CHANGE OF STATIC DETAILS



Instructions

- 1. This application and supporting documentation must be emailed to instruct@ashburtoninvest.co.za.
- 2. Please complete the relevant sections 02. to 08. of this form in order for us to process this instruction to change static information on your investment.
- 3. Terms and Conditions are available on our website at www.asburtoninvestments.com, from 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. 4. All valid instructions received before 2pm on a business day, will be processed on the same day.
- Please refer to the Checklist available on our website for Financial Intelligence Centre Act (Act No. 38 of 2001) ("FICA") documents required.
- 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.

In terms of the Foreign account tax compliance act (FATCA), we are obliged by law to ask for the information requested. You may decline the request to provide the information, however, should the requested information not be provided we advise that we will report the status of the account to the South African Revenue Service (SARS) and the account may be subject to a withholding penalty for non-compliance.

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

Investor ID:		Contract number:	
Individual investor			
Title:	Surname:		
First name(s):			
ID/Passport number:			
Date of birth:	Y Y Y Y M M D D	Contact number:	
Legal entity			
Registered name:			
Registration number:			
2. New investor details			
Individual investor			
Title:	Surname:		
First name(s):			
Identity/Passport number:		Date of birth:	Y Y Y Y M M D D
Country of issue of passport:		Expiry date of passport:	Y Y Y Y M M D D
Country of birth:		Country of citizenship/s:	
Residential address:			
Country:			Area code:
Postal address (if the same as resid	dential address, please tick this box)		
Postal address:			
Country:			Area code:
Telephone number:	+		
Mobile number:	+		
Email address:			

Person acting on behalf of investor

Title:			S	urnam	e:													
First name(s):																		
Identity/Passport number:										Date of birth:	Y	Y	Y	Y	Μ	Μ	D	D
Country of issue of passport:							_		Exp	piry date of passport:	Y	Y	Y	Y	M	Μ	D	D
Telephone number:	+																	
Mobile number:	+																	
Email address:																		
Legal entity																		
Registered name:																		
Registration number:																		
Country of incorporation/registration	:																	
Inception / registration date:	Y Y Y	Y N	1 M	DD														
Residential address:																		
Country:												Ar	ea co	de:				
Operating address (if the same as al	bove, please	tick this bo	ox)															
Operating address:																		
Country:												Ar	ea co	de:				
Postal address (if the same as residential address, please tick this box)																		
Postal address:																		
Country:												Ar	ea co	de:	_			
Contact person:																		
Telephone number:	+																	
Mobile number:	+																	
Email address of contact person:																		
 Listed company Non-profit organisation Government or wholly govern Other (please specify): 	nment owned	Unlisted of Sole prop		/						corporation rship			Trus Reti	t remei	nt Fu	nd		
Are you classified as a financial insti	itution (FI)?					Г		Yes		No								
If yes, please provide your or your S		oal Interme	ediary Ide	entifica	tion N	umbe	er (Gl											
							. (0.											
If you are a FI and do not have a GII Non-participating FI Owner-documented FI 	IN number, ple	ease speci Certified Exempt b	deemed	compl	iant F		one d	of the	optic	ons below:								
If you are a Foreign Financial Institut States federal government website		you have r	not previo	ously p	rovide	d us	with	a W8	IRS 1	form, please complete the	app	licab	le forr	n ava	ilable	on th	ie Uni	ited

3. New communication preferences

Please change my preferred communication method for confirmation notes and quarterly statements to the following:

	1. L	Er	nail oi	
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	2.	Web,	with	preferred	method	to be	notified	when new	communication	is av	ailable	onli	ne:
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- SMS Email No notification, I will visit the website regularly
- 3. One, all communication will be via my advisor.

4. New web access

Would you like to have web access to view your statements, correspondence and upload instructions?

1	/es		No
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If you are acting on behalf of the investor (eg legal guardian or person with power of attorney to act on behalf of the investor), and requiring web access please supply the information in the table below.

