

Change Beneficiary and Life Assured Endowment

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"/>

3. Details of Life Assured

Please note

- The Life Assured details provided will be added to your existing Life Assureds (existing Life Assureds cannot be changed).

FIRST LIFE ASSURED

Title and surname

First names

SA ID number

Passport number (if foreign national) Nationality

SECOND LIFE ASSURED

Title and surname

First names

SA ID number

Passport number (if foreign national) Nationality

4. Beneficiary nomination

Please note

- Beneficiary nominations cannot be made if there is more than one investor or if the investor is not a natural persons (including trust).
- 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.
- On death of the investor if the life assured is alive beneficiary for ownership will be applied; if life assured is deceased beneficiary for proceeds will be applied.
- On death of the last life assured if the investor is alive the policy will pay out to the investor.

PLEASE NOMINATE A BENEFICIARY FOR PROCEEDS

If you would like to nominate additional beneficiaries, please copy and complete this section and submit with this investment form.

Percentage allocation % Relationship

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 (if foreign national)

Passport expiry date Passport country of issue
D D M M Y Y Y Y

Nationality Country of birth

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

Is your beneficiary for ownership the same as one of your beneficiaries for proceeds? Yes No

If yes, which beneficiary?

PLEASE NOMINATE A BENEFICIARY FOR OWNERSHIP

You may only nominate one beneficiary for ownership

Relationship

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 (if foreign national)

Passport expiry date Passport country of issue
D D M M Y Y Y Y

Nationality

Country of birth

If beneficiary is a legal entity

Registered name

Registration number

Country of incorporation

5. Consent of spouse

Are you married in community of property? Yes No

If yes, in terms of the Matrimonial Property Act, 1984, the written consent of your spouse is required to authorise your beneficiary nominations.

Name of spouse

I consent to the beneficiary nominations detailed herein.

Signature of spouse

Date
D D M M Y Y Y Y

6. 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

7. 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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