

Life Policies

Change in investor details



Important information

Please complete all relevant sections of this form and submit it, together with the documents listed below, to retirement@prescient.co.za or fax to 021 700 3700.

- A clear copy of your South African ID or Passport (if Foreign National)
- A document less than three months old containing your residential address
- A cancelled cheque or a copy of your bank statement

Provide your personal details

| | | | |
|---|----------------------|-------------|----------------------|
| Policy number | <input type="text"/> | | |
| Full name | <input type="text"/> | | |
| Date of birth | <input type="text"/> | Nationality | <input type="text"/> |
| ID or Passport number (if foreign national) | <input type="text"/> | | |
| Income tax number | <input type="text"/> | | |
| Name of Financial Advisor (if applicable) | <input type="text"/> | | |

Provide your new address details

| Street address | | Postal address | |
|----------------|----------------------|------------------------|--|
| C/O | <input type="text"/> | Same as street address | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unit | <input type="text"/> | C/O | <input type="text"/> |
| Complex | <input type="text"/> | Line 1 | <input type="text"/> |
| Street number | <input type="text"/> | Line 2 | <input type="text"/> |
| Street | <input type="text"/> | Line 3 | <input type="text"/> |
| Suburb | <input type="text"/> | Line 4 | <input type="text"/> |
| City | <input type="text"/> | Postal code | <input type="text"/> |
| Postal code | <input type="text"/> | Country | <input type="text"/> |
| Country | <input type="text"/> | Fax | <input type="text"/> |
| Telephone (H) | <input type="text"/> | Cell | <input type="text"/> |
| Telephone (W) | <input type="text"/> | Email address | <input type="text"/> |

Provide proof of your residential address for FICA purposes.

Provide your new bank details

South African bank account in the name of the Investor:

| | | | |
|----------------|----------------------|-----------------|----------------------|
| Account holder | <input type="text"/> | Bank | <input type="text"/> |
| Account number | <input type="text"/> | Type of account | <input type="text"/> |
| Name of branch | <input type="text"/> | Branch code | <input type="text"/> |

Provide a cancelled cheque or a copy of your bank statement.

Authorisation and declaration

- I confirm that all information provided on this form is correct.
- I have not received advice from the Administrator regarding this instruction.
- I confirm that my appointed financial advisor may have access to my investment details via the secure section of the Administrator's website or via a secure electronic channel at my financial advisor's request.
- I have read, understood and agree to the latest Terms and Conditions which I understand may have changed since my original investment.

| | | | |
|-------------------|---------------------------------------|-----------|--|
| Full name | <input type="text"/> | Signed at | <input type="text"/> |
| Commencement date | <input type="text" value="DDMMYYYY"/> | Y | Signature of investor <input type="text"/> |

End of form