

STANLIB Funds Limited Investment Form

PLEASE RETURN THIS COMPLETED FORM TO:

STANLIB Fund Managers Jersey Limited (the "Manager")
 BNY Mellon Fund Services Ireland DAC (the "Administrator")
 Transfer Agency
 Rochestown
 Drinagh
 Wexford
 Ireland
 Telephone: +353 21 438 0099 Facsimile: +353 1 900 5055

TYPE OF ENTITY (NATURE OF THE INVESTOR)

Please note that individual investors are not allowed to invest in the Fund.

COLLECTIVE INVESTMENT SCHEME
 PUBLIC BODY
 PENSION SCHEME
 NOMINEE/INTERMEDIARY
 REGISTERED CHARITY OR FOUNDATION
 FINANCIAL INSTITUTION
 PUBLICLY LISTED CORPORATE

Please contact the Administrator for Anti-Money Laundering ("AML"), Client Due Diligence ("CDD") and client onboarding documentation requirements.

INVESTMENT DETAILS

The minimum investment amount is USD 100,000 or currency equivalent in each class fund.

| Class Name | Fund Currency | Investment Amount | Percentage | SEDOL | ISIN | Initial Charge/Commission |
|---|---------------|-------------------|------------|---------|--------------|---------------------------|
| STANLIB European Equity Fund | EUR | | % | BYZSDB8 | JE00BYZSDB82 | |
| STANLIB Global Balanced Fund | USD | | % | B9CS7B4 | JE00B9CS7B49 | |
| STANLIB Global Balanced Cautious Fund | USD | | % | B8S88T6 | JE00B8S88T67 | |
| STANLIB Global Bond Fund | USD | | % | B3BFND8 | JE00B3BFND86 | |
| STANLIB Global Emerging Markets Fund | USD | | % | B92MJL0 | JE00B92MJL07 | |
| STANLIB Global Property Fund | USD | | % | B23SZL0 | JE00B23SZL05 | |
| STANLIB High Alpha Global Equity Fund 'A' Class | USD | | % | B23SZ65 | JE00B23SZ650 | |
| STANLIB High Alpha Global Equity Fund 'B' Class | USD | | % | B23SZB0 | JE00B23SZB07 | |
| STANLIB Multi-Manager Global Bond Fund | USD | | % | 925181 | GB0002127081 | |
| STANLIB Multi-Manager Global Equity Fund | USD | | % | 925222 | GB0002127206 | |

EXISTING PORTFOLIO HOLDERS

If you have an existing portfolio with the Administrator, please provide the portfolio number.

PORTFOLIO NUMBER

If you have an existing portfolio but wish us to open a new portfolio please tick this box and complete the designation field below and complete the designation field below.



INVESTOR REGISTRATION DETAILS

Units/Shares will be issued in registered, non-certificated form.

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|-------------|--|--|
| COMPANY/NOMINEE NAME | | | | | | | | | | | | | |
| DESIGNATION OF ACCOUNT/PORTFOLIO | | | | | | | | | | | | | |
| ENTITY REGISTRATION NUMBER | | | | | | | | | | | | | |
| COUNTRY OF REGISTRATION / INCORPORATION | | | | | | | | | | | | | |
| NATURE OF BUSINESS | | | | | | | | | | | | | |
| DATE OF ESTABLISHMENT / INCORPORATION | D | D | - | M | M | - | Y | Y | Y | Y | | | |
| REGISTERED ENTITY ADDRESS | | | | | | | | | | | | | |
| | | | | | | | | | | | POSTAL CODE | | |

THE COMPLETED FATCA/CRS SELF-CERTIFICATION DECLARATION (ATTACHED AS APPENDIX A)

CONTACT DETAILS

| | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| TELEPHONE | | | | | | | | | | | | |
| EMAIL | | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS (IF DIFFERENT FROM ENTITY ADDRESS) | | | | | | | | | | | | |

I/WE ARE ELECTING TO RECEIVE DEALING CONFIRMATIONS AND ACCOUNT STATEMENTS VIA E MAIL TO THE ABOVE DETAILS AND COPIES WILL NOT BE ISSUED BY POST.

APPLICATION PAYMENT BANK DETAILS (SOURCE OF APPLICATION MONIES)

Please note that the Manager/ Administrator does not accept third party payments.

