



# LIBERTY

## Liberty Bold Living Annuity New Investment Application

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 (\* British)  
**Secretary:** J M Parratt  
**Registration:** STANLIB Wealth Management (Pty) Ltd  
 Reg. No. 1996/005412/07. Authorised FSP in terms  
 of the FAIS Act, 2002 (Licence No. 590).

# STANLIB

**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](mailto:Lispinstructions@stanlib.com) **or Fax:** +27(0) 867 277 516

INSTRUCTION TYPE	<input type="checkbox"/> NEW INVESTMENT ON RETIREMENT	<input type="checkbox"/> TRANSFER FROM ANOTHER ANNUITY
REFERENCE NUMBER (GENERATED BY ONLINE)	<input type="text"/>	
GENERATED ON	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>	

### 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/ 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](http://www.stanlib.com).



**CLIENT TYPE\***

INDIVIDUAL     
  FOREIGN INDIVIDUAL     
  DIRECTOR PRIVATE COMPANY     
  ASSISTED     
  REFUGEE

\* Compulsory fields

**CLIENT DETAILS**

INVESTMENT PROPOSAL NUMBER

TITLE\*

NAME/S\*

SURNAME\*

PREVIOUS NAME

PREVIOUS/ MAIDEN NAME

ID/ PASSPORT/ PERMIT 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 (W)

TELEPHONE NUMBER (H)

EMAIL ADDRESS\* \*\*

TAX REFERENCE NUMBER\*

COUNTRY OF RESIDENCE\*

COUNTRIES OF CITIZENSHIP\*

NATIONALITY\*

COUNTRY OF BIRTH\*

\* 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	20.Retired
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	13. Retired
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

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	<input type="checkbox"/> PO BOX	<input type="checkbox"/> PRIVATE BAG	<input type="checkbox"/> POSTNET SUITE	POSTNET SUITE NUMBER	<input type="text"/>
NUMBER	<input type="text"/>	POST OFFICE NAME	<input type="text"/>	POSTAL CODE	<input type="text"/>

PHASE-IN OPTION

We give you the option to gradually invest some or all of your initial investment in the investment portfolios you have chosen over a 3, 6, 9, 12, or 24 month period. Where the phase-in option has been selected, the specified initial investment amount will be held in a Standard Bank call account and switched into the investment portfolios over the frequency specified. The percentage allocated to the lump sum portfolios specified above will be net of the percentage you select to phase-in.

If you would like to make use of this option, please indicate your preferences below, and provide the percentage of your investment you would like to phase-in.

DO YOU WANT TO PHASE-IN?  YES

NUMBER OF PHASE IN MONTHS  3  6  9  12  15  18  24

PHASE-IN DAY OF THE MONTH  3RD OR  17TH PHASE-IN PERCENTAGE    %

FIRST PHASE-IN MONTH   -

M M Y Y Y Y



## INVESTMENT DETAILS

The minimum investment amount is R150 000.00.

CASH TRANSFER

UNIT TRANSFER

ESTIMATED TOTAL INVESTMENT AMOUNT

## TRANSFER DETAILS

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

## LUMP SUM PORTFOLIOS

You must allocate your lump sum into one or more unit trust portfolios, by indicating either a percentage or Rand amount in the table below. You may select up to 12 unit trust portfolios.

Portfolio Name	Percentage	or Rand Amount
	%	R
	%	R
	%	R
	%	R
	%	R

Please ensure that the amounts and/or percentages add up to 100% or the total lump sum amount.

## PHASE-IN PORTFOLIOS

PORTFOLIO NAME	PERCENTAGE
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

## GUARANTEE OPTION

ADD A GUARANTEE TO MY INVESTMENT

Please refer to the terms and conditions pertaining to this investment, in order to understand how the Guarantee Option on this product works.



**LIVING ANNUITY INCOME DETAILS**

The current minimum gross pension payment is 2.5% per annum (or the equivalent Rand value) and the current maximum gross pension payment is 17.5% per annum (or the equivalent Rand value). The minimum and maximum limits are determined by the regulatory authority and/or legislation and are subject to change. Please indicate either an Income Percentage or a Rand Amount for your pre-tax Annuity Income below:

	A. PERCENTAGE OF INVESTMENT or	B. RAND AMOUNT
<b>Annuity Income</b>	%	R

Select the frequency of your income payments. Quarterly, bi-annual and annual income frequency options can only be made in advance.  
**New investment:** If we receive and process your instruction before the 14th business day of the month, you will receive your first monthly payment by the 1st of the following month. If we receive your instruction after this, you will receive your payment by the 1st of the month after next.

**Transfers from another Annuity provider:** If we receive and process your instruction before the 14th business day of the month, you will receive your first monthly payment by the 1st of the following month. If we process your instruction after this, we will ensure that, if applicable, you don't miss a monthly annuity payment due to the transfer, although you may receive your first payment later than the 1st of the following month.

