

Hollard Discretionary Savings Products

Change of Details Instruction for Legal Entities



1. Important Information

- 1.1 This instruction form is applicable to the following products:**
- a) Hollard Investment Plan
 - b) Hollard Savings Plan
- 1.2** Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers.
- 1.3** Hollard cares about your privacy. In order to provide you with our service, we and our service provider have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.
- 1.4** Premier Product Solutions (Pty) Ltd ('The Administrator') is the administrator of this investment.
- 1.5** Protected Nominees (Pty) Ltd is an independent company approved by the Financial Services Conduct Authority that holds assets for the investor's exclusive benefit.
- 1.6** It is imperative that you familiarise yourself with the respective products Information Document. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre or on our web site at www.hollard.co.za.
- 1.7** Should you elect to change your Financial Advisor Initial and/or Annual Fee; increase your recurring debit order amount or elect to add a new debit order, an Effective Annual Cost (EAC) Disclosure may be requested from our Customer Care team on 0860 202 202 or customercare@hollardinvestments.co.za.
- 1.8** All documents can be sent via email to customercare@hollardinvestments.co.za or faxed to +27(0)11 351 3816.
- 1.9** The daily cut-off for receipt of instructions is **14h00**.
- 1.10** Any instructions received on a public holiday or over a weekend will be processed on the next available working day.
- 1.11** **Please note:** Hollard Investments will only accept an instruction that has been signed by the investor/authorised person using either a physical "wet" signature or an electronic signature (that has an associated signing audit trail).

2. Document Checklist



| | |
|--------------------------|---|
| <input type="checkbox"/> | Completed Change of Details Form. |
| <input type="checkbox"/> | Change of Banking Details: Proof of banking details (cancelled cheque or bank statement, not older than 3 months). |
| <input type="checkbox"/> | Change of Name: Customer Due Diligence (CDD)/FICA documents as per the CDD/FICA requirements list available on the Hollard website www.hollard.co.za . |
| <input type="checkbox"/> | Change of Registered Address: Customer Due Diligence (CDD)/FICA documents as per the CDD/FICA requirements list available on the Hollard website www.hollard.co.za . |
| <input type="checkbox"/> | Change of Tax Number: Confirmation of income tax number. |

Premier Product Solutions (Pty) Ltd (Reg. No.2021/848795/07) is an authorised Financial Services Provider, FSP No. 52376. Suite 206, Strauss Daly Building, 41 Richfond Circle, Ridgeside Office Park, Umhlanga, Kwazulu Natal Tel: +27 (0)12 945 9002 Email: info@premierfin.co.za.

Hollard Life Assurance Company Limited (Reg. No.1993/001405/06) a licensed life insurer FSP No.17697, and Hollard Investment Managers (Pty) Ltd (Reg. No.1997/001696/07), FSP No.32521 are authorised Financial Services Providers. 22 Oxford Road, Parktown, Johannesburg, 2193, Tel: 0860 202 202, Fax: +27 (0)11 351 3816, Email: customercare@hollardinvestments.co.za

For changes or additions of a representative acting on your behalf, the following must be supplied for such a person:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Proof of authority to act. |
| <input type="checkbox"/> | Customer Due Diligence (CDD)/FICA documents as per the FICA requirements list available on the Hollard website www.hollard.co.za . |

3. Investor Details



| | | | | |
|------------|--|--|-------------------------------------|--|
| 3.1 | Investor Full Name & Surname: | | | |
| | Please provide the Investment numbers to which you would like to apply the changes specified in this form. | | | |
| | 1 st Investment Number: | | 2 nd Investment Number: | |
| | 3 rd Investment Number: | | 4 th Investment Number: | |
| | 5 th Investment Number: | | 6 th Investment Number: | |
| | 7 th Investment Number: | | 8 th Investment Number: | |
| | 9 th Investment Number: | | 10 th Investment Number: | |

4. Updated Legal Entity Details

Complete only the details you wish to change.

| | | | |
|------------|-------------------------|--------------|--|
| 4.1 | Registered Entity Name: | | |
| | Registration Number: | VAT Reg. No: | |

| | | |
|------------|---|--|
| 4.2 | Type of Entity: | |
| | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> Close Corporation |
| | <input type="checkbox"/> Listed Company | <input type="checkbox"/> Unlisted Company |
| | <input type="checkbox"/> South African Registered Company | <input type="checkbox"/> Foreign Registered Company |
| | <input type="checkbox"/> Retirement Fund (Pension, Provident, Benefit, RA etc.) | <input type="checkbox"/> RSA Government (Provincial Administration/Municipalities) |
| | <input type="checkbox"/> Other (if selected, please provide a detailed description of the nature of the entity named as the beneficial owner) | |

| | | | |
|------------|--|------------|-------|
| 4.3 | Residential/Registered Address: | | |
| | Complex Name: | Unit No: | |
| | Street/Farm Name: | Street No: | |
| | Suburb/District: | City/Town: | Code: |

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| | | | | | |
|--|---------------------------------|--------------------------------------|--|--|--|
| 4.4 | Postal Address: | | | | |
| Postal address is as per the residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If No, please complete a postal address below? | | |
| Address Type: | <input type="checkbox"/> PO Box | <input type="checkbox"/> Private Bag | <input type="checkbox"/> Postnet Suit | <input type="checkbox"/> Box/Bag/Suite No: | |
| Post Office Name: | | | | Code: | |

| | | | |
|--|-------------------------|---------|--|
| 4.5 | Contact Details: | | |
| Tel: | | Mobile: | |
| *Email: | | | |
| *Unless specifically instructed, Hollard Investments will send all investment statements via email. Refer to the section on Reporting and Correspondence. | | | |

| | | |
|--|--------------------------|--|
| 4.6 | Source of Income: | |
| Source of income is a requirement in terms of the Financial Intelligence Centre Act (FICA) 38 of 2001. | | |
| Source of income (e.g. Capital, Donation, Company Profits, Savings): | | |

| | | |
|--------------------------|--|--|
| 4.7 | Registration and Income Tax Details | |
| Country of Registration: | | |
| Income Tax Number: | | |

5. Change of Phase-In Instruction

Please complete this section if you wish to cancel or change your existing phase-in instruction.

