

# 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](mailto: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