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|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CURRENCY | | | | | | | | | | | | |
| CORRESPONDENT BANK NAME (IF APPLICABLE) | | | | | | | | | | | | |
| CORRESPONDENT BANK SWIFT (IF APPLICABLE) | | | | | | | | | | | | |
| BENEFICIARY BANK NAME | | | | | | | | | | | | |
| BENEFICIARY BANK SWIFT | | | | | | | | | | | | |
| BENEFICIARY BANK ACCOUNT NAME | | | | | | | | | | | | |
| BENEFICIARY BANK ACCOUNT NUMBER | | | | | | | | | | | | |
| BENEFICIARY IBAN | | | | | | | | | | | | |

REDEMPTION PAYMENT BANK DETAILS

Indicate where you will require proceeds to be sent to on redemption. Please note that proceeds will be sent by Electronic Bank Transfer and also that the Manager/Administrator does not make third party payments.

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| CURRENCY | | | | | | | | | | | | |
| CORRESPONDENT BANK NAME (IF APPLICABLE) | | | | | | | | | | | | |
| CORRESPONDENT BANK SWIFT (IF APPLICABLE) | | | | | | | | | | | | |
| BENEFICIARY BANK NAME | | | | | | | | | | | | |
| BENEFICIARY BANK SWIFT | | | | | | | | | | | | |



BENEFICIARY BANK
ACCOUNT NAME

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BENEFICIARY BANK
ACCOUNT NUMBER

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BENEFICIARY IBAN

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VALUATIONS

CURRENCY FOR VALUATIONS

USD

GBP

EUR

SA RAND

BANK DETAILS

The following bank details apply for payments by electronic bank transfer for investment into STANLIB Funds Limited. Payment by cheque is not accepted and payment should be remitted in the Class Fund Currency using the banking details listed below:

| Currency | Account holding bank | Account number |
|------------------|--|--|
| US Dollars (USD) | Bank Name: Bank of New York Mellon, New York SWIFT: IRVTUS3N ABA: 021000018 | Account Name: The Bank of New York Mellon Brussels Account Number: 8900285451 For further credit to: Account Name: STANLIB FMJL RE STANLIB FDS LTD CMA Account Number: 1715388400 |
| Euro (EUR) | Bank Name: Bank of New York Mellon SA/NV SWIFT: IRVTBEBBXXX IBAN: BE36515171538081 | Account Name: STANLIB FMJL RE STANLIB FDS LTD CMA Account Number: 1715389780 |

Please ensure payments are remitted in the Class Fund's currency.

ELECTRONIC INSTRUCTIONS/ FACSIMILE AUTHORITY/ INDEMNITY

Please tick the box below if you wish the Manager/Administrator to act upon electronic instructions. The Manager/Administrator shall be entitled to implement all instructions and applications of whatever nature received on their internet site, or other electronic medium, and which appear to emanate from the unit holder/shareholder. The Manager/Administrator are indemnified against any losses, claims or damages arising from acting on such instructions and/or applications, notwithstanding that it may later be proved that such instruction was not given by the unit holder/shareholder. The unit holder/shareholder agrees that electronic records of all instructions and applications processed by, or on behalf of them, or purport to be processed on behalf of the unit holder/shareholder via the Managers internet site, or any other electronic medium, shall constitute prima facia proof of the contents of such instructions or applications.

Please tick the box below if you wish the Manager/Administrator to act upon instructions by facsimile. By doing this you request and authorise the Manager/Administrator to accept and act upon your facsimile instructions in respect of any instruction which the Manager/Administrator would normally accept if the instruction were presented in an original written format in accordance with the mandate over your shareholding. You will indemnify the Manager/Administrator, it's Employees, or any connected parties (the "Parties") against any loss, liability or expense whatsoever which may be suffered or incurred by the Parties directly or in connection with your unit holding/shareholding except to the extent that such loss, liability or expense is due to the Parties negligence, wilful default, bad faith or fraud. You should note that indemnifying the Manager/Administrator may have legal consequences and you are recommended to seek independent legal advice before signing the Application.

