



Liberty Bold Living Annuity

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

Related Party Form - Individuals

Definitions:

- **Beneficial owner:** has shares in the legal entity equal to or greater than 25% holding or owns the bank account used by the entity.
- **Controller:** exercises control over the entity, such as directors or executives.
- **Signatory:** binds a person/ entity to the terms of an agreement.
- **Power of attorney:** has authorisation to represent or act on behalf of a person/ entity.

DETAILS OF RELATIONSHIP

RELATIONSHIP WITH INVESTOR/ENTITY	<input type="checkbox"/> BENEFICIAL OWNER	<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> POWER OF ATTORNEY
NAME OF INVESTOR/ ENTITY	<input type="text"/>			

RELATED PARTY DETAILS

TITLE*	<input type="text"/>
NAME/S*	<input type="text"/>
SURNAME*	<input type="text"/>
PREVIOUS/ MAIDEN NAME	<input type="text"/>
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
ID/ PASSPORT/ASYLUM/ PERMIT NUMBER*	<input type="text"/>
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)*	<input type="text"/> - <input type="text"/> - <input type="text"/>
	<small>D D M M Y Y Y Y</small>
PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)*	<input type="text"/>
GENDER*	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CONTACT NUMBER*	<input type="text"/>
COUNTRY OF BIRTH*	<input type="text"/>
COUNTRY OF RESIDENCE*	<input type="text"/>
NATIONALITY*	<input type="text"/>
COUNTRIES OF CITIZENSHIP*	<input type="text"/>

* Compulsory fields

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
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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

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/our behalf until all such documentation has been provided. 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.

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"/>

