

Unit Trust 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 any 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 UTinstructions@satrixsupport.co.za

If you have any questions, contact us at:

E-mail unittrusts@satrix.co.za

Tel 0860 111 401

Website www.satrix.co.za

Unit Trust Investor Update Details

1. Investor Details

(All fields with * are compulsory)

*Investor code(s) _____

*Title _____

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

Identity number / Registration number _____

OR

Passport number _____

2. 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 - Income distribution choice - **Form D**
- 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

3. 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).

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 number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Postal address _____

Country _____ Postal code _____

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.	

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 _____ (ddmmccy)

Authorised signatory _____ Date _____ (ddmmccy)

Authorised signatory _____ Date _____ (ddmmccy)

Authorised signatory _____ Date _____ (ddmmccy)

Form C - Update debit order instructions

Please select your instruction

Cancel my annual increase

Cancel my debit order

End date _____ (ddmmccyy)

Unit trust fund(s)	Class

Change my existing debit order

Start date _____ (ddmmccyy)

- Fund minimums apply when changing a debit order
- The Minimum Disclosure Document (MDD) is available on www.satrix.co.za
- Ad hoc changes to your debit order contributions or intermediary fees may result in a change to the Effect Annual Cost (EAC) calculation.
- To find out more information on your EAC, you may contact your adviser or phone us on 0860 111 401.

How would you like to invest your money?

Unit trust fund(s)	Class	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 _____ (ddmmccyy)

% Of annual increase _____ %

Financial adviser

Did a financial adviser assist you? Yes No

Broker Code _____

Full name(s) _____ Surname _____

Permission to debit bank account

(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

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)

Form D - Recurring instructions

Income distribution choice

Indicate your Income distribution per fund

Unit trust fund(s)	Class	Income distribution (Please tick selection)	
		Reinvest	Payout
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

- Income payments will only be paid out on cleared units
- Third party payments are not allowed
- If you select 'payout' 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 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 E - Appoint / Remove Financial Adviser and Fee change

What would you like to do

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

Important Information

Only one financial adviser is applicable per investor.
 All fees are explained in the Minimum Disclosure Document (MDD).

On-going Advice Fee

- This annual advice fee is not applicable to funds or classes where a trailer fee is already included in the service fee.
- The annual advice fee is calculated on the daily market value of the investment portfolio, paid to the financial adviser monthly. It is paid in arrears and from the sale of units from the investor's client account, thereby reducing the units.

Financial adviser details

Broker code _____
 Full name(s) _____ Surname _____

Fee Instruction

I agree to pay the following on-going Advice Fee (excluding VAT).

Unit trust fund(s)	Class	Ongoing advice fee%

- If you do not fill in any fees, it will default to 0%.
- If the fund selected does not allow an On-going advice fee, the fee will default to 0%.
- If you have selected a fee greater than that of the fund's maximum, the fee will default to the fund's maximum.
- Any fees indicated on this form will be applied to all future transactions.

Signature of investor _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

Sanlam financial adviser / broker declaration

Sanlam financial adviser:

Financial advise

It is the adviser's responsibility to complete the advice documents for this transaction and forward them, with this application form, to Sanlam.

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

Copies of these documents are attached.

Does this application replace the whole or part of an existing product? Yes No

If yes, please provide a completed replacement advice record with the FAIS documents.

Signature of Sanlam financial adviser

Broker:

FSP license

I declare that I am a licensed financial services provider or a representative of a financial service provider. I am authorised to sell unit trusts

FSP license number: _____

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

Copies of these documents are attached.

Signature of broker

Form F - Individual Self-Certification (Tax status)

Personal details

(All fields with * are compulsory)

*Title _____

*Full name(s) and surname _____

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

*Country of birth _____

*Passport 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
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

Legal Entity details

(All fields 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 taxpayer 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
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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

Organisation's classification for Global Tax reporting purposes

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.satrx.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 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)

Personal details of the Controlling person(s)

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. 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 number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Designation e.g. (founder/trustee/beneficiary>25% ownership) _____

Unit Trust Investor Update Details

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
			<input type="checkbox"/>
			<input type="checkbox"/>

**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 number _____ **OR** Social security number _____

 Expiry date _____ (ddmmccyy)

 Country of issue _____

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
			<input type="checkbox"/>
			<input type="checkbox"/>

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)