

# Change Details

## For individuals

### 1. What you need to know

- Before completing this form please read the latest relevant Investment Agreement which can be obtained from our website: [www.nedgroupinvestments.com](http://www.nedgroupinvestments.com), your financial planner or our Client Service Centre.
- The daily cut-off for receipt of instructions is 14:00.
- We will process your instruction once:
  - we have received, reviewed and accepted your completed signed form and supporting documentation; and
  - we have performed all checks, verifications and assessments required in terms of FICA.
- Information filled in outside of the relevant fields will not be considered when processing your instruction.
- Return the completed and signed form with the relevant supporting documents to us via email to [nedgroupinvestments@silica.net](mailto:nedgroupinvestments@silica.net) (please print and sign the form before scanning and emailing it to us, as an authorised signature is required for processing).
- 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

#### INVESTOR TYPE

- South African individual
  Deceased estate
  Asylum seeker  
 Foreign individual
  Sole proprietor
  Refugee

#### PERSONAL DETAILS

Title and surname

First names

Preferred name

SA ID number

Passport number (if foreign national)

Passport expiry date

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Passport country of issue

Nationality

Country of birth

Country of residence

#### SOURCE OF WEALTH

- Salary / Commission
  Pension / Annuity
  Court order / Maintenance  
 Business earnings
  Inheritance / Trust
  Self-employed

## OCCUPATION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Government employee / judge       | <input type="checkbox"/> Professional, scientific and technical services | <input type="checkbox"/> Management                   |
| <input type="checkbox"/> Executive                         | <input type="checkbox"/> Academic  | <input type="checkbox"/> Technical and sciences       |
| <input type="checkbox"/> Administration                    | <input type="checkbox"/> Sales and marketing                             | <input type="checkbox"/> Safety and security personal |
| <input type="checkbox"/> Arts, performance and hospitality | <input type="checkbox"/> Craft, trade or artisan                         | <input type="checkbox"/> Sport professional           |
| <input type="checkbox"/> Self-employed                     | <input type="checkbox"/> Religious leader                                | <input type="checkbox"/> Retired                      |
| <input type="checkbox"/> Unemployed                        | <b>Other:</b> <input type="text"/>                                       |   |

## INDUSTRY

- |   |   |
|---|---|
| <input type="checkbox"/> Financial, investment and insurance activities | <input type="checkbox"/> Professional, scientific and technical services    |
| <input type="checkbox"/> Information, technology and communication      | <input type="checkbox"/> Administrative and support services                |
| <input type="checkbox"/> Accommodation and hospitality services         | <input type="checkbox"/> Human health, social work and education            |
| <input type="checkbox"/> Wholesale and retail trade                     | <input type="checkbox"/> Transportation and storage                         |
| <input type="checkbox"/> Arts, entertainment and recreation             | <input type="checkbox"/> Real estate  |
| <input type="checkbox"/> Craft, trade or artisan                        | <input type="checkbox"/> Sport professional                                 |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining   |
| <input type="checkbox"/> Construction                                   | <input type="checkbox"/> Agriculture, forestry and fishing                  |
| <input type="checkbox"/> Non-profit / religious                         | <input type="checkbox"/> Gambling   |
| <input type="checkbox"/> Government, Municipal services or SOE          | <input type="checkbox"/> Public administration, defence and social security |
| <input type="checkbox"/> Unemployed                                     |   |

## INTENDED PURPOSE OF INVESTMENT

- Invest for 0 – 3 years                       Invest for 3 - 5 years                       Invest for over 5 years / for retirement

## NATURE OF RELATIONSHIP WITH NEDGROUP INVESTMENTS

- Invest a single amount with frequent withdrawals  
 Invest multiple amounts with frequent withdrawals  
 Invest a single amount with occasional withdrawals  
 Invest multiple amounts with occasional withdrawals

## 3. Change request

Please indicate the details you wish to change and complete and submit corresponding addendum/a with this form.

- |  |  |
|--|--|
| <input type="checkbox"/> Addendum 1: Name or ID/Passport number                          | <input type="checkbox"/> Addendum 5: Preferred correspondence method                       |
| <input type="checkbox"/> Addendum 2: Contact details (Contact numbers / email / address) | <input type="checkbox"/> Addendum 6: Bank account details                                  |
| <input type="checkbox"/> Addendum 3: Person acting on your behalf                        | <input type="checkbox"/> Addendum 7: Income distribution payment method (unit trusts only) |
| <input type="checkbox"/> Addendum 4: Individual tax residency self-certification         |  |

### Please note:

- If you change any of your personal details to reflect as non-South African, or from non-South African to South African, you are required to complete the relevant tax residency self-certification addendum as well.