Sending information by facsimile or electronically is not a secure means of sending instructions. The risks involved in giving instructions by facsimile or electronically include the risk that instructions may be fraudulently or mistakenly given, written, altered or sent and may not be received in whole or in part by the Manager/Administrator. In agreeing to act on such instructions the Manager/Administrator does so only for your convenience and at your risk. The unit holder/shareholder agrees that this authority if given shall remain in force until you notify the Manager/Administrator, in an original written format, of its termination. Any such notice shall be without prejudice to the completion of instructions already initiated pursuant to this authority.

I/We authorise the Manager/Administrator to act upon electronic instructions or facsimile.

SIGNATURES AND DECLARATIONS

I/We understand that this application is subject to the current Prospectus of the funds, as amended from time to time. I/We confirm that I/We have read and understand the relevant Prospectuses. I/We confirm that I/we are contracting as principal with the Manager. I/We declare that I/We are not a resident/residents of the United States of America and that I/We are not holding and will not hold shares in the fund(s) for or on behalf of an individual or individuals so resident or a US person or persons. ("U.S. Person" is defined in the Prospectuses). I/We acknowledge and understand that the Funds are for unit holders/shareholders who understand the inherent risks associated with such investments.

I/We acknowledge and agree that the Manager, at their absolute discretion, have the right to refuse any application for shares/units in whole or in part without providing an explanation. I/We confirm that we will provide all the details and documentation requested in accordance with the Managers KYC I Due Diligence requirements as detailed in the prospectuses. I/We also agree and authorise you to make any enquiries you deem necessary in order to verify the information contained in this application. I/We acknowledge that the contract note evidencing the issue of units/shares to me/us will not be issued until all documentary evidence requested by the Manager in order to full its obligations pursuant to applicable Anti-Money Laundering legislation has been provided to the Managers satisfaction. I/We acknowledge that the Manager may not be able to effect a redemption request if documentary evidence relevant to that investment as requested by the Manager in order to fulfil its obligations pursuant to applicable Anti-Money Laundering legislation in Jersey has not been provided. I/We agree that the Manager will not be liable for any losses suffered, (for example as a consequence of losses on redemption) by me/us due to any delay in obtaining documentation it requires from me/us.

Electronic transfer of information and in particular, e-mail communication cannot be guaranteed to be secure or virus or error free. It can be intercepted, lost, corrupted and be delivered late or incomplete. By signing this application I/We accept the risks of such communication and hereby authorise electronic communication between us in the full knowledge and understanding of all the risks associated with e-mail communication. I/We agree to adopt reasonable procedures to check for and prevent the transmission of viruses prior to sending information electronically. I/We shall each be responsible for protecting our own systems and interests in relation to communicating electronically and neither the Manager me/us (and in each case their respective directors, partners, employees, agents or servants and trustees) shall have any liability to each other on any basis (including negligence) in respect of any error, damage or loss or omission arising from or in connection with the electronic communication of information between us and the Managers/Administrators reliance upon such information. I/We acknowledge that my/our personal and account information will be exchanged with the Jersey tax authority and thereafter any tax authority in which I/We have tax residence.



The mandate over the holding is notified to the Manager on this application or subsequently received in writing. This authority must be signed in accordance with the mandate held by the Administrator.

SIGNATURE OF AUTHORISED SIGNATORY

DATE

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

SIGNATURE OF AUTHORISED SIGNATORY

DATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
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INTERMEDIARY DETAILS

SIGNATURE OF INTERMEDIARY

DATE

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

INTERMEDIARY OFFSHORE CODE

BROKER NAME

BROKER CODE



INSTRUCTIONS FOR COMPLETION:

We are obliged under Jersey law to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be legally obliged to share this information with respect to an investor's interests in the Fund, with relevant tax authorities. If you have any questions about this form, please refer to the OECD CRS Portal or speak to a tax adviser.