Name of person	ID or passport number	Mobile number	Email address

5. New tax and residency details

If you are resident in South Africa for tax purposes, please confirm by ticking this box

Distributions from Real Estate Investment Trusts ("REITs") will form part of your taxable income, and Dividends Tax should not apply, Withholding Tax on Interest (where applicable) should not apply and Dividends Tax (where applicable) at 15% will apply.

Are you a registered taxpayer with SARS?	Yes			No			
If yes, South African Tax Identification Number (TIN):							
VAT registration number (if applicable):							

If you are not a resident in South Africa for tax purposes, please confirm by ticking this box

In which country are you a resident for tax purposes?	
Are you a registered taxpayer in this country?	Yes No
If yes, Tax Identification Number (TIN):	
If no, reason for no TIN provided:	Not registered Not issued in this jurisdiction Do not wish to disclose

If you are exempt from or could be entitled to a reduced rate of withholding tax for Dividends Tax or Withholding Tax on Interest, please complete the relevant Declarations. The Declaration forms are available on the forms section on www.investments.fnb.co.za or from the Client Service Team on 0860 007 464. Please note that for Withholding Tax on Interest ("WTI"), in terms of exemption 50D(3a), if you are physically in South-Africa for more than 183 days, then you could be exempt from WTI, provided that you complete and submit the WTI Declaration.

Unless we receive the relevant Declaration from you, the following default will apply:

- Withholding Tax on Interest (where applicable) at 15%;
- Dividends Tax (where applicable) at 20%; and
- Distributions from Real Estate Investment Trusts ("REITs") will be subject to withholding tax at 20%.

Additional tax registrations:

In addition to the information given above, if you are registered for tax in any other countries, please complete these details below:

Tax Identification Number (TIN)	Country	Reason for no TIN (tick the relevant column)							
		Not issued in jurisdiction	Not registered	Do not wish to disclose					

6. New investor bank details

Please supply proof of bank details (a cancelled cheque or relevant bank statement or a letter on a bank letterhead with bank stamp not older than 3 (three) months). The bank account must be in the name of the investor. Please note that no third party payments will be accepted.

Name of bank:									
Branch code:	Branch name:								
Account name:									
Country:									
Account no.:									
Type of account:	Current Savings								
If you would like your new bank details to be applied on your existing recurring instructions, please specify which transaction this applies to:									
Debit order Regu	Ilar disinvestment 🔲 Annuity income								

7. Beneficiary nominations

This change of details applies to the following FNB product:

Retirement annuity	Pension	or Pr	ovide	ent pr	reser	vatio	n	Living annuity	Endowment
Contract number:									

You may nominate beneficiaries below to receive any benefits from the selected product(s) in the event of your death. The payment of your death benefits to your nominated beneficiaries and dependants will still be subject to the discretion of the Trustees of this fund. You may change the beneficiaries appointed in writing which must be received by the Fund. If no beneficiary is appointed below then the Administrator will nominate to pay the proceeds to your estate.

In the event that you have more than one of any of the abovementioned products, this beneficiary allocation will apply to all of them.

First name and surname/ name of Legal Entity	Relationship	Identity number/passport/ registration number of Legal Entity	Date of birth (if natural person)	% Share

In the event of one or more of the person(s) named in the section above should have predeceased me without me having nominated a new beneficiary/ies, or have failed to survive me for a period of at least 30 days after my death, then I nominate the person(s) below to replace such person(s) and to receive any benefits from my FNB Living Annuity in their stead as follows:

First name and surname/ name of Legal Entity	Relationship	Identity number/passport/ registration number of Legal Entity	Date of birth (if natural person)	% Share

8. Declaration by investor

- 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 and I hold no other citizenships and residencies for tax purposes other than those disclosed above in this form, if provided, and will inform the Administrator in writing of any change of this status within 30 (thirty) days of the change of the disclosed status.
- 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.
- 3. 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.
- 4. I confirm that the Administrator has not, in relation to this instruction, given me any advice.
- 5. I hereby confirm that in the event that I have renunciated my US citizenship, I shall furnish the administrator with the requisite declaration/evidence in the form of a certificate from the Department of Home Affairs.

