

## Unit Trust Investor Update Details

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**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>

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**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
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**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.
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**Our contact details**

**Send the completed form and supporting documents to:**

E-mail [utinstructions@sanlaminvestmentssupport.com](mailto:utinstructions@sanlaminvestmentssupport.com)

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

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

Tel 0860 100 266

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

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## Unit Trust Investor Update Details

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### 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 \_\_\_\_\_

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### 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 - **Form D**  
Income distribution choice; Monthly withdrawal; 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

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### 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).
- 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.

Unit Trust Investor Update Details

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

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

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

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

**Form A - Change of personal details**


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**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 \_\_\_\_\_

 Add as a new email address  Replace existing email address 

Occupation \_\_\_\_\_

 Self-employed  Yes  No

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

**Form B - Update bank details**

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**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

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**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 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.sanlaminvestments.com](http://www.sanlaminvestments.com)
- Ad hoc changes to your debit order contributions or intermediary fees may result in a change to the Effect Annual Cost (EAC) calculation. An updated calculation can be obtained by using our EAC calculator when visiting the [Secure Services](#)
- Alternatively, you may contact your adviser or contact us on 0860 100 266.

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**
**Form D - Section 1 - 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 D - Section 2 - Monthly withdrawal**

**Please select your choice**

**Cancel my existing withdrawal**

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

Unit trust fund(s)	Class

**Change date of withdrawal**

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

**New monthly withdrawal**

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

Unit trust fund(s)	Class	New amount (R)

**Please take note:**

When choosing a selection date below, please also consider processing and inter-banking clearance of 2-3 working days, to ensure that funds reflect in your bank account timeously

**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 Investor/  
 Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

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

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

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

**Form D - Section 3 - 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 \(MDD\)](#) 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 (R)

**TO**

Unit trust fund(s)	Class

**Financial Adviser**

Did a financial adviser assist you?  Yes  No

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

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

Unit Trust Investor Update Details

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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**
**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](#). 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.

**Invester 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).

**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.

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

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

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

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

**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 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 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)



**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)