

Change of Investor Details Form

Ashburton Management Company RF (Proprietary) Ltd ("Ashburton") is the administrator of the Ashburton range of unit trusts, and is authorised to do so as a manager in terms of the Collective Investment Schemes Control Act (no 45. of 2002).

Instructions

1. Please complete this form if you are changing any details of your investment. Please complete section 01 and then only complete the relevant sections that relate to the information you are changing.
2. Please email this completed form to ashburtoninstruct@investoradmin.co.za, or fax it to 0860 762 468.

The investor/financial services provider/representative hereby agrees to provide all documentation and information required in terms of FICA, and understands that Ashburton is prohibited from processing any transaction on his/her behalf until all such documentation and information has been provided and Ashburton 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.

01. Investor details

Investor ID

Individual investors section

Title Surname

First name(s) of investor

Identity/Passport number

Date of birth

| | | | | | | | | | |

Country of issue of passport

Expiry date of passport

| | | | | | | | | | |

Legal entities section

Registered name

Registration number (juristic person, i.e. company, close corporation, trust, etc)

Country of operation

If applicable, person acting on behalf of investor

Title Surname

First names

Identity number (passport number if foreign national)

Country of issue of passport

Expiry date

| | | | | | | | | | |

02. New details

Please complete those sections that you wish to change.

Individual investors section

Title Surname

First name(s) of investor

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 residence

Are you a registered South African taxpayer? Yes No

Please list all your tax registration details below. Note that line 1 is reserved for South African tax registration details.

No.	Tax identification number	Country of issue	Are you considered to be a citizen in this country?		Are you considered to be a national in this country?		Are you currently a tax resident in this country?	
1		South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Residential address

Country

Area code

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

Country

Postal code

Email address (please provide your email address if you require online access, or if you prefer email communication)

Telephone number (home)

Telephone number (office)

Country dialling code (+)

Country dialling code (+)

Mobile number

Fax number

Legal entities section

Registered name

Registered number (if juristic person, i.e. company, close corporation, trust, etc.)

Type of entity

Listed company Unlisted company Closed corporation Trust Partnership Sole proprietor Other

If other, please specify

Nature of business of entity

Country of operation

Country of registration

Income tax number (if applicable)

VAT registration number (if applicable)

Country of tax residency

Are you currently a Tax resident in this country? Yes No

Please list all your tax registration details below. Note that line 1 is reserved for South African tax registration details.

No.	Tax identification number	Country of issue	Are you considered to be a citizen in this country?		Are you considered to be a national in this country?		Are you currently a tax resident in this country?	
			Yes	No	Yes	No	Yes	No
1		South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Registered address

Country

Area code

Operating address (if the same as above, please tick this box)

Country

Area code

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

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

Country

Postal code

First names and surname of contact person for entity

Email address of contact person (please provide your email address if you require online access, or if you prefer email communication)

Telephone number (home)

Telephone number (office)

Country dialling code (+)

Country dialling code (+)

Mobile number

Fax number

If applicable, person acting on behalf of investor

Please fill in the details of legal guardians or person with power of attorney to act on behalf of the investor. Please provide the documents specified in Annexure A.

Title Surname

First name(s)

Identity (passport number if foreign national) Date of birth

Country of issue of passport Expiry date of passport

Country of birth

Are you a registered South African taxpayer? Yes No

Please list all your tax registration details below. Note that line 1 is reserved for South African tax registration details.

No.	Tax identification number	Country of issue	Are you considered to be a citizen in this country?		Are you considered to be a national in this country?		Are you currently a tax resident in this country?	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1		South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Physical address

Country Area code

Email address

Telephone number (home) Telephone number (office)

Country dialling code (+) Country dialling code (+)

Mobile number

03. Change of bank details

Please supply proof of bank details (a cancelled cheque; or relevant bank statement; or letter on bank's letterhead or with bank stamp). The bank account must be in the name of the investor (no 3rd party payments will be accepted).

Name of bank

Branch code Branch name

Account name Country

Account no. Type of account Current Savings

All payments will be made electronically into the current or savings account of the registered investor only.

04. Residence

Please only complete this section if you wish to change your residence status.

