

Change Details

For individuals and legal entities

1. What you need to know

1. Please complete the investor details section as well as the section(s) where changes are to be made.
2. Note that information filled in outside of the relevant fields will not be considered when processing your instruction.
3. 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); or
 - Fax to **0861 119 733** (from within RSA) or to **+27 11 263 6067** (from outside RSA).
4. We will process your instruction once we have received
 - A completed and signed form; and
 - All relevant supporting documents.
5. The daily cut-off for receipt of instructions is 14:00.
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

Individuals:

Title and surname

First names

SA ID number

Passport number
(if foreign national)

Expiry date

D D M M Y Y Y Y

Country of issue

Legal entities:

Registered name

Trading name

Registration number

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 6: Legal entity tax residency self-certification |
| <input type="checkbox"/> Addendum 2: Contact details (Contact numbers / email / address) | <input type="checkbox"/> Addendum 7: Preferred correspondence method |
| <input type="checkbox"/> Addendum 3: Person acting on your behalf | <input type="checkbox"/> Addendum 8: Bank account details |
| <input type="checkbox"/> Addendum 4: Legal entity contact person(s) | <input type="checkbox"/> Addendum 9: Income distribution payment method (unit trusts only) |
| <input type="checkbox"/> Addendum 5: 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 instruction is suitable for my needs.
- I am authorised to act on behalf of the investor (if applicable) and I will be personally responsible for this instruction should this not be the case.
- I did not receive advice from Nedgroup Investments about this instruction.
- I understand and agree to the information in the latest relevant Investment Agreement.
- I have read and understand the contents including the terms and conditions of this form.
- All of the information, instructions and documents provided by me or on my behalf about this instruction, whether in my handwriting or not, are accurate and complete.
- Nedgroup Investments may only accept instructions from my financial planning business or any authorised third party if I appoint them and authorise this in writing.
- I am aware that I need to inform Nedgroup Investments if any of my details change.

Investor / Authorised signatory

Date
D D M M Y Y Y Y

Name

Capacity

Authorised signatory

Date
D D M M Y Y Y Y

Name

Capacity

Authorised signatory

Date
D D M M Y Y Y Y

Name

Capacity

Authorised signatory

Date
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.co.za
Directors: I Ruggiero NA Andrew CE Sevenoaks

Addendum one

Name or ID/Passport number

INDIVIDUALS

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

Title and surname

First names

SA ID number

Passport number
(if foreign national)

Expiry date
D D M M Y Y Y Y

Country of issue

LEGAL ENTITIES

PLEASE PROVIDE A COPY OF THE REGISTRATION DOCUMENTATION

Registered name

Trading name

Registration number

FINANCIAL PLANNER DETAILS AND DECLARATIONS

This section can only be completed by the financial planner that we have on record for you.

Name of financial planning business

Name of financial planner Code

Contact number + (0)

I confirm that:

- I am the primary accountable institution in terms of the Financial Intelligence Centre Act, 38 of 2001 (FICA).
- I have identified all relevant parties in respect of this business relationship, verified their details and I am keeping their records as required by FICA.
- I will continue to maintain the correctness of these records as required by FICA for the duration of this business relationship.
- If I do not sign below, I understand that Nedgroup Investments will be responsible for establishing and verifying the identity of the investor in terms of FICA and that this instruction will be delayed until Nedgroup Investments has received all relevant documents in the document checklist.

Signature of financial planner

Date
D D M M Y Y Y Y

Addendum two

Contact details

Please consult the Addendum FICA documentation for relevant supporting documentation.

INDIVIDUALS

Cell + (0)

Email address

Alternate telephone + (0)

Residential address

Postal address

Code

Code

Country

Country

LEGAL ENTITIES

Registered address

Postal address

Code

Code

Country

Country

Physical business address

Code

Country

FINANCIAL PLANNER DETAILS AND DECLARATIONS

This section can only be completed by the financial planner that we have on record for you.

Name of financial planning business

Name of financial planner Code

Contact number + (0)

I confirm that:

- I am the primary accountable institution in terms of the Financial Intelligence Centre Act, 38 of 2001 (FICA).
- I have identified all relevant parties in respect of this business relationship, verified their details and I am keeping their records as required by FICA.
- I will continue to maintain the correctness of these records as required by FICA for the duration of this business relationship.
- If I do not sign below, I understand that Nedgroup Investments will be responsible for establishing and verifying the identity of the investor in terms of FICA and that this instruction will be delayed until Nedgroup Investments has received all relevant documents in the document checklist.

Signature of financial planner

Date
D D M M Y Y Y Y

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

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

If no, please refer to the FICA Requirement Document for documentation required to confirm investor's address.

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)

Expiry date Country of issue
D D M M Y Y Y Y

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

Postal address (if different)

Code

Code

FINANCIAL PLANNER DETAILS AND DECLARATIONS

This section can only be completed by the financial planner that we have on record for you.