(Mandatory fields are marked with an *)

| | |
|--------------------------------|--|
| Portfolio Number | |
| Investor Name (the "Entity")* | |
| Country of Incorporation | |
| Current Registered Address* | |
| Mailing Address (if different) | |

SECTION 1: FATCA DECLARATION SPECIFIED U.S. PERSON

(Please tick either (a), (b) or (c) below and complete as appropriate)

| | | |
|-----|---|--------------------------|
| (a) | The entity is not a Specified U.S. Person (please complete Sections 2,3 and 4) | <input type="checkbox"/> |
| (b) | The entity is a U.S. Person but not a Specified U.S. Person (please also complete 3 and 4) | <input type="checkbox"/> |
| (c) | The entity is a Specified U.S. Person and the entity's U.S. Federal Taxpayer Identifying number is as follows: U.S. TIN: <input type="text"/> (Please also complete Section 3 and 4) | <input type="checkbox"/> |

SECTION 2: ENTITY'S FATCA CLASSIFICATION

(Please note that your classification under CRS may differ)

2.1. Financial Institutions under FATCA: if the entity is a Financial Institution, please tick one of the below categories and provides the Entity's GIIN at 2.2

| | | |
|-----|---|--------------------------|
| I | Financial Institution or a Partner Jurisdiction Financial Institution | <input type="checkbox"/> |
| II | Registered Deemed Compliant Foreign Financial Institution | <input type="checkbox"/> |
| III | Participating Foreign Financial Institution | <input type="checkbox"/> |

2.2 Please provide the Entity's Global Intermediary Identification number:
(GIIN)

2.3 If the Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons:

| | | |
|-----|---|--------------------------|
| I | The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN. Sponsor's Name: <input type="text"/> Sponsor's GIIN: <input type="text"/> | <input type="checkbox"/> |
| II | Exempt Beneficial Owner | <input type="checkbox"/> |
| III | Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement) | <input type="checkbox"/> |
| IV | Non-Participating Foreign Financial Institution | <input type="checkbox"/> |
| V | Excepted Foreign Financial Institution | <input type="checkbox"/> |

2.4 Non-Financial Institutions under FATCA: If the Entity is not a Financial Institution, please tick one of the below categories:

| | | |
|-----|---|--------------------------|
| I | Active Non-Financial Foreign Entity | <input type="checkbox"/> |
| II | Passive Non-Financial Foreign Entity (if this boxed is ticked, please request individual self-certification forms for each of your Controlling Persons) | <input type="checkbox"/> |
| III | Excepted Non-Financial Foreign Entity | <input type="checkbox"/> |



SECTION 3: CRS DECLARATION OF TAX RESIDENCY

(Please note that you may choose more than one country)

Please indicate the Entity's country of tax residence for CRS purposes (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TIN's"). Note: The provision of a Tax ID Number is required unless you are tax resident in a jurisdiction that does not issue a TIN.

| Country(ies) of Tax Residency | Tax Identification Number |
|-------------------------------|---------------------------|
| 1. | |
| 2. | |
| 3. | |

SECTION 4: ENTITY'S CRS CLASSIFICATION

(The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in section 2):

4.1 Financial Institutions under CRS: If the Entity is a Financial Institution, please tick one of the below categories

| | | |
|----|--|--------------------------|
| I | Financial Institution under CRS (other than (II) below) | <input type="checkbox"/> |
| II | An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (if this box is ticked, please include the name of any Controlling Person(s) of the Entity and complete separate individual self-certification forms for each of your Controlling Persons) | <input type="checkbox"/> |

4.2 Financial Institutions under CRS: If the Entity is a Non-Financial Institution, please tick one of the below categories

| | | |
|-----|--|--------------------------|
| I | Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation. | <input type="checkbox"/> |
| II | Active Non-Financial Entity – a Government Entity or Central Bank | <input type="checkbox"/> |
| III | Active Non-Financial Entity – an International Organisation | <input type="checkbox"/> |
| IV | Active Non-Financial Entity – other than (I)-(III) (for example a start-up NFE or a non-profit NFE) | <input type="checkbox"/> |
| V | Passive Non-Financial Entity (if this box is ticked, please complete separate individual self-certification forms for each of your forms for each of your Controlling Persons*) | <input type="checkbox"/> |

*Controlling Persons

Please note that each Controlling Person must complete a separate Individual Self-Certification form. If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

SECTION 5: DECLARATION AND UNDERTAKINGS

I/We declare (as an authorized signatory of the Entity) that the information provided on this form is, to the best of our knowledge and belief, accurate and complete. I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide updated Self-Certification where any changes in circumstances occurs any of the information contained in this form to be incorrect.

Signed by (please print name):

On behalf of (organisation name):

Position (in organisation):

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"/> |
| D | D | | M | M | | Y | Y | Y | Y |

SIGNED AT