South African resident Non-resident

Country of residence if not South African _____

Date of formal emigration [Y | Y | Y | Y | M | M | D | D]

If you now have a blocked Rand account, please complete the following information. Please also provide a letter from your authorised dealer, and supply the following documentation:

- The client name and investor ID
- The blocked rand account details (account number, branch details and type of account)
- The authorised dealer's contact person and contact details

Authorised dealer details

Name

Address

Area code

Contact name

Email address

Telephone number

Fax number

05. Dividends Tax

SARS will levy a withholding tax on dividends at a rate of 15% (or at a rate to be determined by SARS from time to time). If you are exempt please indicate this below and complete the Tax Exempt Declaration Form available on www.ashburtoninvestments.com and submit it along with this application. Unless the declaration is submitted the default rate of 15% will apply.

Exempt from Dividends Tax

06. Communication preferences

Please only complete this section if you wish to change your communication preferences.

We send the following types of communications:

1. Notifications - to notify you when we have received an instruction from you regarding your investment.

Would you like to receive these notifications via:

Email or SMS

No I would not like to receive notifications

2. Transaction confirmations - to notify you on completion of an instruction received on your account, confirming details of the completed instruction. Statements are sent quarterly.

Would you like to receive the transaction confirmations and statements via:

Email or Post

Please note: If no preference is selected and an email address is provided, the default method of communication will be email.

07. Online access

Please only complete this section if you wish to change your online access.

Would you like to have online access to your portfolio? This online access will enable you to view your statements, correspondence and upload any instructions.

Yes On acceptance of this instruction you will be granted access within two business days to the online services subject to the online terms available on www.ashburtoninvestments.com. Please ensure you have completed your mobile phone and email details accurately in Section 01.

No

For persons representing a legal entity and requiring online access please supply the information in the table below.

Name of person representing legal entity	ID or passport number	Mobile number	Email address

08. Change of phase-in

Please only complete this section if you are changing your phase-in instruction.

Cancel phase-in instruction

Change phase-in instruction (complete details below, this automatically cancels the existing phase-in instructions)

Investments for phase-ins will be held in the Ashburton Money Market Fund and will be phased-in to your chosen investment portfolio on the 1st business day of the month. The minimum period for phase-ins is three months and maximum twenty-four months. If the phase-in instruction is received by the 20th of the month the first phase-in will take place the end of that same month. If selecting immediate phase-in please indicate the percentage required.

Immediate phase-in percentage

Number of phases after immediate phase-in, or total if no immediate phase-in

Investment portfolio

Unit trust name	Phase-in investment allocation %
Single manager funds	
Ashburton Balanced Fund	
Ashburton Global Flexible Fund	
Ashburton Money Market Fund	
Ashburton SA Equity Fund	
Ashburton SA Income Fund	
Ashburton Targeted Return Fund	
Multi manager funds	
Ashburton Multi Manager Bond Fund	
Ashburton Multi Manager Equity Fund	
Ashburton Multi Manager Income Fund	
Ashburton Multi Manager Property Fund	
Ashburton Prudential Flexible Fund	
<i>Please ensure that the % allocation adds up to 100%.</i>	100%

09. Change or additional recurring investment

Please only complete this section if you are changing your recurring investment instruction.

Cancel recurring investment instruction

Change recurring investment instruction (complete details below, this automatically cancels the existing debit order instructions)

Add debit order (complete details below)

Recurring investments will debit the bank account specified in your original investment or you can indicate the bank account in section 03 of this form. Cut-off dates for submission of instructions is the 20th of the month.

Investment amount

Total debit order amount in words

First debit order date

(Your bank account is debited on the 1st business day of the month, and units are purchased the same day)

Annual escalation %

Next increase date

(the date you select here will be your anniversary date going forward. If a date is not specified the default date will be the anniversary of this investment)

Investment portfolio

Unit trust name	Recurring %
Single manager funds	
Ashburton Balanced Fund	
Ashburton Global Flexible Fund	
Ashburton Money Market Fund	
Ashburton SA Equity Fund	
Ashburton SA Income Fund	
Ashburton Targeted Return Fund	
Multi manager funds	
Ashburton Multi Manager Bond Fund	
Ashburton Multi Manager Equity Fund	
Ashburton Multi Manager Income Fund	
Ashburton Multi Manager Property Fund	
Ashburton Prudential Flexible Fund	
Please ensure that the % allocation adds up to 100%.	100%

Please supply proof of bank details (a cancelled cheque; or relevant bank statement; or letter on bank's letterhead or with bank stamp).

