



# STANLIB

## Liberty Bold Living Annuity

Underwritten by Liberty Group Limited, a registered Long-Term Insurer.

## Application For Liberty Flexible/Living Annuity Transfer To Liberty Bold Living Annuity

- This form is used to instruct Liberty to transfer your existing Liberty Flexible Living Annuity or Living Annuity to a Liberty Bold Living Annuity.
- Transfers are permitted from Flexible and Living Annuities only. NB: Flexible Annuity with Income Enhancer Benefit is excluded.
- For Flexible Annuities sold after 1 October 2016, the value of the upfront enhancement will be deducted when transferring to Liberty Bold Living Annuity.
- Please refer to the contact details below for any enquiries or questions.
- Transfer value must be at least R 150 000.00.
- Only one to one transfers are permitted.

### REQUIRED DOCUMENTATION

**Please submit this form, signed, together with the following documents:**

- Clear copy of your bar-coded ID/copy of back and front of the ID smart card/birth certificate (if a minor)/valid passport (if a foreign national).
- A copy of the completed New Business Investment Form in respect of the Liberty Bold Living Annuity, signed by the client, reflecting zero% initial commission and the initial annuity amount payable after transfer.

### SEND COMPLETED FORM TO

**E-mail:** [Lispinstructions@stanlib.com](mailto:Lispinstructions@stanlib.com) or **Fax:** +27(0) 867 277 516 or +27(0)11 448 6666

### CLIENT DETAILS

LIBERTY INVESTMENT NUMBER	<input type="text"/>
NAME & SURNAME/ENTITY NAME	<input type="text"/>
IDENTITY/PASSPORT	<input type="text"/>

**Note:** Liberty's records will be updated with the personal information you provide on the Liberty Bold Living Annuity application form, to comply with the South African Revenue Service ('SARS') IRP5/IT3(a) tax certificate requirements.

### STATEMENT OF INFORMATION FOR TRANSFER

INITIAL COMMENCEMENT DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
	D D M M Y Y Y Y
LAST INCOME WITHDRAWAL AMOUNT (GROSS)	R <input type="text"/> . <input type="text"/>
INCOME TAX DEDUCTED	<input type="text"/> . <input type="text"/> %
NET INCOME PAID TO ANNUITANT	R <input type="text"/> . <input type="text"/>
INCOME FREQUENCY	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-ANNUALLY <input type="checkbox"/> ANNUALLY
CURRENT INCOME DRAW DOWN PERCENTAGE	<input type="text"/> . <input type="text"/> %
ANNIVERSARY DATE	<input type="text"/> - <input type="text"/> - <input type="text"/>
	D D M M Y Y Y Y



The following values must be obtained from Actuarial services at Liberty (actuarial@liberty.co.za) before the form is signed by the client and financial adviser. Take note that these values may change due to market movements between the date of quotation for the transfer value and the date the requirements are received.

EARLY TERMINATION CHARGES R              .

**Early Termination Charges:**

- Where the Client has transferred the administration of an existing living annuity policy underwritten by Liberty from Liberty to STANLIB and where an early termination charge applied on that previous living annuity policy, an early termination charge may not be charged on a transfer to STANLIB (at Liberty's discretion).
- STANLIB may however levy an early termination charge on behalf of Liberty against the Client's living annuity policy transferred to STANLIB if the Client transfers out from STANLIB within the period in which the termination charge applies.

**MEMBER DECLARATION**

**Important considerations before transfer:**

1. I have read and understood such information about the Liberty Bold Living Annuity provided to me by Liberty.
2. I am satisfied that the substitution of the policy is in my best interest and I am aware of the nature and terms of the substitution and consent to the substitution.
3. I am aware that if the existing living annuity is either a Flexible Living annuity (300\_LLA\_DS) or a Living annuity (300\_LLA\_MC), Liberty would have paid the tax on death of the annuitant. I am aware that this benefit will not apply on the Liberty Bold Living Annuity.
4. I am aware that STANLIB will repurchase units in the underlying investments to pay the Financial Service Provider On-Going Service Charge payable by me for the advice I receive from my Financial Service Provider relating to the Liberty Bold Living Annuity. I understand that this may result in a monthly reduction of my investment capital (equal to the advice fee) as opposed to a reduction of my after-tax income.
5. I am aware that the transfer to the Liberty Bold Living Annuity will take place in accordance with all regulatory requirements for such transfers.
6. I have taken note that the final value of the investments of my policy to be substituted, may differ from the amounts quoted.

**FINANCIAL SERVICES PROVIDER DETAILS**

I have provided the Client with the following record of advice in choosing to transfer:

NAME OF REPRESENTATIVE (FINANCIAL ADVISER)	<input type="text"/>
FINANCIAL ADVISER CODE	<input type="text"/>
MOBILE NUMBER	<input type="text"/>
COMMENTS	<input type="text"/> <input type="text"/> <input type="text"/>

I acknowledge that I have explained all the implications of the transfer as mentioned above 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"/>

**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 behalf until all such documentation has been provided.

I/We confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<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"/>

