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Merchant West Investments

Unit Trust Investor Update Details

Transact Online
You can transact on our Secure Services Portal where you can:

- Manage your portfolio online and securely
- View your portfolio
- Conduct transactions
- Request statements
- Update your personal details

To register, please go to: https://cp.sanlam.co.za

Completing the information correctly will ensure that there is no delay in processing the request. When completing an instruction, click **here** to downloaded a new form at all times to ensure that the most updated form is being utilized.

- **All fields in the selected form are mandatory**
- Initial any changes made
- The form must be **dated and signed** by the registered investor or authorised signatories with valid authorisation from the investor such as a power of attorney or a mandate
- Do not write any instructions outside the allocated fields

Print only the pages you need.

- We have made the forms shorter to save you time and paper.
- Make sure that you choose the specific form for the changes you need and print only the required pages.

Our contact details

Send the completed form and supporting documents to:

E-mail utinstructions@sanlaminvestmentssupport.com

If you have any questions, contact us at:

E-mail service@sanlaminvestments.com
Tel 0860 100 266
Website www.sanlaminvestments.com

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Unit Trust Investor Update Details

1. Investor Details

(All fields with * are compulsory)

*Investor code(s) _____

*Title _____

*Full name(s) and surname / Name of Legal Entity _____

Identity number / Registration number _____

OR

Passport number _____

2. Which details would you like to change?

Please select the form you wish to change. Complete and submit only the corresponding form(s) you have selected together with pages 1 and 2.

- ☐ Change of personal details - **Form A**
- ☐ Update bank details - **Form B**
- ☐ Update debit order instructions - **Form C**
- ☐ Recurring instructions - **Form D**
  Income distribution choice; Monthly withdrawal; Monthly switch
- ☐ Financial Adviser appointment /removal and Fee change - **Form E**
- ☐ Tax Residency self-certification - Individual - **Form F**
- ☐ Tax Residency self-certification - Legal Entity - **Form G**

Please note:
If you change any of your personal details to reflect as non-South African, you are required to complete the relevant tax residency self-certification form

3. Investor /Legal Entity declaration

I / We confirm that I / we:

have read and understood the important notes, on the first page.
have the authority and am / are legally competent to enter and conclude this transaction, with the necessary legal assistance when it is required.
are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).
This investment instruction is subject to our Terms and Conditions. The personal information collected in this form is also subject to our Privacy statement. If you provide us with the personal information of other persons, you warrant that you have the necessary consent or other justification to do so.

Signature of investor _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

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Form A - Change of personal details

Personal details

Title _____

Full name(s) and surname _____

/ Name of Legal Entity _____

Identity number / Registration Number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Postal address _____

_____

Country _____ Postal code _____

Residential address _____

_____

Country _____ Postal code _____

Contact numbers	International dialling code	Area code	Number
Telephone (work) - *optional*			
Telephone (home) - *optional*			
Cell/mobile		n.a.	

E-mail address _____

Add as a new email address ☐ Replace existing email address ☐

Occupation ☐ Minor/Scholar ☐ Retired ☐ Salaried employee
☐ Self-employed ☐ Student ☐ Unemployed

Industry of Occupation / Entity (Select only one option)

☐ Accounting Services
☐ Administrative and Support Services
☐ Adult Entertainment
☐ Aerospace & Defense
☐ Agriculture, Forestry and Fishing
☐ Arms Dealers
☐ Arts, Entertainment and Recreation
☐ Automobiles & Parts
☐ Banks
☐ Beverages
☐ Broadcasting and Entertainment
☐ Cannabis/CBD Industry
☐ Cash Aggregators
☐ Chemical Engineering/ Manufacturing
☐ Community and Social Activities
☐ Construction and Civil Engineering
☐ Consumer Goods: Wholesale and Retail
☐ Domestic Services/Gardening Services
☐ Education
☐ Electricity, Solar, Water, Gas and Waste Services
☐ Electronic & Electronical Equipment
☐ Entrepreneurship
☐ Equity Investment Instruments
☐ Estate, Living and Family Trusts