Name of bank

Branch code

Branch name

Account name

Country

Account no.

Type of account

Current Savings

I hereby authorise Ashburton to draw direct debits against the bank account specified. Debit orders can only be processed from a South African bank account. Units bought with a debit order can only be redeemed after 40 days. If the bank account holder is not the same as the investor (3rd party contribution) then the actual account holder must sign below as authority to debit their bank account and must provide a copy of their ID document with a specimen signature. If the bank account holder is not the investor, he/she acknowledges that Ashburton does not make third party payments, in other words, payment will only be made to the investor unless the investor is a minor. Please note that the reference for the debit order on your bank account will be "Ashburton".

Signature of bank account holder

Date

_____ | Y | Y | Y | Y | M | M | D | D |

10. Change of income

Please only complete this section if you are changing your income options.

Distribution method

Please indicate how interest and dividends from your portfolio/s should be treated:

Automatically re-invested into this investment (default option)

Automatically paid into the bank account stipulated in Section 03

Note that all distributions below R100 will be re-invested automatically.

Regular disinvestment

Cancel recurring income disinvestment instruction

Change recurring income disinvestment instruction (complete details below)

Income amount per frequency

First income payment due

R _____ | Y | Y | Y | Y | M | M | 2 | 5 |

Income frequency

Monthly

Quarterly

Half-year

Annually

Please complete the table below to indicate which funds will be depleted for the regular disinvestment.

Disinvestment allocation

Unit trust name	% per withdrawal
Single manager funds	
Ashburton Balanced Fund	
Ashburton Global Flexible Fund	
Ashburton Money Market Fund	
Ashburton SA Equity Fund	
Ashburton SA Income Fund	
Ashburton Targeted Return Fund	
Multi manager funds	
Ashburton Multi Manager Bond Fund	
Ashburton Multi Manager Equity Fund	
Ashburton Multi Manager Income Fund	
Ashburton Multi Manager Property Fund	
Ashburton Prudential Flexible Fund	
<i>Please ensure that the % allocation adds up to 100%.</i>	100%

11. Marketing consent

Please only complete this section if you wish to change your marketing consent preferences.

I agree that my personal details and contact information may be used by Ashburton to email me value added information that might be relevant to me:

1. Value added/Educational information (e.g. market or investment related information)

Yes No

2. Information about Ashburton's products and services

Yes No

Please note that indicating 'No' to receiving marketing information in section 11. does not impact on receiving notifications and transaction confirmations relating to your investments with Ashburton.

12. Financial advisor FICA declaration

I/We confirm that I/we have identified the investor mentioned in this application, as well as the person acting on behalf of the investor (if applicable) and have verified their identities according to the requirements as set out in the Financial Intelligence Centre Act, 38 of 2001 ("the Act"), and any legislation, regulations or guidelines related thereto. I/We further confirm that I/we have verified and satisfied myself/ourselves that the money being invested by the investor is not derived from the proceeds of any unlawful activity as defined and contemplated in POCA. I/We further confirm that I/we will keep record of the verification documents as required in terms of the said Act and will make available copies of these documents and details of the verification procedures followed, to any party entitled thereto in terms of the Act, on request.

I, the undersigned, declare that I have inspected all the investor's information at my disposal and warrant that it is true and correct. In the event that I find any evidence alluding to any US status, I shall advise the Administrator in writing within 30 (thirty) days.

Advisor signature

Name

Date

| Y | Y | Y | Y | M | M | D | D |

13. Investor declaration

1. 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.
2. 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 000 339.
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 Ashburton has not, in relation to this instruction, given me any advice.
5. I hereby confirm and warrant that the information provided is true and correct and I hold no other citizenships and residencies for tax purposes other than those disclosed above in this application form and will inform the Ashburton in writing of any change of this status within 30 (thirty) days of the change of the disclosed status.
6. I hereby confirm that in the event that I have renounced my US citizenship, I shall furnish the Ashburton with the requisite declaration/evidence in the form of a certificate from the Department of Home Affairs.

Signature of investor (or duly authorised person/s where applicable)

Date

| Y | Y | Y | Y | M | M | D | D |