

Direct Unit Trusts Transfer Form

This form is for transferring to and from the Classic Linked Life Annuity, Classic Retirement Annuity Fund, Classic Preservation Pension Plan, Classic Preservation Provident Plan and Direct Unit Trust Linked Life Annuity, Direct Unit Trust Retirement Annuity Fund, Direct Unit Trust Preservation Pension Plan, Direct Unit Trust Preservation Provident Plan.

STANLIB Wealth Management (Pty) Limited Registration number 1996/005412/07 an Authorised FSP in terms of the FAIS Act, 2002 (FSP No. 26/10/590) and Administrator in terms of section 13(B) of the Pension Funds Act, 24 of 1966.

TRANSFER FROM

<input type="checkbox"/> CLASSIC LINKED LIFE ANNUITY TO	<input type="checkbox"/> DIRECT UNIT TRUST LINKED LIFE ANNUITY
<input type="checkbox"/> CLASSIC RA, PP, PE * TO	<input type="checkbox"/> DIRECT UNIT TRUST RA, PP, PE*

OR TRANSFER FROM

<input type="checkbox"/> DIRECT UNIT TRUST LINKED LIFE ANNUITY TO	<input type="checkbox"/> CLASSIC LINKED LIFE ANNUITY
<input type="checkbox"/> DIRECT UNIT TRUST RA, PP, PE* TO	<input type="checkbox"/> CLASSIC RA, PP, PE*

* RA: Retirement Annuity Fund, PP: Preservation Provident Plan, PE: Preservation Pension Plan

TRANSFER PROCESS

A) TRANSFER FROM CLASSIC LINKED LIFE ANNUITY/ CLASSIC RA, PP, PE TO DIRECT UNIT TRUST LINKED LIFE ANNUITY/ RA, PP, PE

1. The Client/ Financial adviser submits a completed switch form to STANLIB. (In order to facilitate the unit transfer of like for like Fund and class)
2. The Client/ Financial adviser submits a completed the Direct Unit Trust transfer form.
3. The Client/ Financial adviser submits a completed Direct Unit Trust application form.

B) TRANSFER FROM DIRECT UNIT TRUST LINKED LIFE ANNUITY/ RA, PP, PE TO CLASSIC LINKED LIFE ANNUITY/ CLASSIC RA, PP, PE

1. The Client/ Financial adviser submits a completed the Direct Unit Trust transfer form.
2. The Client/ Financial adviser submits a completed Classic application form.

CLIENT DETAILS

NAME & SURNAME / ENTITY NAME	<input type="text"/>
INVESTMENT ACCOUNT NUMBER	<input type="text"/>
IDENTITY / PASSPORT / REGISTRATION NUMBER	<input type="text"/>
ACCOUNT NUMBER TO TRANSFER	<input type="text"/>

TERMS AND CONDITIONS

1. Where the terms and conditions contained in this form contradict the terms and conditions in the application form signed by the client, the terms and conditions contained in the application form will apply.
2. Please note: The monthly expense run takes place on the 10th of the month. In the event of the 10th being a weekend or public holiday, the expense run will take place on the next business day. The monthly annuity run takes place on the 20th of the month. In the event of the 20th being a weekend or public holiday, the annuity run will take place on the preceding business day. Switch requests received during the monthly expense run or monthly annuity run will only be processed once the run has been priced up. This will generally add up to 2 business days to the above service levels. STANLIB will not be responsible for any losses caused or damages suffered due to STANLIB being unable to meet these service levels due to unforeseeable circumstances beyond STANLIB's control.
3. This instruction must be signed and dated by the legal owner. STANLIB will only accept an instruction from the Financial adviser, if the Client explicitly authorised STANLIB in writing to accept instructions from the Financial adviser. The Client understands that by authorising his/her Financial adviser to sign this instruction on his/her behalf, STANLIB will implement the instruction, whether in written or electronic format, as if it were the Client's own instruction.
4. The Client understands that where he/she transfers/ switch to other portfolios and / or products different or new charge structures could apply and that it is the Client's responsibility, or where applicable that of the Client's Financial adviser, to determine the relevant charge structures prior to conducting the switch.
5. The Client confirms that neither STANLIB nor any of its representatives provided him/her with any advice and that he/she has taken particular care to consider on his/her own or with the assistance of his/her authorised Financial adviser, whether the switch is appropriate considering his/her unique objectives, financial situation and particular needs.
6. The Client understands that all material facts must be accurately and properly disclosed and the accuracy and completeness of all information provided by or on behalf of the Client, is the Client's own responsibility. The Client understands that no Financial adviser may request the Client to sign any written or printed form or document unless all details required to be inserted thereon by the Client or on behalf of the Client have already been inserted.
7. Multiple transactions cannot be processed simultaneously.
8. The Client understands that STANLIB is prohibited from processing any transactions on the Client's behalf (including but not limited to switches) until all documentation has been received in terms of the Financial Intelligence Centre Act, No. 38 of 2001.
13. The Client understands that where he/she changes FSP the consequences of such change may result in different or new fund and fees structures. This may result in an increase to the platform service charges. It is the Client's and where applicable the Client's Financial adviser's responsibility to determine the relevant fund and or charge implications. STANLIB will deduct the charges from the Client's portfolios. For further details please refer to the Fee Comparison Tool on STANLIB online.



INVESTOR DECLARATION

- 1. I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my investment.
- 2. I/We agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.
- 3. 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.
- 4. 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 / AUTHORISED SIGNATORY *	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
			<input type="text"/>
CAPACITY	<input type="text"/>	SIGNED AT	
SIGNATURE OF FINANCIAL ADVISER	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
			<input type="text"/>
		SIGNED AT	

