INCOME CHANGE INSTRUCTION



Instructions

- 1. Please email this instruction to instruct@ashburtoninvest.co.za.
- 2. Please complete all relevant sections of this application in order for us to process this instruction.
- 3. Terms and Conditions are available on our website at www.asburtoninvestments.com, from our Client Service Team on 0860 274 287 or from 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.
 The Administrator will only process this instruction when all required documents are received.

The FNB Living Annuity is underwritten by FirstRand Life Assurance Limited ("Insurer"), Long-term Licence Number 00102/001, Registration Number 2014/264879/06.

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

| Investor ID: | | | | Contract numbe | er: | | | | |
|---|----------------------|----------|----------|----------------|------|-----------|--|--|--|
| Individual investor | | | | | | | | | |
| Title: | | Surname: | | | | | | | |
| First name(s): | | | | | | | | | |
| ID/Passport number: | | | | | | | | | |
| Date of birth: | Y Y Y Y | / M M D | D | Telephone numb | ber: | | | | |
| Person acting on behalf of investor | | | | | | | | | |
| Title: | | Surname: | | | | | | | |
| First name(s): | | | | | | | | | |
| ID/Passport number: | | | | | | | | | |
| 2. Income details | | | | | | | | | |
| The pre-tax annuity income is subject by legislation to a minimum of 2.5% per annum and maximum of 17.5% per annum. For your income to be paid on the selected day of the month, your instruction with supporting documentation must be received by 2pm 5 business days before the scheduled payment date. Refer to the events calendar on the website for scheduled payment dates. | | | | | | | | | |
| Please indicate the annuity amount you require per annum, payable in advance. | | | | | | | | | |
| Annuity (%): | % | _ or | R | | | per annum | | | |
| Annuity income frequency | | | | | | | | | |
| Monthly Quarterly | / 🗌 Half-y | yearly | Annually | | | | | | |
| Annuity frequency and amount can only be changed annually on anniversary date. | | | | | | | | | |
| Select income disinvestment | | | | | | | | | |
| Proportionately across fund | selection (default o | option) | | | | | | | |

From specific funds, complete table below (if funds are depleted allocation will change to proportionately)

| Instrument name | Amount | Percentage |
|-----------------|--------|------------|
| | R | % |
| | R | % |
| | R | % |
| | R | % |
| | R | % |
| | R | % |
| | R | % |
| Total | R | % |

3. Declaration by investor

| 1. I warrant that a | Il information provide | d by me in this form an | d all other applicable docum | nents to this instruction are true and | correct in every respect. |
|---------------------|------------------------|-------------------------|------------------------------|--|---------------------------|
|---------------------|------------------------|-------------------------|------------------------------|--|---------------------------|

- I have read, understood and agree to be bound by the relevant and latest Terms and Conditions available on www.ashburtoninvestments.com or from the Client Service Team on 0860 274 287. 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. I confirm that the Administrator has not given me any advice, in relation to this instruction. 2.
- 3.
- 4.

| Signed at | Date: | Y | Y | Y | Y | M | Μ | D | D |
|--|-----------|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| Signature of investor (or duly authorised person(s) where applicable): | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Signature of person acting on behalf of investor (if applicable): | | | | | | | | | |

Capacity of person acting on behalf of investor: