

Repurchase form



Correct completion and signing of this form as well as attaching the supporting mandatory documents as required by FICA, will expedite the finalisation of the transaction. No responsibility will be accepted for a delay in payment because the form was not filled in as required, or if any documentation is outstanding.

Collective Investments

Investor code: Please use one form per registration number and fund

Personal particulars

| | | | |
|------------------------------------|------------------------------|------------------------------|---|
| Full name and surname of investor: | <input type="text"/> | Identity number of investor: | <input type="text"/> |
| Postal address: | <input type="text"/> | | Postal code <input type="text"/> |
| Tel. no.: | (<input type="text"/>) (H) | (<input type="text"/>) (W) | |
| Fax no.: | (<input type="text"/>) | Cell no.: | <input type="text"/> |
| E-mail address: | <input type="text"/> | | Has your address changed recently? <input type="text"/> |

Repurchase particulars

| Unit Trust | All units | Amount | Number of units | Cancel debit order |
|----------------------|-------------------------|-------------------------|----------------------|--------------------|
| <input type="text"/> | <input type="text"/> or | <input type="text"/> or | <input type="text"/> | Yes No |
| <input type="text"/> | <input type="text"/> or | <input type="text"/> or | <input type="text"/> | Yes No |
| <input type="text"/> | <input type="text"/> or | <input type="text"/> or | <input type="text"/> | Yes No |

Payment particulars *(Please complete in block letters)*

Please note: Cheques are crossed and such crossing cannot be cancelled by us. Should a cheque deposit be subject to a waiting period at your bank, only you can negotiate with your banker to have such waiting period lifted. Proceeds can only be deposited into bank account of the registered investor.

| | | | | | |
|---------------------|--|---------------------------------------|----------------------|-----------------|----------------------|
| Bank | <input type="text"/> | Branch | <input type="text"/> | Branch Tel. no. | <input type="text"/> |
| 6-digit branch code | <input type="text"/> - <input type="text"/> - <input type="text"/> | Full name of account holder | <input type="text"/> | | |
| Account no. | <input type="text"/> | Type of account (e.g. cheque/savings) | <input type="text"/> | | |

Terms and conditions

The repurchase price is the price prevailing on the day on which Sanlam/Sanlam Collective Investments receives the repurchase requirements as well as FICA documentation in full. Therefore please ensure that the following are attached:

- All unit certificates (if issued to you). If you have mislaid your certificate(s), the prescribed indemnity form (TAE10) must be completed and stamped with a R2,00 revenue stamp.
- If you are acting as a third party, proof of appointment (power of attorney, letter of executorship, guardian [if not parent], etc.) must be provided.
- Companies, pension funds, clubs, etc. must attach a copy of the relevant minutes and signatures of authorised signatories.
- Confirmation from your banker that payment will not be reversed, if the investment was made by cheque or debit order within the preceding 35 working days.
- No liability will be accepted for any delay in payment if the form was not completed in full and/or correctly or if there is any outstanding required documentation.
- Mandatory documents that comply with the identification and verification purposes as required by FICA.

Declaration

I warrant that I have the power and authority and am legally competent to enter into and conclude this transaction with the necessary assistance where such assistance is a legal requirement.

| | | |
|---|---|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature | Full name and surname of signatory in block letters | Identity number of signatory |
| Dependent minors: Legal guardian must sign the repurchase form. | | Date |

Particulars of sender *(person who sends this form to Sanlam Collective Investments)*

| | | |
|----------------------|----------------------|-----------------------------------|
| Name (block letters) | <input type="text"/> | Tel. no. (<input type="text"/>) |
|----------------------|----------------------|-----------------------------------|

| | | | |
|--|---|---------------------|---------------------------|
| <input type="text"/> Yes <input type="text"/> No | <input type="text"/> Yes <input type="text"/> No | For office use only | Stamp of Receiving Office |
| Investor identified? | Particulars verified with institutions concerned? | | |