- [ ] Extractive Services, Mining and Quarrying
- [ ] Financial and Insurance
- [ ] Food Producers
- [ ] Gambling
- [ ] Government Services
- [ ] Healthcare and Medical
- [ ] High Transaction Volume Import/Export Companies
- [ ] High Value Goods Dealers (Including Motor Vehicle Dealers, Art Dealers, Luxury Goods/Services Etc)
- [ ] Household Goods & Home Construction Materials
- [ ] Industrial Engineering
- [ ] Industrial Metals
- [ ] Informal Trading
- [ ] Information Technology, Communication and Telecoms
- [ ] Legal Practitioner
- [ ] Manufacturing
- [ ] Media
- [ ] Money Transfer/Service Business
- [ ] Motor Wholesale, Retail Trade and Repair
- [ ] Non-Equity Investment Instruments
- [ ] Non-Profit Organisation/Regulated Charity
- [ ] Non-Government Organisation (NGO)
- [ ] Oil & Gas Producers/Suppliers
- [ ] Pawn Brokers/Second Hand Dealers
- [ ] Pharmaceutical & Biotechnology
- [ ] Precious Metals and Stone Dealers
- [ ] Professional Sport
- [ ] Public Finance Management Art Schedule
- [ ] Real Estate and Property Services
- [ ] Reinsurance
- [ ] Scrap Metal Industry
- [ ] State Owned Enterprises
- [ ] Tobacco
- [ ] Transport, Storage, Courier and Freight
- [ ] Travel, Tourism, Accommodation and Food Services
- [ ] Virtual Currencies

Source of Income

If the third party investor is a non-individual, select one of the following source of income selections:

- [ ] Business Operating Income
- [ ] Commission
- [ ] Cryptocurrency
- [ ] Company Profits
- [ ] Company sale/sale of interest in company
- [ ] Dividends from investments
- [ ] Member Contributions
- [ ] Pension
- [ ] Rental of Property
- [ ] Retained Earnings
- [ ] Savings
- [ ] Trust Income

If the third party investor is an individual, select one of the following source of income selections:

- [ ] Allowance
- [ ] Bonus
- [ ] Business Operating Income
- [ ] Commission
- [ ] Company sale/sale of interest in company
- [ ] Disability/Social Grant
- [ ] Dividends from Investments
- [ ] Gratuity
- [ ] Maintenance (formal agreement)
- [ ] Maintenance (informal agreement)
- [ ] Pension
- [ ] Rental of Property
- [ ] Salary
- [ ] Savings
- [ ] Trust Income
- [ ] Virtual Currency

Source of Funds

If the third-party investor is a non-individual, select one of the following source of funds selections:

- [ ] Commission
- [ ] Company Profits
- [ ] Cryptocurrency
- [ ] Debt Capital
- [ ] Employee Benefits
- [ ] Equity Capital

- [ ] Gift/Donation
- [ ] Inheritance
- [ ] Maturing Investments
- [ ] Pension
- [ ] Provident Fund
- [ ] Retained Earnings
- [ ] Retirement Funds
- [ ] Sale asset/property
- [ ] Sale of Shares
- [ ] Sanlam Payout
- [ ] Savings
- [ ] Settlement
- [ ] Tax Rebate
- [ ] Transfer to/from approved funds

If the third party investor is an individual, select one of the following source of funds selections:

- [ ] Bonus
- [ ] Bursary
- [ ] Commission
- [ ] Company Profits
- [ ] Debt Capital
- [ ] Divorce Settlement
- [ ] Equity Capital
- [ ] Gambling Winnings
- [ ] Gift/Donation
- [ ] Income from previous employment
- [ ] Inheritance
- [ ] Loan
- [ ] Lobola
- [ ] Lottery Winnings
- [ ] Maturing Investments
- [ ] Provident Fund
- [ ] Pension
- [ ] Retirement Funds
- [ ] Sale asset/property
- [ ] Sale of shares
- [ ] Salary
- [ ] Sanlam Payout
- [ ] Savings
- [ ] Settlement
- [ ] Tax Rebate
- [ ] Transfer to/from approved fund

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Form B - Update bank details

New bank details

(All fields marked with * are compulsory)

*Name of account holder _____

*Identity number _____

*Name of bank _____ *Account number _____

*Name of branch _____ *6-digit branch code _____

*Type of account ☐ Current ☐ Savings

Use new bank details for the following

☐ Debit order ☐ Disinvestment ☐ Monthly withdrawal ☐ Income distribution

Signature of bank account holder/
Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

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Form C - Update debit order instructions

Please select your instruction

☐ **Cancel my annual increase**

☐ **Cancel my debit order**

End date _____ (ddmmccyy)

Unit trust fund(s)	Class

☐ **Change my existing debit order**

Start date _____ (ddmmccyy)

- Fund minimums apply when changing a debit order
- The Minimum Disclosure Document (MDD) is available on www.sanlaminvestments.comAd hoc changes to your debit order contributions or intermediary fees may result in a change to the Effect Annual Cost (EAC) calculation. An updated calculation can be obtained by using our EAC calculator when visiting the Secure Services
- Alternatively, you may contact your adviser or contact us on 0860 100 266.

How would you like to invest your money?

Unit trust fund(s)	Class	New amount (R)

How would you like your debit order to work?

