

Unit Trusts

Investor update details



Transact Online

You can transact on our Secure Services Portal where you can:

- manage your portfolio online and securely
- View your portfolio
- Conduct transactions
- Request statements
- Update your personal details

To register, please go to: <https://cp.sanlam.co.za>



Completing the information correctly will ensure that there is no delay in processing the request.

- Initial any changes made
- The form must be **dated and signed** by the registered investor or authorised signatories with valid authorisation from the investor (Individual: Power of Attorney or Court Order (appointing Curator, Guardian or Executor) - if not a parent of a minor child. Entity: Resolution or Minutes of Meeting)
- Do not write instructions outside the allocated fields



Please submit the following verification documents:

- **Surname change:** Copy of Identity Card (both sides) or valid Passport / Marriage Certificate / Divorce Decree
- FIA Identification Form (if not previously submitted)
- **Bank account change:** Bank statement or Confirmation letter from the bank (not older than 3 months)
- In the case of a debit order, if the new bank account holder is a third party, the following is required;
 - Individuals:** A copy of the third party's Identity Card or valid Passport, Bank statement or Confirmation letter from the bank (not older than 3 months) and FIA Identification Form
 - Non-individuals:** A Resolution or Minutes of Meeting from the legal entity stating the list of authorised signatories, proof of banking details (Bank statement or Confirmation letter from the bank (not older than 3 months), an ID or valid Passport copy and a FIA Identification Form for each authorised signatory. See annexure B for details for documentation requirements.



Print only the pages you need.

- We have made the forms shorter to save you time and paper.
- Make sure that you choose the specific form for the changes you need and print only the required pages.



Our contact details

Send the completed form and supporting documents to:

E-mail UTinstructions@sanlaminvestmentsnamibia.com | Fax 061 294 7524

If you have any questions, contact us at

E-mail collective@sanlam.com.na | Tel 061 294 7417

Website www.sanlam.com.na



Investor details

(always send back with the relevant forms)

Investor details

(All fields marked with * are compulsory)

*Investor code(s) _____

*Title Mr Mrs Miss Other (specify) _____

*Full name(s) and surname(s) _____

*Registered name of Legal Entity _____

*Identity number of Individual _____

*Registration number of Legal Entity _____

*Passport number _____ Passport expiry date _____

Passport country of issue _____

Which details would you like to change?

Please select the details you wish to change. Complete and submit only the corresponding sections you have selected together with this form.

Change of personal details - **Form A**

Update bank details - **Form B**

Update debit order instructions - **Form C**

Recurring instructions - **Form D**

Income distribution preference; Monthly withdrawal; Monthly switch

Intermediary appointment / removal and Fee change - **Form E**

Tax Residency self - certification - Individual - **Form F**

Tax Residency self - certification - Legal Entity - **Form G**

Please note:

If you change any of your personal details to reflect as non-Namibian, you are required to complete the relevant tax residency self-certification form

Investor (individual / Legal Entity) declaration

I / We confirm that I / we:

- have read and understood the important notes, terms and conditions on the first page.
- have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- Am / are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Signature of Investor _____ Date _____ (ddmmccyy)

Authorised signatory 1 _____ Date _____ (ddmmccyy)

Authorised signatory 2 _____ Date _____ (ddmmccyy)

Authorised signatory 3 _____ Date _____ (ddmmccyy)

Initial _____



Form A - Change of personal details

Personal details of individual

(All fields marked with * are compulsory)

*Title Mr Mrs Miss Other (specify) _____

*Full name(s) and surname(s) _____

*Identity number _____ *Nationality _____

*Date of birth _____ (ddmmccyy) *Country of birth _____

Passport number _____ Passport expiry date _____ (ddmmccyy)

Passport country of issue _____

*Postal address _____ Postal Code _____

*Residential address in Namibia (nr, street name, city/town, country) _____

*Residential address in foreign country (if not Namibian) _____

_____ Postal Code _____

Telephone (h) _____ Telephone (w) _____
Specify country and area codes, e.g. +264 61 555 5555 +264 61 555 5555

