

Switch/Transfer Form

Collective Investments (Unit Trusts)

CLIENT DETAILS TO SWITCH / TRANSFER FROM

| | |
|--|---|
| ENTITY ACCOUNT NUMBER | <input type="text"/> |
| NAME & SURNAME / ENTITY NAME | <input type="text"/> |
| IDENTITY / PASSPORT / REGISTRATION NUMBER | <input type="text"/> |
| CELL PHONE NUMBER | <input type="text"/> - <input type="text"/> |

SWITCH/TRANSFER OPTION

PLEASE SELECT THE APPLICABLE OPTION:

SWITCH

TRANSFER

CONSOLIDATE DIFFERENT ACCOUNTS IN THE
SAME PORTFOLIOTRANSFER/ SWITCH BETWEEN INVESTORS IN
DIFFERENT PORTFOLIOS

SWITCH/TRANSFER FROM:

| Portfolio Name | Account number | Percentage | Amount |
|----------------|----------------|------------|--------|
| | | % | R |
| | | % | R |
| | | % | R |
| | | % | R |
| | | % | R |
| | | % | R |
| | | % | R |
| TOTAL | | % | R |

SWITCH/TRANSFER TO:

| Portfolio Name | Financial Adviser Charge (excl. VAT) | Account number | Percentage | Amount |
|----------------|---|----------------|------------|--------|
| | % | | % | R |
| | % | | % | R |
| | % | | % | R |
| | % | | % | R |
| | % | | % | R |
| | % | | % | R |
| TOTAL | | | % | R |

If the initial Financial Adviser charge is not specified, zero fees will be applied. If the initial Financial Adviser charge specified is higher than the maximum fee, the maximum will be applied.



SIGNATURE OF CLIENT/
AUTHORISED SIGNATORY*

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"/> | <input type="text"/> |
| D | D | | M | M | | Y | Y | Y | Y | |

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

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"/> | <input type="text"/> |
| D | D | | M | M | | Y | Y | Y | Y | |

SIGNED AT

*Mandatory if fees have been selected. Where fees are not selected we will default to 0%.

TRANSFeree DETAILS

Please supply the following details of the person or institution to whom the participatory interests/ units will be transferred to. All transfers require relevant FICA documentation.

NAME

SELECTED PORTFOLIO NAME

EXISTING CLIENT YES NO (COMPLETE A NEW APPLICATION FORM)

INVESTMENT ACCOUNT NUMBER

The transfer of participatory interests is automatically classified as a Capital Gains Tax event. If you are transferring ownership to your spouse, you may choose to have the event rolled over to the transferee. Please note your spouse must be a resident in terms of South African Tax law.

ROLL OVER CGT EVENT FOR THIS TRANSFER YES NO

CHANGE OF RECURRING DEBIT ORDER DETAILS

The product minimum recurring debit order amounts must be met, refer to our website www.stanlib.com for more information.

LOAD A NEW DEBIT ORDER YES NO

CHANGE AN EXISTING DEBIT ORDER YES NO

DEBIT ORDER PREFERRED DATE 1ST (DEFAULT DATE) 15TH 25TH

COMMENCEMENT DATE -

M M Y Y Y Y

*If no date is selected, we will default to the 1st of the current month.

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

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"/> | |



| 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"/> | |

BANKING DETAILS TO BE LINKED TO THIS INVESTOR FOR E-TRADE *

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

It is compulsory to furnish us with banking details. Use the bank details provided to link to e-trade.

E-trade refers to the electronic portal designed to provide Investors with a service to actively manage their portfolios and instruct trades at their discretion. Transactions are executable with a computer or smartphone device and are made quickly with no paperwork required. Typically the user will login to the STANLIB Online website and process transactions on their portfolios. These transactions can be Additional investments, switches and redemptions. This service is appealing to investors as it allows more control and easier transactability over their portfolios. "You may want to link to E-trade so that you can always get a trade in quickly when you need to".

LINK ME TO E-TRADE

Please fill in this section if banking details are different from the banking details provided above.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--------------------------|--------|--------------------------|---------|--------------------------|--------------|--|--|--|--|--|--|--|--|-------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| BANK | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTRY | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRANCH | <input type="text"/> | | | | | | | | | | | | | | BRANCH CODE | <input type="text"/> | | | | | | | | | | | | | | | | | |
| ACCOUNT NUMBER | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT TYPE | <input type="checkbox"/> | CHEQUE | <input type="checkbox"/> | SAVINGS | <input type="checkbox"/> | TRANSMISSION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT HOLDER'S ID NUMBER | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT HOLDER'S NAME | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FINANCIAL SERVICES PROVIDER