FREQUENCY  MONTHLY  QUARTERLY  BI-ANNUALLY  ANNUALLY

Please note the income amount selected above might differ to the actual annuity received as a result of the deduction of Income Tax in terms of legislation. STANLIB and Liberty will aggregate your annuities, payable by STANLIB, to determine the appropriate tax bracket as required by legislation.

	A. TAX PERCENTAGE or	B. TAX AMOUNT:
<b>Tax Method</b>	%	R

**TAX DETAILS**

If your selected tax rate is lower than the current SARS tax tables, please supply your tax directive number below:

TAX DIRECTIVE NUMBER

**PORTFOLIO NOMINATION FOR ANNUITY INCOME DEDUCTIONS**

**Annuity Income account**

Please specify the investment portfolios from which you would like us to deduct your annuity income. If you specify more than one portfolio, we will deduct from the specified portfolios proportionally.

If you do not specify a fund to deduct your annuity income 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 investment portfolios in your investment account.

Portfolio Name



**PORTFOLIO NOMINATION FOR FEE DEDUCTION**

**Fee account**

You can choose to have your STANLIB annual service charge, Guarantee charge and financial adviser annual ongoing service charge deducted from one or more investment portfolio(s) in your account. If you would like to make use of the option, please specify the portfolios below.

If you do not specify a fund to deduct fees and/or your annuity income 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 investment portfolios in your investment account.

Portfolio Name

**BENEFICIARY NOMINATION**

Please nominate one or more natural persons or Trusts to receive a portion of the death benefit from your account should you pass away on your death. This party does not need to be financially dependent on you. If no beneficiary is nominated, the death benefit will be payable to your estate.

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

**BANK DETAILS FOR ANNUITY PAYMENT**

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

**FINANCIAL SERVICE PROVIDER**

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 (EXCLUDING VAT)**

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

	Initial Lump Sum Investment	Ongoing Service Charge
<b>FSP Charge</b>	%	%
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"/> D D M M Y Y Y Y
		SIGNED AT <input type="text"/>
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"/> D D M M Y Y Y Y
		SIGNED AT <input type="text"/>

\* 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 I confirm that the client understands 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*	<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"/> D D M M Y Y Y Y
		SIGNED AT <input type="text"/>
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"/> D D M M Y Y Y Y
		SIGNED AT <input type="text"/>

\* Compulsory fields



**DECLARATION**

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS FOR THIS INVESTMENT AND I AM AWARE OF THE EFFECTIVE ANNUAL COST

- 1. 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.
- 2. I/We hereby agree to provide all documentation and information required in terms of 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 and information has been provided. Any money received by STANLIB that is not accompanied by the required documentation will be held in a call account until said documentation is received.
- 3. The Client and the Financial Adviser, by signing this form, state and declare that they have each read and understood the terms and conditions pertaining to the investment; including but not limited to Investment objective, Information on Net Asset Value, Charges, including the Effective Annual Cost, Risk Factors, Income accruals and declare that the STANLIB and Financial Adviser charges as indicated on this application form are correct; warrant that all statements given by each of them in this application form are true and correct in every aspect; and that such statements shall form the basis of the contract which is to be entered into with STANLIB as well as the contract between the Client and the Financial Adviser.
- 4. The Client understands that in terms of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS"), his Financial Adviser must be mandated by a licensed Financial Services Provider ("FSP") as a representative with the necessary FAIS sub - categories to act on the Client's behalf and that it is also the Client's responsibility to determine whether his Financial Adviser has the necessary authorization. (FSB toll free number: 0800 110443). The Client understands and confirms that STANLIB is entitled to act on his Financial Adviser's instructions, whether in written or electronic format, as if they were the Client's own instructions. The Client hereby indemnifies STANLIB against all losses or damage, which he may sustain, as a result of transactions entered into on the basis of this delegation of authority by the Client to the Financial Adviser. Where the Client has terminated his Financial Adviser's appointment, it is the Client's 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.
- 5. I, the undersigned Client, hereby confirm that I have completed this online application form for my investment with the assistance of my above mentioned Financial Adviser. Further that in completing this online application form my Financial Adviser has explained to me the terms and conditions as it appeared on STANLIB's online application system and that this declaration is confirmation that I understood the terms and conditions as explained to me and that I have accepted the terms and conditions as displayed. For legal entities, please specify authorised signatories in terms of the resolution.

SIGNATURE OF CLIENT / AUTHORIZED SIGNATORY

DATE 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

SIGNED AT

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 online application form I have explained the terms and conditions to my client as it appeared on STANLIB's online application system. I further confirm that I have explained all such terms and conditions to the client before he/she accepted the Online terms and conditions as displayed. 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.

SIGNATURE OF FINANCIAL ADVISER

DATE 

D	D

 - 

M	M

 - 

Y	Y	Y	Y

SIGNED AT

STANLIB Wealth Management (Pty) Limited Registration number 1996/005412/07 an Authorised Administrative FSP in terms fo the FAIS Act, 2002 (FSP26/1/590)  
Liberty Group Limited is a registered Long-Term Insurer and an Authorised Financial Service Provider in terms of the FAIS Act (no. 2409)

