

## Hedge Fund - Investor update details



**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 such as a power of attorney or a mandate
- Do not write instructions outside the allocated fields



**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 [forms@sanlamhedgefunds.com](mailto:forms@sanlamhedgefunds.com)

**If you have any questions, contact us at**

E-mail [service@sanlamhedgefunds.com](mailto:service@sanlamhedgefunds.com)

Website [www.sanlaminvestments.com](http://www.sanlaminvestments.com)



## Hedge Fund

### Investor update details

*(Always send back with the relevant forms)*

#### Investor details

(All fields marked with \* are compulsory)

\*Investor code(s) \_\_\_\_\_

\*Title \_\_\_\_\_

\*Full name(s) and surname / \_\_\_\_\_  
Name of Legal Entity \_\_\_\_\_

Identity number / Registration number \_\_\_\_\_

**OR**

Passport (if foreign national): Number \_\_\_\_\_

#### 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**
- ☐ **Not applicable for this product - Form C**
- ☐ Recurring instructions - **Form D**  
Income distribution choice; Monthly switch
- ☐ Financial Adviser 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-South African, you are required to complete the relevant tax residency self-certification form

#### Investor /Legal Entity declaration

I / We confirm that I / we:

- have read and understood the important notes, on the first page.
- have the authority and am / are legally competent to enter 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).
- This investment instruction is subject to our [Terms and conditions](#). The personal information collected in this form is also subject to our Privacy statement. If you provide us with the personal information of other persons, you warrant that you have the necessary consent or other justification to do so.

Signature of Investor \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)



## Form A - Change of personal details

### Personal details

(Only complete details that have changed)

Title \_\_\_\_\_

Full name(s) and surname / \_\_\_\_\_  
Name of Legal Entity \_\_\_\_\_

Identity number / Registration number \_\_\_\_\_

**OR** Passport (if foreign national): \_\_\_\_\_ **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_  
(ddmmccyy)

Country \_\_\_\_\_

Postal address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Residential address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Contact numbers	International dialling code	Area code	Number
Telephone ( <i>work</i> )			
Telephone ( <i>home</i> )			
Cell/Mobile		n.a.	

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_

Self Employed Yes ☐ No ☐

If yes, what is the nature of your business \_\_\_\_\_



## Form B - Update bank details

### New bank details

(All fields marked with \* are compulsory)

\*Name of account holder \_\_\_\_\_

\*Identity number \_\_\_\_\_

\*Name of bank \_\_\_\_\_ \*Account number \_\_\_\_\_

\*Name of branch \_\_\_\_\_ \*6-digit branch code \_\_\_\_\_

\*Type of account      Current ☐    Savings ☐

### Use new bank details for the following

Debit order ☐      Disinvestment ☐      Monthly withdrawal ☐      Income distribution ☐

Signature of bank account holder/  
 Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)



## Form D - Recurring instructions

### Form D - Section 1 - Income distribution choice

Indicate your Income distribution per fund

Unit trust fund(s)	Class	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

(All fields marked with \* are compulsory)

\*Name of account holder \_\_\_\_\_

\*Identity number \_\_\_\_\_

\*Name of bank \_\_\_\_\_ \*Account number \_\_\_\_\_

\*Name of branch \_\_\_\_\_ \*6-digit branch code \_\_\_\_\_

\*Type of account      Current ☐    Savings ☐

Signature of bank account holder/  
Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

**Form D - Section 2 - Monthly switch****Please select your choice**☐ **Change date of switch**

New date \_\_\_\_\_ (ddmmccyy)

☐ **Cancel my existing switch**

Effective date \_\_\_\_\_ (ddmmccyy)

Unit trust fund(s)	Class

☐ **Start or change monthly switch**

New date \_\_\_\_\_ (ddmmccyy)

- Review the Minimum Disclosure document (MDD) [www.sanlaminvestments.com](http://www.sanlaminvestments.com) 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.

**FROM**

Unit trust fund(s)	Class	Total monthly amount (R)

**TO**

Unit trust fund(s)	Class

**Financial adviser**

Did a financial adviser assist you?

