



**LIBERTY**

**STANLIB**

## Liberty Bold Living Annuity

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

## Client Consent to Obtain Financial Information

### CLIENT DETAILS

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

### CLIENT'S PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER	<input type="text"/>	
COMPLEX NAME / ESTATE	<input type="text"/>	
STREET NUMBER	<input type="text"/>	
STREET NAME / FARM NAME / AREA NAME*	<input type="text"/>	
SUBURB / DISTRICT*	<input type="text"/>	
CITY / TOWN*	<input type="text"/>	
COUNTRY*	<input type="text"/>	CODE* <input type="text"/>

\*Compulsory fields

### CLIENT'S POSTAL ADDRESS

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



POSTAL CODE

FINANCIAL SERVICES PROVIDER DETAILS

NAME OF FINANCIAL CONSULTANCY (FSP)

FSP LICENCE NUMBER

NAME OF REPRESENTATIVE (FINANCIAL ADVISER)

FINANCIAL ADVISER CODE

MOBILE NUMBER

FAX NUMBER

E-MAIL ADDRESS

FINANCIAL SERVICES PROVIDER AUTHORISATION

I acknowledge that I provide consent to STANLIB to collect, process, store, disclose and share my Personal Information (PI) for the purpose of servicing my investment.

I 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.

I authorise the financial adviser as stated on the Investment Application form to request information on my behalf and to use the internet or other electronic facilities for this purpose. I further acknowledge and agree that any information obtained is only for information purposes.

**This consent form is not an instruction to change my current financial adviser on record.**

SIGNATURE OF CLIENT/  
AUTHORISED SIGNATORY \*

DATE

SIGNED AT

FINANCIAL ADVISER

I confirm that I have informed the client of the implications of this authority

SIGNATURE OF FINANCIAL ADVISER \*

DATE

SIGNED AT

\*Compulsory fields

