

# Change Beneficiary

## Living Annuity

### 1. What you need to know

1. Before completing this form please read the latest relevant Investment Agreement - which can be obtained from your financial planner or our Client Service Centre.
2. We will process your instruction once:
  - we have received, reviewed and accepted your completed and signed form and support documentation; and
  - we have performed all checks, verifications and assessments required in terms of FICA.
3. The cut-off for receipt of instructions is 14:00.
4. Information filled in outside of the relevant fields will not be considered when processing your instruction.
5. Return the completed and signed form with the relevant supporting documents to us via email to **nedgroupinvestments@silica.net** (please print and sign the form before scanning and emailing it to us, as an authorised signature is required for processing).
6. If you have any questions about this form please contact your financial planner or our Client Service Centre on **0860 123 263** (from within RSA) or on **+27 21 416 6011** (from outside RSA).

### 2. Investor details

Investor number

Title and surname

First names

SA ID number

Passport number  
(if foreign national)

Passport expiry date          
D D M M Y Y Y Y

Does your instruction apply across all your account groups?  Yes  No

If no, please indicate the account groups:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Beneficiary nominations

**Please note**

- The beneficiaries listed will replace existing beneficiaries, if you wish to retain some of your previous beneficiary nominations, please include their details on this form.

**FIRST BENEFICIARY**

Percentage allocation  % Relationship

(no decimals)

**If beneficiary is an individual**

Title and surname

First names

SA ID number

Date of birth

D D M M Y Y Y Y

Passport number  Nationality

(if foreign national)

Passport expiry date

D D M M Y Y Y Y

**If beneficiary is a legal entity**

Registered name

Registration number

**SECOND BENEFICIARY**

Percentage allocation  % Relationship

(no decimals)

**If beneficiary is an individual**

Title and surname

First names

SA ID number

Date of birth

D D M M Y Y Y Y

Passport number  Nationality

(if foreign national)

Passport expiry date

D D M M Y Y Y Y

**If beneficiary is a legal entity**

Registered name

Registration number

If you would like to nominate additional beneficiaries, please attach a separate list signed by the investor detailing the information required above.

## 4. Financial planner details and declaration

Name of financial planning business

Name of financial planner  Code

Contact number +  (0)

I confirm that:

- I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 (FAIS) to the investor.
- I have explained all fees that relate to this investment to the investor.
- I am authorised by the financial planning business to sell this investment / product in terms of FAIS.

Financial planner signature

Date   
D D M M Y Y Y Y

## 5. Investor declaration

I confirm and certify that:

- I am responsible for my investment decisions and have considered whether this investment is right for my needs.
- I confirm that all information provided in this application is true and correct and that I am not aware of any other information that may affect this application negatively.
- Where I am acting on behalf of another person, or as a representative of a legal entity, I confirm that I am duly authorised to complete and sign this form.
- I understand and agree that this application will be governed by the relevant and latest Investment Agreement and I have read and understood the Portfolio Characteristics document and the fund fact sheet that relates to the unit trust portfolios I am investing in.
- I have used the Effective Annual Cost calculator and I am aware of the charges that may be incurred.
- I authorise Nedgroup Investments to accept this instruction as submitted (electronically or otherwise) and agree that Nedgroup Investments will not be held liable for acting on this application and/or any instructions contained herein.
- The information contained in this form may be reported to the South African tax authorities.

Investor / Authorised  
signatory

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Name

Capacity

Nedgroup Investments (Pty) Limited (Company registration number 1996/017075/07)

Incorporating Nedgroup Collective Investments (RF) Proprietary Limited (Company registration number 1997/001569/07); Nedgroup Investment Advisors Limited (Company registration number 1998/017581/07) an authorised Financial Services Provider (FSP Licence No. 1652) Sponsor of the Nedgroup Investments Retirement Funds

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