Name of financial planning business

Name of financial planner Code

Contact number + (0)

I confirm that:

- I am the primary accountable institution in terms of the Financial Intelligence Centre Act, 38 of 2001 (FICA).
- I have identified all relevant parties in respect of this business relationship, verified their details and I am keeping their records as required by FICA.
- I will continue to maintain the correctness of these records as required by FICA for the duration of this business relationship.
- If I do not sign below, I understand that Nedgroup Investments will be responsible for establishing and verifying the identity of the investor in terms of FICA and that this instruction will be delayed until Nedgroup Investments has received all relevant documents in the document checklist.

Signature of financial planner

Date
D D M M Y Y Y Y

Addendum four

Contact person of a legal entity

Do you wish to:

- Replace your current authorised contact person - please complete all information below which will overwrite existing records
- Update your current authorised contact person's details - please only provide the information you wish to update

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)

CONTACT DETAILS

Cell + (0)

Email address

Alternate telephone + (0)

<p>Residential address or registered address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="text-align: right;">Code <input type="text"/></p> <p>Country <input type="text"/></p>	<p>Postal address (if different)</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="text-align: right;">Code <input type="text"/></p> <p>Country <input type="text"/></p>
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Addendum five

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="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="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="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="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="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 six

Legal entity 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 Account Information) requires us to collect certain information about investors and its Controlling Persons tax arrangements. Please complete the sections 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 change in the future, please advise of these changes promptly.

It is mandatory to classify yourself in this section, for guidance please refer to the **Addendum: Legal entities tax residency classification (FATCA and CRS)** available at www.nedgroupinvestments.com, and speak to your tax adviser.

Are you resident for tax purposes in South Africa?

Yes No

If yes, please indicate your tax number

<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"/>
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Are you tax resident in any other country?

Yes No

If yes, please complete 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="checkbox"/>	<input type="checkbox"/>
2 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note

- By ticking not applicable you confirm that the country specified does not issue a tax identification number.

CLASSIFICATION UNDER FATCA AND CRS

Please indicate if you are a

Financial Institution **OR** a Non Financial Institution

If you are a Financial Institution

FATCA Classification In this section the word "foreign" includes South African legal entities.	(please tick one)
South African Financial Institution or a Partner Jurisdiction Financial Institution	<input type="checkbox"/>
Participating Foreign Financial Institution (in a Non-IGA jurisdiction)	<input type="checkbox"/>
Non-Participating Foreign Financial Institution	<input type="checkbox"/>
Financial Institution resident in the USA or in a US Territory	<input type="checkbox"/>
Exempt Beneficial Owner (this includes a South African registered retirement scheme, a South African Governmental Organisation or an International Organisation)	<input type="checkbox"/>
Deemed Compliant Foreign Financial Institution (this includes Non-Profit Organisations and Financial Institutions with a Local Client Base).	<input type="checkbox"/>

CRS Classification	(please tick one)
Financial Institution under CRS (this includes all Non-Reporting Financial Institutions for example a pension scheme, government entity and international organisation.)	<input type="checkbox"/>
A non-participating professionally managed Investment Entity (this does not include a South African Financial Institution). <i>If this box is ticked, please also complete the Addendum Controlling Persons (natural persons only) in respect of any Controlling Persons).</i>	<input type="checkbox"/>

If you are a Non Financial Institution

FATCA Classification In this section the word "foreign" includes South African legal entities.	(please tick one)
Active Non-Financial Foreign Entity	<input type="checkbox"/>
Passive Non-Financial Foreign Entity <i>(If this box is ticked, please also complete the Addendum Controlling Persons (natural persons only) in respect of any Controlling Persons).</i>	<input type="checkbox"/>
Non-Financial Entity that is a 'US Person' - please tick one of the following boxes: US Reportable Person <input type="checkbox"/> Not a US Reportable Person <input type="checkbox"/>	

CRS Classification	(please tick one)
A corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation.	<input type="checkbox"/>
A Government Entity, a Central Bank or an International Organisation.	<input type="checkbox"/>
Active Non-Financial Entity.	<input type="checkbox"/>
Passive Non-Financial Entity. <i>(If this box is ticked, please also complete the Addendum Controlling Persons (natural persons only) in respect of any Controlling Persons).</i>	<input type="checkbox"/>

Addendum seven

Preferred correspondence method

Please select how you would like to receive correspondence: Email Post

For individuals

You may choose who receives your quarterly investment statement:

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

As an investor, you will also receive our quarterly Insights if you have provided us with an email address. If you do not wish to receive this please tick this box:

For legal entities

You may choose who receives your quarterly investment statement:

The authorised contact person 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 eight

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.

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 nine

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 ✓