## 4. 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

Nedbank Clocktower Clocktower Precinct V&A Waterfront Cape Town 8001  
PO Box 1510 Cape Town 8000 South Africa

[www.nedgroupinvestments.com](http://www.nedgroupinvestments.com)

Directors: I Ruggiero NA Andrew CE Sevenoaks

# Addendum one

## Name or ID/Passport number

**PLEASE PROVIDE A COPY OF THE NEW SOUTH AFRICAN ID OR PASSPORT**

Title and surname	<input type="text"/>
First names	<input type="text"/>
SA ID number	<input type="text"/>
Date of birth	<input type="text"/> D D M M Y Y Y Y
Passport number (if foreign national)	<input type="text"/>
Passport expiry date	<input type="text"/> D D M M Y Y Y Y
Passport country of issue	<input type="text"/>
Nationality	<input type="text"/>

# Addendum two

## Contact details

Cell (mandatory) +   (0)

Email address

Alternate telephone +   (0)

Residential address

Postal address

Code

Country  South Africa

If other

Code

Country  South Africa

If other

## Addendum three

### Person acting on behalf of an individual investor

Do you wish to remove the person currently acting on your behalf?  Yes  No

If yes, please provide the name of the person to be removed.

Title and surname

First names

Preferred name

ID number of person acting on your behalf

Do you wish to appoint a new person to act on your behalf?  Yes  No

If yes, please complete all the information below which will overwrite the existing record and provide a signed copy of their identity document.

**If no, please indicate the details of the existing person acting on your behalf you wish to change:**

#### Capacity of person acting on behalf of investor:

Power of Attorney  Curatorship  Legal Guardian  Parent  Other

If parent, please indicate whether minor lives with you.  Yes  No

#### PERSONAL DETAILS

Title and surname

First names

Date of birth   
D D M M Y Y Y Y

SA ID number

Passport number (if foreign national)

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

Nationality

**CONTACT DETAILS**

Cell (mandatory) +   (0)

Email address

**Please note**

- This email address will be used for correspondence pertaining to this investment.
- Should you not complete this field, please acknowledge and accept that you will not receive email notifications about this investment.

Alternate telephone +   (0)

Residential address or registered address

Code

Country  South Africa

If other

Postal address (if different)

Code

Country  South Africa

If other

**Please note:**

- Please provide a copy of you South African ID or passport (if you are a foreign national).
- If you are acting on behalf of the investor in terms of a power of attorney, curatorship or legal guardianship, please provide proof of authority to act.

Date          
D D M M Y Y Y Y

# Addendum four

## Individual tax residency self-certification

The Tax Administration Act 28 of 2011 (adopting aspects of the U.S.A Foreign Account Tax Compliance Act (FATCA), and the OECD Common Reporting Standard (CRS) for Automatic Exchange of Financial Information) require us to collect certain information about investor's tax arrangements. Please complete the section below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's investment, with SARS who may in turn share this information with other relevant tax authorities. If any of the information below changes in the future, please advise us of these changes promptly.

Is South Africa your country of primary tax residence?  Yes  No

Are you registered to pay tax in South Africa?  Yes  No

If yes, please indicate your South African tax number:

Are you a tax resident in any other country?  Yes  No

If yes, please complete the following for each country of tax residency:

Country of tax residency	Tax identification number (TIN)	OR	Not applicable
1 <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="checkbox"/>
2 <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="checkbox"/>
3 <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="checkbox"/>
4 <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="checkbox"/>
5 <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="checkbox"/>

**Please note**

- By ticking not applicable you confirm that the country specified does not issue a tax identification number.
- If you are a USA citizen you are resident for tax purposes in the USA.



## Addendum five

### Preferred correspondence

We will send you all correspondence (e.g. statements, fund updates, ballot letters pertaining to your investment) via email. If you haven't provided an email address your quarterly statement will be sent via SMS.

You may choose who receives your quarterly investment statement:

You / the person acting on your behalf     Your financial planner     Both

On behalf of the legal entity, the authorised contact person will also receive our quarterly Insights if an email address has been provided. If you do not wish to receive this please tick this box:

# Addendum six

## Bank account details

Please complete this section to update your bank account details.

**Please note:**

- No third party payments will be processed.
- The following bank account details will be used for the instructions specified in the tables below.
- Payments will be delayed if the name of the account holder as registered with the bank is different from that completed below.
- When we process your request to change your banking details, you will receive an SMS from Nedgroup Investments prompting you to authorise this instruction. In order to finalise this request you will need to respond to this SMS prompt.

Name of account holder (as registered with bank)

Name of bank

Account number

Name of branch  Branch code

Account type  Current  Savings Country

Would you like your bank account details changed across all your transactions (including income distribution payout)?  Yes  No

If no, please indicate the investment product(s), the account number(s) and the transaction(s) to which this change is to apply in the table below:

Investment product	Account number	Transaction type

Please complete the bank account details you wish to remove from your profile.

Name of account holder (as registered with bank)

Name of bank

Account number

Name of branch  Branch code

Account type  Current  Savings Country

# Addendum seven

## Income distribution method - unit trusts only

Please complete the unit trust portfolio(s) for which you would like your income distribution changed.

Unit trust portfolio	Account number	Income distribution	
		Payout	Reinvest
		✓	OR ✓