



Direct Unit Trusts: Retirement Products

New Investment Application

Registration details: Classic Retirement Annuity Fund Registration number 12/8/34304 (SARS Registration number 18/20/4/41660), Classic Preservation Pension Plan Registration number 12/8/34312 (SARS Registration number 18/20/4/39087), Classic Preservation Provident Plan Registration number 12/8/34309 (SARS Registration number 18/20/4/041659)

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

PRODUCT TYPE	<input type="checkbox"/> CLASSIC RETIREMENT ANNUITY FUND	<input type="checkbox"/> CLASSIC PRESERVATION PENSION PLAN	<input type="checkbox"/> CLASSIC PRESERVATION PROVIDENT PLAN
INSTRUCTION TYPE	<input type="checkbox"/> CASH INVESTMENT	<input type="checkbox"/> TRANSFER FROM AN EMPLOYER FUND	<input type="checkbox"/> TRANSFER FROM ANOTHER RETIREMENT ANNUITY / PRESERVATION FUND

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"/>	Certified or verified Identity document/ valid passport/ valid asylum seekers permit/ valid work permit
<input type="checkbox"/>	Discretionary FSP client mandate, if applicable
<input type="checkbox"/>	For a unit transfer request, a recent statement from the transferring administrator
<input type="checkbox"/>	Related party annexure, if applicable*

*Each related party (beneficial owner, controller, signatory, power of attorney holder) to this investment account must 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"/> REFUGEE
<input type="checkbox"/> ASYLUM SEEKER	<input type="checkbox"/> ASSISTED	<input type="checkbox"/> PERSONAL SERVICE PROVIDER	<input type="checkbox"/> DIRECTOR OF A PRIVATE COMPANY/ MEMBER OF A CC

*Compulsory fields

CLIENT DETAILS

TITLE*

NAME/S*

SURNAME*

ID/ PASSPORT/ ASYLUM NUMBER*

PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)* - -
D D M M Y Y Y Y

PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)*

DATE OF BIRTH* - -
D D M M Y Y Y Y

GENDER* FEMALE MALE

CELLPHONE NUMBER*

TELEPHONE NUMBER (H)

TELEPHONE NUMBER (W)

EMAIL ADDRESS* **

TAX REFERENCE NUMBER*

COUNTRY OF RESIDENCE*

COUNTRY OF BIRTH*

NATIONALITY*

* Compulsory fields

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

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	
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
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. Start and expand a business	2. Education savings	3. Foreign exchange hedging	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 PO BOX PRIVATE BAG POSTNET SUITE POSTNET SUITE NUMBER

NUMBER POST OFFICE NAME POSTAL CODE

INVESTMENT DETAILS

Classic Retirement Annuity Fund: minimum investment amount is R25 000.00 for a lump sum or R500.00 per month / R6 000.00 per annum for a recurring investment.

Classic Preservation Pension Plan and Classic Preservation Provident Plan: minimum investment amount is R25 000.00 for a lump sum. Recurring investments are not permitted.

INTENDED RETIREMENT AGE

RETIREMENT ANNUITY INVESTMENTS

INVESTMENT BY LUMP SUM RECURRING

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 complete the transfer details section below.

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

PRESERVATION PLAN INVESTMENTS

METHOD OF PAYMENT CASH TRANSFER* UNIT TRANSFER*

ESTIMATED TOTAL INVESTMENT AMOUNT

* Please complete the transfer details section below.

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



TRANSFER DETAILS: PRESERVATION PLANS AND RETIREMENT ANNUITY TRANSFERS

Name of Administrator	Account Number	Product Type	Estimated Amount
			R
			R
			R
			R

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

-
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ANNUAL CONTRIBUTION INCREASE PERCENTAGE

0% 5% 10% 15% 20%

PORTFOLIOS

A maximum of 12 portfolios is allowed.

Portfolio Name	Class	Lump sum Percentage	Recurring Percentage
STANLIB Absolute Plus Fund	B1	%	%
STANLIB Aggressive Income Fund	B1	%	%
STANLIB Balanced Fund	B1	%	%
STANLIB Balanced Cautious Fund	B1	%	%
STANLIB Enhanced Yield Fund	A	%	%
STANLIB European Equity Feeder Fund	B1	%	%
STANLIB Extra Income Fund	R	%	%
STANLIB Flexible Income Fund	B1	%	%
STANLIB Global Balanced Feeder Fund	B1	%	%
STANLIB Global Bond Feeder Fund	B3	%	%
STANLIB Global Equity Feeder Fund	B1	%	%
STANLIB Global Property Feeder Fund	B1	%	%
STANLIB Income Fund	R	%	%
STANLIB Institutional Money Market Fund	B13	%	%
STANLIB Property Income Fund	B1	%	%
STANLIB Multi-Manager Absolute Income Fund	B1	%	%
STANLIB Multi-Manager Balanced Fund	B1	%	%
STANLIB Multi-Manager Defensive Balanced Fund	B1	%	%
STANLIB Multi-Manager Diversified Equity Fund of Funds	B1	%	%
STANLIB Multi-Manager Global Equity Feeder Fund	B1	%	%
STANLIB Multi-Manager High Equity Fund of Funds	B1	%	%
STANLIB Multi-Manager Low Equity Fund of Funds	B1	%	%