Yes ☐No ☐

Broker code \_\_\_\_\_

Full name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Signature of investor \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)



## Form E

### Appoint / Remove Financial Adviser and Fee change Form

#### What would you like to do

Appoint a financial adviser ☐Remove a financial adviser ☐Change of advice fee ☐

#### Financial adviser details

Broker code \_\_\_\_\_

Full name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Unit trust fund(s)	Class	Initial advice fee %	Ongoing advice fee %

#### Initial advice fee

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

#### Effective Annual Costs

Ad hoc changes to your debit order contributions or intermediary fees may result in a change to the Effective Annual Costs calculation. An updated calculation can be obtained by using our EAC calculator when visiting the Secure Services Portal at <https://cp.sanlam.co.za>. Alternatively, you may contact us on 0860 100 266.

#### Ongoing advice fee

Ongoing advice fee is negotiable up to a maximum of 1% per annum, excluding VAT. This fee is deducted monthly from the investment value. Only on funds where advice fee is applicable.

#### 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).

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_ (ddmmccyy)

#### Financial Adviser 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.

Financial adviser signature \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)



## Form F - Individual Self-Certification (Tax status)

### Personal details

(All fields marked with \* are compulsory)

\*Title \_\_\_\_\_

\*Full name(s) and surname \_\_\_\_\_

\*Identity number \_\_\_\_\_ \*Date of birth \_\_\_\_\_ (ddmmccyy)

\*Country of birth \_\_\_\_\_

\*Passport (if foreign national): Number \_\_\_\_\_

Expiry date \_\_\_\_\_ (ddmmccyy)

Country \_\_\_\_\_

Please specify any other nationality / citizenship \_\_\_\_\_

Primary country of residence for tax purposes \_\_\_\_\_

Tax identification number \_\_\_\_\_

Are you a registered taxpayer of any country other than your primary country of residence for tax purposes? Yes ☐ No ☐

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

Country of tax residence	Tax Identification Number	OR	Not applicable





## Form G - Legal entity Self-Certification (Tax status)

### Legal Entity details

(All fields marked with \* are compulsory)

\*Registered name of legal entity \_\_\_\_\_

\*Entity registration number \_\_\_\_\_ \*Country of Incorporation \_\_\_\_\_

\*Country of Operation \_\_\_\_\_ \*Country of Residence \_\_\_\_\_

Primary country of residence for tax purposes \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Is the organisation a registered tax payer of any other country other than your primary country of residence Yes ☐ No ☐

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

Country 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](http://www.sanlaminvestments.com). Alternatively, speak to your tax adviser.

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

- ☐ South African Financial Institution or a 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 you are a financial institution that has obtained a Global Intermediary Identification Number (GIIN).

Please supply GIIN number: \_\_\_\_\_

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

- ☐ Active Non-Financial Entity
- ☐ Passive Non-Financial 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 regularly traded corporation 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
- ☐ A government entity
- ☐ 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 exclusion

## 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 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. The Controlling Person must be a natural person. We may be obliged to share information about your Controlling Persons with SARS who may share the information with any or all participating tax jurisdictions. Please note that we require Regulatory Supporting Information for each Controlling Person. Refer to the [Regulatory Supporting Information](#).

Please make additional copies of this section if required.

### Details of controlling persons 1

Title \_\_\_\_\_

Full name(s) and surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Identity number \_\_\_\_\_

OR Passport (if foreign national): OR Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_  
(ddmmccyy)

Country \_\_\_\_\_

Relationship \_\_\_\_\_

Email address \_\_\_\_\_

Permanent residential address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Contact numbers	International dialling code	Area code	Number
Telephone (work) - optional			
Telephone (home) - optional			
Cell/Mobile		n.a.	

Primary country of tax residence \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Are you a registered taxpayer 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 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

I confirm the above information is true and correct.

Signature of investor \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

**Details of controlling persons 2**

Title \_\_\_\_\_

Full name(s) and surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Identity number \_\_\_\_\_

**OR** Passport (if foreign national): **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_  
(ddmmccyy)

Country \_\_\_\_\_

Relationship \_\_\_\_\_

Email address \_\_\_\_\_

Permanent residential address \_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Contact numbers	International dialling code	Area code	Number
Telephone (work) - <i>optional</i>			
Telephone (home) - <i>optional</i>			
Cell/Mobile		n.a.	

Primary country of tax residence \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Are you a registered taxpayer 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 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**

I confirm the above information is true and correct

Signature of investor \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)