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 (or duly authorised person(s) where applicable):

This section must be completed by all controlling persons/entities of the account holder, defined as those persons or entities that effect ultimate effective control over the business. Generally controlling persons include:

Companies:

- Directors
 Shareholders (holding 25% or more)
- Members
- 4. Partners

Trusts:

- 1. Trustee
- 2. Founder
- 3. Beneficiaries (where specifically defined)
- 4. Protector
- 5. Settlor

First name and surname/Registered name	Relationship (e.g. trustee, director)	Identity/ Registration number				
А						
В						
С						
D						
E						

In respect of "A" in the table above, the following must be completed:

Relat	ted party nature of person:												
	Individual		Listed company		U	nlisted company		Close corporation		Trust			
	Non-profit organisation		Sole proprietor] Pa	artnership		Retirement Fund					
	Government or wholly gover	nmen	t owned entity										
Othe	r (specify):												
Phys	ical address:												
Coun	itry:								A	rea code	e:		
Coun	try of residence/operations:												
Coun	try of citizenship/s:												
Coun	ntry of birth/incorporation/organ	nisatio	n:										
Conta	act number:					M	obile nu	mber:					
Tax registrations/obligations:													
Coun	itry:				Ta	ax registration numbe	er:						
Coun	ntry:				Ta	ax registration numbe	er:						
Cour	ntry:				Ta	ax registration numbe	er:						
Cour	itry:				Ta	ax registration numbe	er:						

In respect of "B" in the table above, the following must be completed:

Related party nature of person:							
Individual Listed company Non-profit organisation Sole proprietor	Unlisted company Close corporation Trust Partnership Retirement Fund						
Government or wholly government owned entity							
Other (specify):							
Physical address:							
Country:	Area code:						
Country of residence/operations:							
Country of citizenship/s:							
Country of birth/incorporation/organisation:							
Contact number:	Mobile number:						
Tax registrations/obligations:							
Country:	Tax registration number:						
Country:	Tax registration number:						
Country:	Tax registration number:						
Country:	Tax registration number:						
In respect of "C" in the table above, the following must be completed:							
Related party nature of person:							
Individual Listed company	Unlisted company Close corporation Trust						
□ Non-profit organisation □ Sole proprietor □	Partnership						
Government or wholly government owned entity							
Other (specify):							
Physical address:							
Country:	Area code:						
Country of residence/operations:							
Country of citizenship/s:							
Country of birth/incorporation/organisation:							
Contact number:	Mobile number:						
Tax registrations/obligations:							
Country:	Tax registration number:						
Country:	Tax registration number:						
Country:	Tax registration number:						
Country:	Tax registration number:						

In respect of "D" in the table above, the following must be completed:

Related party nature of person:							
Individual Listed company Non-profit organisation Sole proprietor	Unlisted company Close corporation Trust						
Government or wholly government owned entity							
Other (specify):							
Physical address:							
Country:	Area code:						
Country of residence/operations:							
Country of citizenship/s:							
Country of birth/incorporation/organisation:							
Contact number:	Mobile number:						
Tax registrations/obligations:							
Country:	Tax registration number:						
Country:	Tax registration number:						
Country:	Tax registration number:						
Country:	Tax registration number:						
·							
In respect of "E" in the table above, the following must be completed:							
Related party nature of person:							
Individual Listed company	Unlisted company Close corporation Trust						
□ Non-profit organisation □ Sole proprietor □	Partnership 🗌 Retirement Fund						
Government or wholly government owned entity							
Other (specify):							
Physical address:							
Country: Area code:							
Country of residence/operations:							
Country of citizenship/s:							
Country of birth/incorporation/organisation:							
Contact number:	Mobile number:						
Tax registrations/obligations:							
Country:	Tax registration number:						
Country:	Tax registration number:						
Country:	Tax registration number:						
Country:	Tax registration number:						

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