Cell _____ Fax _____
Specify country and area codes, e.g. +264 81 555 5555 +264 61 555 5555

Occupation _____ Employer _____

Principal source of income _____

Additional sources of income _____

Net amount of monthly income (N\$) _____ Source of Funds _____

Business activities (if any) _____ Location of business activities (if any) _____

E-mail address _____

Send my statements / correspondence to me by Email Post

Personal details of Legal Entity

(All fields marked with * are compulsory)

*Registered name of Legal Entity _____

*Trading name of Legal Entity _____

*Country of incorporation _____

*Country of operation _____

*Registered address _____

*Operating address _____

*Postal address _____

*Telephone (w) _____ *Cell _____
Specify country and area codes, e.g. +264 61 55555 +264 61 55555

Initial _____



Form B - Update bank details

New bank details

(All fields are compulsory)

Name of account holder _____

Name of bank _____ Account number _____

Name of branch _____ 6-digit branch code _____

Type of account Current Savings

Please note:

- Third party payments not allowed

Use new bank details for the following

Debit order Disinvestment Monthly withdrawal Income distribution

Signature of bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory 1 _____ Date _____ (ddmmccyy)

Authorised signatory 2 _____ Date _____ (ddmmccyy)

Authorised signatory 3 _____ Date _____ (ddmmccyy)

Initial _____



Form C - Update debit order instructions

Please select your instruction

 Cancel my debit order

I would like to cancel my debit order

End date _____ (ddmmccyy)

 Cancel my annual increase

I would like to cancel my annual increase

 Change my existing debit order

I would like to change my existing debit order

Start date _____ (ddmmccyy)

Please note:

- Fund minimums apply when changing a debit order
- The Minimum disclosure document is available on www.sanlam.com.na

How would you like to invest your money?

Unit trust fund(s)	New amount(N\$)

*Source of funds for the debit order (compulsory)

Please advise where the funds for the debit order originate.

 Salary

 Inheritance

 Savings

 Bonus

 Other (please specify): _____

How would you like your debit order to work?

Deduct the new amount(s) on _____ (dd). This date should be between the 1st and 28th of the month _____ (mmccyy)

Annual increase Yes No

Annual increase start date _____ (mmccyy)

% of annual increase _____ %

Permission to debit bank account

(All fields marked with * are compulsory)

*Name of account holder _____

*Name of bank _____

*Account number _____

*Name of branch _____

*6-digit branch code _____

*Type of account

Current

Savings

I instruct and authorise Sanlam or its agents to draw direct debits from my bank account as per my instruction

Signature of bank account holder _____

Date _____ (ddmmccyy)

Authorised signatory 1 _____

Date _____ (ddmmccyy)

Authorised signatory 2 _____

Date _____ (ddmmccyy)

Authorised signatory 3 _____

Date _____ (ddmmccyy)

Initial _____



Form D - Recurring instructions

Form D - Section 1 - Income distribution preference

(All fields marked with * are compulsory)

Indicate your Income distribution per Fund

Unit trust fund(s)	Income distribution (Indicate with an X)	
	Reinvest	Payout

- Income payments will only be paid out on cleared units.
- Third party payments are not allowed
- If you select 'pay out' above, please complete your bank details below. The funds will be paid into the bank account specified

Bank account details

*Name of account holder _____

*Name of bank _____ *Account number _____

*Name of branch _____ *6-digit branch code _____

*Type of account Current Savings

Signature of bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory 1 _____ Date _____ (ddmmccyy)

Authorised signatory 2 _____ Date _____ (ddmmccyy)

Authorised signatory 3 _____ Date _____ (ddmmccyy)

Initial _____

Form D - Section 2 - Monthly withdrawal

(All fields marked with * are compulsory)

Please select your choice

Cancel my existing withdrawal

Effective date _____ (ddmmccyy)

Change date of withdrawal

New date _____ (ddmmccyy)

Please note:

The money will take an additional 1-2 days to reflect in the bank account. If a selected day falls on a non- business day, the transaction will take place on the first business day thereafter.