- The Investor confirms that he/she has appointed the Financial Services Provider (FSP) whose FSB licence number is disclosed below for purposes of his/her dealings with the Manager.
- The Investor agrees that the Manager will pay the FSP the charges as set out in this application form. Where the FSP is a legal entity (e.g a company or a close corporation) the FSP is represented herein by the natural person identified in the relevant block below. Where the FSP has a Category II FAIS licence and the Investor has mandated the FSP (or it's Representative) to act on his/her behalf in terms of a written agreement a copy of the written agreement must be provided to the Manager. The Manager will not act on instructions from the FSP if it has not received a copy of this agreement. The Manager is obliged by law to decline any instructions from an FSP who is not properly licensed with the Financial Services Board.
- Where the Investor has terminated his FSP's appointment, it is the Investor's responsibility to advise the Manager of such termination immediately. On receipt of such written notification, the Manager will cease payment of all charges, other than accrued charges to the FSP.
- The Investor understands that where he/she changes FSP the consequences of such change may result in different or new fund and fees structures.

FINANCIAL ADVISER

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|---|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| FSP LICENCE NO: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STANLIB ID | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF SOLE PROPRIETOR OR NAME OF REPRESENTATIVE | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TERMS AND CONDITIONS

- 1. Switching**
- All portfolios are valued daily at 15h00 except for fund of funds which are valued at 24h00.
 - For non-money market funds, switches will receive the price of the same day if a complete instruction is received prior to 15h00. For money market funds, switches will receive the price of the following working day if a complete instruction is received prior to 12h00.
 - An existing debit order will remain in force unless otherwise specified.
 - Certificates issued in respect of participatory interests switched must be returned for cancellation.
 - If the participatory interests to be switched are subject to a pledge, written consent to the transaction/cancellation of the pledge by the pledgee must accompany this request.
 - In the case of a change of name/signature(s), a certified copy of the relative document with specimen signatures (new and previous) must accompany this request, unless previously recorded.
 - If this form is signed under Power of Attorney, a copy of such Power must be attached unless previously recorded.
 - In all cases where the registered owner is a trust, company or other institution, a copy of the Letter of Authority, Company Resolution or similar is required to support the request.
 - Clients warrant that they understand the results of switches which, in line with provisions of the Deed of the scheme and the terms and conditions of the portfolio, equate to the renunciation of all rights, title and interest in and to such participatory interests. Where this switch form is signed in a representative capacity, the signatory warrants that they are the authorised



representative of the Client and that they have authority to instruct STANLIB to carry out a switch transaction for the Client.

1.10 A "switch" involves selling participatory interests (units) in one portfolio and investing the proceeds in another portfolio. The Manager does not normally charge initial manager charges twice, other than in the instance where the original entry was into a portfolio with lower charges than the portfolio into which the Client will be investing. Accordingly, the Client will have to pay in the difference in the initial manager charges. However, the Client and the Financial Adviser may agree on a different arrangement to that above-mentioned, in which case an initial manager charge as agreed, between the Client and the Financial Adviser, will be charged on the switch transaction. As costs may change from time to time, please consult with your authorised Financial Adviser.

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 Any capital gain realised on the disposal of a participatory interest in a collective investment scheme is subject to Capital Gains Tax (CGT).

2.3 The Manager is obliged to report on the weighted average cost method for CGT purposes.

2.4 FAIS Ombudsman details: Block B, Sussex Office Park, 473 Lynwood Road, Pretoria, 0081. Telephone 012 470 9080

2.5 Standard Trust Limited ("STL") and STANLIB Collective Investments (RF) Proprietary Limited ("the Manager") have concluded a co-named agreement for nine Standard STANLIB co-named collective investment scheme portfolios ("the portfolios") referred to in this form. The Manager retains full legal responsibility for the portfolios and is responsible for ensuring they comply with CISC requirements. STL, an authorised financial services provider, is responsible for ensuring that customer monies are invested according to the guidelines provided. STL further delegated the investment management responsibilities to STANLIB Multi-Manager Limited, also a discretionary investment manager and authorised financial services provider.

2.6 Electronic Transactions: the Client agrees that the Manager shall be entitled to implement all instructions and applications of whatever nature received on their Internet site, by telephone, by fax or any other electronic medium and which appear to emanate from the Client. The Financial Advisor is indemnified against any losses, claims or damages arising from acting on such instructions and/or applications, notwithstanding that it may later be proved that any such instruction was not given by the Client. The Client agrees that the electronic records of all instructions and applications processed by/or on behalf of him/her or which purport to be processed on behalf of the Client via the Manager's Internet site, telefax, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | - | | | - | | | | |
| D | D | | M | M | | Y | Y | Y | Y |

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

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|---|---|---|---|---|---|---|---|---|---|
| | | - | | | - | | | | |
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SIGNED AT