Portfolio Name	Class	Lump sum Percentage	Recurring Percentage
STANLIB Multi-Manager Medium Equity Fund of Funds	B1	%	%
STANLIB Multi-Manager Medium-High Equity Fund of Funds	B1	%	%
STANLIB Multi-Manager Real Return Fund	B1	%	%
STANLIB Multi-Manager Shari'ah Balanced Fund of Funds	B1	%	%
	TOTAL	100%	100%

RETIREMENT ANNUITY: BANK DETAILS

Details	Recurring debit Order	Once off Debit
SAME AS		<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.

PORTFOLIO NOMINATION FOR FEE 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.

If you do not specify a fund to deduct fees 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.

Portfolio(s) Selected For Ongoing Fee Deductions



BENEFICIARY NOMINATION

A nominated beneficiary is a person who you nominate to receive a portion of the death benefit from your account should you pass away. This person does not need to be financially dependent on you.

Name/s	Surname	Contact Number	ID/Passport Number	Relationship to Investor	Percentage
					%
					%
					%
					%
TOTAL					100%

DEPENDANTS

A dependant is any person who depends on you for financial support. Please specify these persons below, including your spouse and all your children, who are automatically classified as dependants.

Name/s	Surname	Contact Number	ID/Passport Number	Relationship to Investor

FINANCIAL ADVISER DETAILS

Details	Financial Adviser 1	Financial Adviser 2
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.

FINANCIAL SERVICE PROVIDER CHARGES

Where the client has not specified an initial FSP charge for lump sum or recurring investments, and / or an ongoing service charge, a fee of zero percent will apply. STANLIB cannot adjust these fees retrospectively.

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

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



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 have received confirmation from them that they understand 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	<table border="0" style="margin: auto;"> <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="font-size: 8px;">-</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="font-size: 8px;">-</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> <tr> <td style="font-size: 8px; text-align: center;">D</td> <td style="font-size: 8px; text-align: center;">D</td> <td></td> <td style="font-size: 8px; text-align: center;">M</td> <td style="font-size: 8px; text-align: center;">M</td> <td></td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> <td style="font-size: 8px; text-align: center;">Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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* Compulsory fields



DECLARATION

1. Acceptance of these terms and conditions is voluntary, but without your personal information as required by this application form STANLIB and the Fund will be unable to provide products or services to you.
2. I confirm that by investing in the Classic Retirement Annuity Fund, Classic Preservation Pension Plan or Classic Preservation Provident Plan, I become a member of the relevant Fund if the Trustees accept this application.
3. I understand that my investment is subject to the Rules of the Fund, which permit Members to select the Investment Portfolios in which the Fund will invest the Member's share of the Fund. Any instruction in terms of this investment will be deemed to be an instruction to the Trustees to invest the Member's share of the Fund in the specified Investment Portfolio(s).
4. 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.
5. I confirm that I have read and understood the Terms and Conditions of the investment product which I am purchasing.
6. I agree that the Rules of the Fund 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.
7. I confirm that I have read and accept the clauses in the Terms and Conditions relating to the collection, processing, storage and distribution of my personal information. I acknowledge that acceptance of these terms and conditions is voluntary, but that without my personal information as required by this application form STANLIB will be unable to provide me with products or services.
8. STANLIB does not give advice. I confirm that no advice was given by STANLIB in respect of this application.
9. For contributions to the Classic Retirement Annuity Fund 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.
10. 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 abovementioned extracts of legislation.
11. 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.
12. 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.
13. I understand that in terms of the Financial Advisory and Intermediary Services Act, 2002, 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.
14. 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.
15. 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.
16. 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.
17. STANLIB will verify any bank account details received before making 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.
18. I acknowledge that for Preservation plan investments I may only make a single withdrawal from my benefit prior to retirement. If I transfer to STANLIB from another preservation fund, and I have already taken a withdrawal from the preserved money previously, this will count as my one withdrawal, and I will not be able to withdraw from the investment again. If my investment originates from the Government Employees Pension Fund, I am permitted to withdraw one third of my benefit, either before or at retirement, or a combination of the two.
19. I acknowledge that for Retirement Annuity fund investments I may not withdraw from my benefit prior to retirement.

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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.

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