Start or change monthly withdrawal

New date _____ (ddmmccyy)

Unit trusts fund(s)	Class	New amount(N\$)

Bank details

*Name of account holder _____

*Name of bank _____

*Account number _____

*Name of branch _____

*6-digit branch code _____

*Type of account Current Savings

Signature of Investor _____

Date _____ (ddmmccyy)

Authorised signatory 1 _____

Date _____ (ddmmccyy)

Authorised signatory2 _____

Date _____ (ddmmccyy)

Authorised signatory 3 _____

Date _____ (ddmmccyy)

Initial _____

Form D - Section 3 - Monthly switch

(All fields marked with * are compulsory)

Please select your choice

Change date of switch

New date _____ (ddmmccyy)

Cancel my existing switch

Effective date _____ (ddmmccyy)

Full name of unit trust fund

Start or change monthly switch

New date _____ (ddmmccyy)

FROM

Full name of unit trust fund	Class	Total monthly amount (N\$)

TO

Full name of unit trust fund(s)	Class

- Review the Minimum Disclosure document (MDD) www.sanlam.com.na as minimums apply to the switch in amounts.
- You are liable for any difference in initial fees when switching between a money-market fund and equity fund, or from any fund where the initial fee is lower.
- If no class is specified, the switch will be allocated to a default class.
- If the switch date occurs on a non-business day, you will receive the next business day's price.

Signature of investor _____

Date _____ (ddmmccyy)

Authorised signatory 1 _____

Date _____ (ddmmccyy)

Authorised signatory2 _____

Date _____ (ddmmccyy)

Authorised signatory 3 _____

Date _____ (ddmmccyy)

Initial _____



Form E
Appoint / Remove Intermediary and
Fee change

What would you like us to do

Appoint an Intermediary Remove an Intermediary Change of advice fee

Intermediary details

Intermediary code _____

Full name(s) _____ Surname _____

Company name _____

Fund name	Fund class	Initial advice fee %

Initial advice fee

You can amend the initial advice fee on future dated debit orders and direct deposits only

Investor declaration

I / We confirm that I / We:

- Have read and understood the important notes, terms and conditions
- Have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- Are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Investor Signature _____

Date: _____ (ddmmccyy)

Intermediary declaration

- Declare that I am a licensed financial service provider or a representative of a financial service provider. I am authorised to sell unit trusts.
- I will ascertain and verify the identity of the investor, as required by the FIA and the FIA Regulations.

Intermediary signature _____

Date _____ (ddmmccyy)

Initial _____



**Form F - Individual
Tax Residency Self Certification**

Personal details

(All fields marked with * are compulsory)

*Title Mr Mrs Ms Other (specify) _____

*Full name(s) and surname(s) _____

*Identity number _____ *Date of birth _____ (ddmmccyy)

*Passport number _____ *Passport country of Issue _____

*Nationality _____

*Permanent residential address _____

*Postal address _____

*Telephone number _____

Please specify any other nationality / citizenship _____

Primary country of residence for tax purposes _____

Tax identification number _____

Are you a registered tax payer of any country other than your primary country of residence Yes No

If "Yes", please complete the information below for each country of tax residence

Country/Countries of tax residence	Tax Identification Number	OR	Not applicable

Signature of Investor _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Initial _____



Form G - Legal entity Tax Residency Self Certification

Legal Entity details

(All fields marked with * are compulsory)

*Registered name of Legal Entity _____

*Trading name of Legal Entity _____

*Entity registration number _____ *Country of Incorporation _____

*Country of Operation _____

*Registered address _____

*Operating address _____

*Postal address _____

*Telephone number(s) _____

Primary country of incorporation (created, organised or under law of) for tax purposes _____

Tax Identification number _____

Is the legal entity a registered tax payer of any country other than its primary country of incorporation Yes No

If "Yes", please complete the information below for each country of tax residency:

Country/Countries of tax residence	Tax Identification Number	OR	Not applicable

By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification Number.