☐ Monthly debit order on the ☐ 1st or ☐ 21st day of each month starting _____ (mmccyy)

Annual increase _____ %

Annual increase date _____ (mmccyy)

Financial adviser

Did a financial adviser assist you? ☐ Yes ☐ No

Broker Code _____

Full name(s) _____ Surname _____

to debit bank account

(All fields marked with * are compulsory)

*Name of account holder _____

*Identity number _____

*Name of bank _____ *Account number _____

*Name of branch _____ *6-digit branch code _____

*Type of account: ☐ Current ☐ Savings

I instruct and authorise Sanlam or its agents to draw direct debits from my bank account as per my instruction

Signature of bank account holder/
Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

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Form D - Recurring instructions

Form D - Section 1 - Income distribution choice

Indicate your Income distribution per fund

Unit trust fund(s)	Class	Income distribution (Please tick selection)	
		Reinvest	Payout
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

- Income payments will only be paid out on cleared units
- Third party payments are not allowed
- If you select 'payout' above, please complete your bank details below. The funds will be paid into the bank account specified

Bank account details
(All fields marked with * are compulsory)

*Name account holder _____

*Identity number _____

*Name of bank _____ *Account number _____

*Name of branch _____ *6-digit branch code _____

*Type of account: ☐ Current ☐ Savings

Signature of bank account holder/
Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Form D - Section 2 - Monthly withdrawal

Please select your choice

☐ **Cancel my existing withdrawal**

Effective date _____ (ddmmccyy)

Unit trust fund(s)	Class

☐ **Change date of withdrawal**

New date _____ (ddmmccyy)

☐ **New monthly withdrawal**

New date _____ (ddmmccyy)

Unit trust fund(s)	Class	New amount (R)

Please take note:

When choosing a selection date below, please also consider processing and inter-banking clearance of 2-3 working days, to ensure that funds reflect in your bank account timeously

Bank Account Details
(All fields marked with * are compulsory)

*Name account holder _____

*Identity number _____

*Name of bank _____ *Account number _____

*Name of branch _____ *6-digit branch code _____

*Type of account: ☐ Current ☐ Savings

Signature of Investor/
Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Form D - Section 3 - Monthly switch

Please select your choice

☐ **Change date of switch**

New date _____ (ddmmccyy)

☐ **Cancel my existing switch**

Effective date _____ (ddmmccyy)

Unit trust fund(s)	Class

☐ **Start or change monthly switch**

New date _____ (ddmmccyy)

- Review the Minimum Disclosure document (MDD) as minimums apply to the switch in amounts.
- You are liable for any difference in initial fees when switching between a money-market fund and equity fund, or from any fund where the initial fee is lower.
- If no class is specified, the switch will be allocated to a default class.
- If the switch date occurs on a non-business day, you will receive the next business day's price.

FROM

Unit trust fund(s)	Class	Total Monthly (R)

TO

Unit trust fund(s)	Class

Financial Adviser

Did a financial adviser assist you? ☐ Yes ☐ No

Broker code _____

Full name(s) _____ Surname _____

Signature of Investor _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

Authorised signatory _____ Date _____ (ddmmccyy)

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Form E - Appoint / Remove Financial Adviser and Fee change

What would you like to do

☐ Appoint a financial adviser ☐ Remove a financial adviser ☐ Change of advice fee

Financial adviser details

Broker code _____

Full name(s) _____ Surname _____

Unit trust fund(s)	Class	Initial advice fee %	Ongoing advice fee%

Initial advice fee
You can amend the initial advice fee on future dated debit orders and direct deposits only

Effective Annual Costs
Ad hoc changes to your debit order contributions or intermediary fees may result in a change to the Effective Annual Costs calculation. An updated calculation can be obtained by using our EAC calculator when visiting the Secure Services Portal. Alternatively, you may contact us on 0860 100 266.

Ongoing advice fee
Ongoing advice fee is negotiable up to a maximum of 1% per annum, excluding VAT. This fee is deducted monthly from the investment value. Only on funds where advice fee is applicable.

Invester declaration

I / We confirm that I / We:

- Have read and understood the important notes, terms and conditions
- Have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- Are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Financial Adviser declaration

- Declare that I am a licensed financial service provider or a representative of a financial service provider. I am authorised to sell unit trusts.

