

# BENEFICIARY OF OWNERSHIP NOMINATION



## Instructions

- Please complete all relevant sections of this application in order for us to process this instruction.
- Terms and Conditions are available on our website at [www.ashburtoninvestments.com](http://www.ashburtoninvestments.com), our Client Service Team on 0860 274 287 or your financial advisor. By signing this form you acknowledge that you have read and understood these, and that you will be bound by such Terms and Conditions.
- All valid instructions received before 2pm on a business day, will be processed on the same day and receive the closing price of the following business day.
- Please refer to the Checklist available on our website for the Financial Intelligence Centre Act, No. 38 of 2001(FICA) documents required.
- Please email this documentation to [instruct@ashburtoninvest.co.za](mailto:instruct@ashburtoninvest.co.za).
- The Administrator will only process this application when all required documents are received.

The investor/financial services provider ("FSP"/authorised representative hereby agrees to provide all documentation and information required in terms of FICA, and understands that the Administrator is prohibited from processing any transaction on his/her behalf until all such documentation and information has been provided and the Administrator has satisfied itself that all requirements have been met.

FNB Investor Services Proprietary Limited ("Administrator"), Registration Number 2011/139123/07, is an authorised administrative financial services provider (FSP Number 44341) and is the administrator of this investment.

## 1. Investor details

New investor     Existing investor    (if you are an existing investor, supply your investor ID)

Investor ID: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s) of investor/entity: \_\_\_\_\_

Identity/Passport number:                   Date of birth: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Country of birth: \_\_\_\_\_ Country of residence: \_\_\_\_\_

Country of tax residency: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Country: \_\_\_\_\_ Area code: \_\_\_\_\_

Postal address (if the same as residential address, please tick this box)   

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

Country: \_\_\_\_\_ Area code: \_\_\_\_\_

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

Telephone number:                   Mobile number:

At least one contact number must be supplied.

If you are acting on behalf of the investor (eg person with power of attorney to act on behalf of the investor), please complete the Person Acting on Behalf of the Investor Form, found on our website and supply the required FICA documentation.

## 2. Beneficiary of ownership

In the event of your death, ownership of this policy will be transferred to your nominated beneficiary. The nominated beneficiary has no right to this contract until written notice of the death of the investor has been received by the Administrator.

Individual investor     Legal entity

Investor ID: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s) of investor/entity: \_\_\_\_\_

Identity/Passport number:                   Date of birth: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Relationship: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of residence: \_\_\_\_\_

Country of tax residency: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Country: \_\_\_\_\_ Area code: \_\_\_\_\_

Postal address (if the same as residential address, please tick this box)

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

Country: \_\_\_\_\_ Area code: \_\_\_\_\_

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

Telephone number: 

--	--	--	--	--	--	--	--	--	--

 Mobile number: 

--	--	--	--	--	--	--	--	--	--

### 3. Declaration by investor

By signing this application form, the investor declares that:

1. I have the right to cancel or change this nomination. No cancellations or alterations will be applied unless the Administrator has been notified in writing.
2. I, my heirs and executors indemnify the Administrator against any claims that may arise as a result of this instruction.
3. This nomination will automatically be cancelled if the beneficiary to above predeceases me or if I cede or assign the contract or any interest in it.
4. I warrant that all information provided by me in this form and all other applicable documents to this instruction are true and correct in every respect.
5. I have read, understood and agree to be bound by the relevant and latest Terms and Conditions available on [www.ashburtoninvestments.com](http://www.ashburtoninvestments.com) or from the Client Service Team on 0860 274 287.
6. I agree that where I have a financial advisor, that he/she shall have access to my information which is available on [www.ashburtoninvestments.com](http://www.ashburtoninvestments.com).
7. I confirm that the Administrator has not, in relation to this instruction, given me any advice.

Signed at \_\_\_\_\_

Date: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature of investor/  
Authorised person: \_\_\_\_\_

Signature of witness 1: \_\_\_\_\_

Signature of witness 2: \_\_\_\_\_