



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



Please submit the following verification documents:

- **Surname change:** Copy of ID or Passport(foreign national) or Smart Card (both sides) / Marriage certificate / divorce decree
- **Change of address:** Proof of residential address (not older than 3 months)
- **Bank account change:** Bank statement (not older than 3 months) / Confirmation letter from the bank
- If the new bank account holder is a third party, the following is required;
Individuals: A copy of the third party's identity document, and bank statement (not older than 3 months)
Non-individuals: A letter from the legal entity stating the list of authorised signatories and proof of banking details (bank statement not older than 3 months) / Confirmation letter from the bank



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@satrixsupport.co.za

| Fax 011 263 6155

If you have any questions, contact us at

E-mail unittrusts@satrix.co.za

| Tel 0860 111 401

Website www.satrix.co.za



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 /
Name of Legal Entity _____

*Identity number / Registration number _____

*Passport number (if foreign national) _____ 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-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, 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.
- are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Signature of Investor _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Initial _____

Form A - Change of personal details

Personal details

(All fields marked with * are compulsory)

*Title Mr Mrs Miss Other (specify) _____

*Full name(s) and surname / _____

Name of Legal Entity _____

*Identity number / Legal Entity registration number _____

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

Passport number _____ Passport expiry date _____ (ddmmccyy)

Passport country of issue _____

*Postal address _____

*Country _____ Postal code _____

*Residential address _____

*Country _____ Postal code _____

Telephone (h) () () Telephone (w) () ()
Specify country and area codes, e.g. +27 21 555 5555 +27 21 555 5555

Cell () () Fax () ()
Specify country and area codes, e.g. +27 82 555 5555 +27 21 555 5555

Occupation _____

E-mail address _____

Send my statements / correspondence to me by Email Post

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/
Authorised signatory _____ Date _____ (ddmmccyy)

Signature of Investor _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ 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.satrix.co.za

How would you like to invest your money?

Unit trust fund(s)	New amount(R)

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/
Authorised signatory _____

Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Initial _____

Income distribution preference

(All fields marked with * are compulsory)

Indicate your Income distribution option 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/
Authorised signatory _____ Date _____ (ddmmccyy)

Signature of Investor _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ 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	Ongoing advice fee %

Initial advice fee

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

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)

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.

Intermediary signature _____

Date _____ (ddmmccyy)

Initial _____



Form F - Individual Tax Residency Self Certification

Personal details

(All fields marked with * are compulsory)

*Title Mr Mrs Miss Other (specify) _____

*Full name(s) and surname / _____

Name of legal entity _____

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

*Passport number _____ *Country of birth _____

Passport country of issue _____

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 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

Initial _____

Form G - Legal entity Tax Residency Self Certification

Legal Entity details

(All fields marked with * are compulsory)

*Registered name of _____
of legal entity _____

*Entity registration number _____ *Country of Incorporation _____

*Country of Operating _____ *Country of Residence _____

Additional nationality/citizenship _____

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.satrix.co.za. 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 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 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

Initial _____

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. 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 FICA documentation for each Controlling Person. See annexure B for details of documentation requirements.

Details of controlling persons 1

Title Mr Mrs Miss Other (specify) _____

Full name(s) and surname _____

Permanent residential address _____

Country _____ Postal code _____

Postal address Only complete if different from Permanent residential address _____

Country _____ Postal code _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____ Passport number _____

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

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 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

Initial _____

Details of controlling persons 2

Title Mr Mrs Miss Other (specify) _____

Full name(s) and surname _____

Permanent residential address _____

Country _____ Postal code _____

Postal address Only complete if different from Permanent residential address

Country _____ Postal code _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____ Passport number _____

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

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 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

Initial _____