	<input type="text"/>

## Financial services provider acceptance of appointment

- I hereby confirm that I am mandated by a FSB authorised Financial Services Provider (FSP), as set out above, to act on behalf of that FSP as a representative.
- I confirm that I hereby accept my appointment as intermediary to the Client.

Signature of Financial Adviser	<input type="text"/>	Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Signed at	<input type="text"/>