Client Signature _____ Financial adviser signature _____

Date: _____ (ddmmccyy) Date: _____ (ddmmccyy)

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Form F - Individual Self-Certification (Tax status)

Personal details

(All fields with * are compulsory)

*Title _____

*Full name(s) and surname _____

*Identity number _____ *Date of birth _____ (ddmmccyy)

*Country of birth _____

*Passport Number _____

Expiry date _____ (ddmmccyy)

Country _____

Please specify any other nationality / citizenship _____

Primary country of residence for tax purposes _____

Tax identification number _____

Are you a registered taxpayer of any country other than your primary country of residence for tax purposes? ☐ Yes ☐ No

If yes, please complete the information below for each country of tax residence

Country of tax residence	Tax Identification Number	OR	Not applicable
			☐
			☐
			☐
			☐

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Form G - Legal entity Self-Certification (Tax status)

Legal Entity details

(All fields with * are compulsory)

*Registered name of legal entity _____

*Entity registration number _____ *Country of Incorporation _____

*Country of Operation _____ *Country of Residence _____

Primary country of residence for tax purposes _____

Tax Identification Number _____

Is the organisation a registered taxpayer of any other country other than your primary country of residence ☐ Yes ☐ No

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

Country of tax residence	Tax Identification Number	OR	Not applicable
			☐
			☐
			☐

By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification Number.

Organisation's classification under FATCA

It is mandatory to classify yourself in this section. For guidance please refer to the Legal Entities Tax Residency Classification for FATCA and CRS document, available at www.sanlaminvestments.com. Alternatively, speak to your tax adviser.

If your organisation is a Financial Institution, please specify which type:

☐ South African Financial Institution or a Partner Jurisdiction Financial Institution

☐ Participating Foreign Financial Institution (in a non-IGA jurisdiction)

☐ Non-Participating Foreign Financial Institution (in a non-IGA jurisdiction)

☐ Financial Institution resident in the USA or in a US Territory

☐ Exempt Beneficial Owner (this includes a South African registered retirement scheme, a South African Governmental Organisation or an International Organisation)

☐ Deemed Compliant Foreign Financial Institution (this includes Non-Profit Organisations and Financial Institutions with a Local Client Base)

If you are a financial institution that has obtained a Global Intermediary Identification Number (GIIN).

Please supply GIIN number: _____

If your organisation is not a Financial Institution, please specify below:

☐ Active Non-Financial Entity

☐ Passive Non-Financial Entity (Please complete section for Controlling Persons)

Please select an option if your organisation is a US tax resident and not a Specified US person:

- ☐ A regularly traded corporation on a recognised stock exchange
- ☐ Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange
- ☐ A government entity
- ☐ Any bank as defined in section 581 of the U.S. Internal Revenue Code
- ☐ A retirement plan under section 7701(a)(37), or exempt organization under section 501(a) of the U.S. Internal Revenue Code
- ☐ OR any other exclusion

Organisation's classification under Common Reporting Standard

Please select one with reference to the primary country of residence:

- ☐ Financial Institution under CRS (this includes all Non-Reporting Financial Institutions for example a pension scheme, government entity and international organisation.)
- ☐ An investment entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please also complete section for Controlling Persons
- ☐ Entity, which frequently trades on an established securities market or associated with, an established securities market or a corporation which is a related entity of such a corporation.
- ☐ A Government Entity, a Central Bank, or an International Organisation.
- ☐ Active Non-Financial Entity
- ☐ Passive Non-financial entity (Please complete section for controlling persons)

Controlling persons self-certification

Tax regulations require us to collect information for each Controlling Person's tax residency. The Controlling Person must be a natural person. We may be obliged to share information about your Controlling Persons with SARS who may share the information with any or all participating tax jurisdictions. Please note that we require Regulatory Supporting Information for each Controlling Person. Refer to the Regulatory Supporting Information. *Please make additional copies of this section if required*.

Details of controlling persons 1

Title _____

Full name(s) and surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Relationship _____

Email address _____

Permanent residential address _____

_____

Country _____ Postal code _____

Contact numbers	International dialling code	Area code	Number
Telephone (work) - *optional*			
Telephone (home) - *optional*			
Cell/mobile		n.a.	

Primary country of tax residence _____

Tax identification number _____

Are you a registered taxpayer of any country other than your primary country of residence? ☐ Yes ☐ No

If yes, please complete the information below for each country of tax residency.

Country of tax residence	**Tax Identification Number**	**OR**	**Not applicable**
			☐
			☐

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

I confirm the above information is true and correct.

Signature of investor _____ Date _____ (ddmmccyy)

Details of controlling persons 2

Title _____

Full name(s) and surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Relationship _____

Email address _____

Permanent residential address _____

_____

Country _____ Postal code _____

Contact numbers	International dialling code	Area code	Number
Telephone (work) - *optional*			
Telephone (home) - *optional*			
Cell/mobile		n.a.	

Primary country of tax residence _____

Tax identification number _____

Are you a registered taxpayer of any country other than your primary country of residence? ☐ Yes ☐ No

If yes, please complete the information below for each country of tax residency.

Country of tax residence	**Tax Identification Number**	**OR**	**Not applicable**
			☐
			☐

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

I confirm the above information is true and correct.

Signature of investor _____ Date _____ (ddmmccyy)