Organisation's classification under FATCA

It is mandatory to classify yourself in this section. For guidance please refer to the Legal Entities Tax Residency Classification for FATCA and CRS document, available at www.sanlaminvestments.com. Alternatively, speak to your tax adviser.

If your organisation is a Financial Institution, please specify which type:

- Partner Jurisdiction Financial Institution
- Participating Foreign Financial Institution (in a non-IGA jurisdiction)
- Non-Participating Foreign Financial Institution (in a non-IGA jurisdiction)
- Financial Institution resident in the USA or in a US Territory
- Exempt Beneficial Owner (this includes a South African registered retirement scheme, a South African Governmental Organisation or an International Organisation)
- Deemed Compliant Foreign Financial Institution (this includes Non Profit Organisations and Financial Institutions with a Local Client Base)

If your organisation is not a Financial Institution, please specify below :

- Active Non-Financial Foreign Entity
- Passive Non-Financial Foreign Entity (Please complete section for Controlling Persons)

Please select an option if your organisation is a US tax resident and not a Specified US person:

- A corporation regularly trading on a recognised stock exchange
- Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange

Initial _____

- A US g agency
- Any bank as defined in section 581 of the U.S. Internal Revenue Code
- A retirement plan under section 7701(a)(37), or exempt organization under section 501(a) of the U.S. Internal Revenue Code
- OR any other exclusions

Organisation's classification under Common Reporting Standard

Please select one with reference to the primary country of residence:

- Financial Institution under CRS (this includes all Non Reporting Financial Institutions for example a pension scheme, government entity and international organisation.)
- An investment entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please also complete section 4 for Controlling Persons)
- Entity, which frequently trades on an established securities market or associated with, an established securities market or a corporation which is a related entity of such a corporation.
- A Government Entity, a Central Bank or an International Organisation.
- Active Non-Financial Entity
- Passive Non-financial entity (Please complete section for controlling persons)

Controlling persons self-certification

Tax regulations require us to collect information for each Controlling Person's tax residency (e.g. in terms of the Foreign Account Tax Compliance Act "FATCA"). The Controlling Person must be a natural person. We might be obliged to share information about your Controlling Persons with the American Inland Revenue Service who may share the information with other tax jurisdiction. Please note that we require FIA documentation for each Controlling Person. See annexure B for details of documentation requirements.

Details of controlling persons 1

Title Mr Mrs Ms Other (specify) _____

Full name(s) and surname(s) _____

Telephone number: _____

Permanent residential address _____

Country _____ Postal code _____

Postal address _____

Country _____ Postal code _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____ Passport number _____

Passport country of issue _____ Passport expiry date _____ (ddmmccyy)

Nationality _____ Social Security Number (if US Citizen) _____

Primary country of tax residence _____

Tax Identification Number _____

Are you a registered tax payer of any country other than your primary country of residence? Yes No

If "Yes" please complete the information below for each country of tax residency.

Country/Countries of tax residence	Tax Identification Number	OR	Not applicable

By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification number. If you are a USA citizen you are resident for tax purposes in the USA

Signature of Controlling person 1 _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Initial _____

Details of controlling persons 2

Title Mr Mrs Ms Other (specify) _____

Full name(s) and surname _____

Permanent residential address _____

Country _____ Postal code _____

Postal Address _____

Country _____ Postal code _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____ Passport number _____

Passport country of issue _____ Passport expiry date _____ (ddmmccyy)

Nationality _____ Social Security Number (if US Citizen) _____

Primary country of tax residence _____

Tax Identification Number _____

Are you a registered tax payer of any country other than your primary country of residence? Yes No

If "Yes" please complete the information below for each country of tax residency.

Country/Countries of tax residence	Tax Identification Number	OR	Not applicable

By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification number. If you are a USA citizen you are resident for tax purposes in the USA

Signature of Controlling person 2 _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)