Should you elect to cancel your Phase-In, all remaining funds will remain invested in the Hollard Prime Money Market Fund.

| | | |
|--------------------------|---|--|
| 5.1 | Please select from the following options: | |
| <input type="checkbox"/> | Cancel your Phase-In. | |
| <input type="checkbox"/> | Change your Phase-In allocation. If you elect to change your phase-In allocation please complete the table below with the new investment portfolio percentage allocation. | |

| | | |
|----------------------------------|--|--|
| 5.2 | New Investment Portfolio Percentages: | |
| | | |
| Investment Portfolio Name | Percentage Allocation | |
| | % | |
| | % | |
| | % | |
| | % | |
| Total | 100% | |

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6. Change of Recurring Debit Order Details

Please complete this section if you wish to add a new debit order or change/cancel your existing debit order.

| | | |
|------------|---|--------------------------------|
| 6.1 | The minimum recurring debit order amount of R500 per month must be met for the Investment Account. | |
| 6.2 | Hollard Investments must receive this instruction 10 days prior to the debit order date. | |
| 6.3 | Please select from the following options: | |
| | <input type="checkbox"/> | Cancel debit order |
| | <input type="checkbox"/> | Change an existing debit order |
| | <input type="checkbox"/> | Load a new Debit Order |
| | Monthly Debit Order Amount: | R |
| 6.4 | If you would like to change the date on which your debit order runs, please select from the options below: | |
| | Please debit my account monthly on: <input type="checkbox"/> 1 st OR <input type="checkbox"/> 20 th of the month | |
| 6.5 | If you would like to increase your recurring contribution automatically each year, please select from the options below. Please note that debit order escalations take place one year after your first debit order. Should you change your debit order, the escalation will only take place one year after your new debit order has changed. | |
| | Percentage Increase Per Annum: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% | |
| 6.6 | Effective Date of Change: | |
| | *Please specify the debit order details below. This instruction will replace any existing debit orders on your investment account. | |
| | Investment Portfolio Name | Recurring Debit Order % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | Total | 100% |

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7. Change of Regular Withdrawal Details

Please complete this section if you wish to add a new regular withdrawal payment or change your existing regular withdrawal..

| | | |
|-----|---|---|
| 7.1 | The minimum regular withdrawal amount is R500 per withdrawal. | |
| 7.2 | To allow for bank clearance, contributions via or recurring debit order can only be withdrawn after 45 days and those made by deposit after 10 days. | |
| 7.3 | The regular withdrawal payment will be processed via the sale of units from your Investment Portfolios, and as such will be subject to Capital Gains tax. | |
| 7.4 | Hollard Investments must receive this instruction or any changes or cancellation thereto 5 business days prior to the payment date. | |
| 7.5 | Should the payment date fall on a non-business day, the payment will be processed on the previous working day. | |
| 7.6 | Unless an Income and Expense account has been selected above, the regular withdrawal will be deducted proportionally across all Investment Portfolios. | |
| 7.7 | Regular Withdrawal amount: | R |
| 7.8 | Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually | |
| 7.9 | Regular Withdrawals to be paid on: <input type="checkbox"/> 1 st OR <input type="checkbox"/> 24 th of the month in which it is due. | |

8. Change of Banking Details

Please complete this section if you would like to change your banking details.

| | | |
|-----|--|--|
| 8.1 | Please supply proof of banking details for the bank account provided. | |
| 8.2 | Please indicate to which transaction this change must apply: | |
| | <input type="checkbox"/> Debit Orders OR <input type="checkbox"/> Regular Withdrawal Payments | |
| 8.3 | Payments to 3rd party bank accounts are not allowed. Payment will only be made to a bank account in your name. | |
| 8.4 | No payments will be made to offshore bank accounts, credit cards or market linked accounts. | |
| 8.5 | For Debit Order Transactions: CDD/ FICA documents are required for the bank account holder, should the bank account holder be a party other than the investor. Please refer to the CDD/FICA Requirements list for details. | |
| 8.6 | The bank account holder hereby authorises Protected Nominees to draw direct debits against the bank account detailed below. | |

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| | | | | |
|---------------|-----------------------------------|---|---------------------------------------|---------------------------------|
| 8.7 | New Banking Details: | | | |
| | Account Holder: | | | |
| | Bank Name: | | Account Number: | |
| | Branch Name: | | Code: | |
| Account Type: | <input type="checkbox"/> Savings | <input type="checkbox"/> Cheque/Current | <input type="checkbox"/> Transmission | <input type="checkbox"/> Other: |
| 8.9 | Signature of Bank Account Holder: | | | |
| | Date: | | | |

9. Reporting and Correspondence

Complete this section if you would like to add or remove your FSP as a correspondence recipient.

| | |
|------------|--|
| 9.1 | It is your responsibility to ensure that the details for reporting and correspondence held by Hollard Investments are current and accurate. Hollard Investments will not be held liable for communications of any nature not being received by you, or any circumstances that may arise as a result of such non-receipt. |
| 9.2 | Do you require all correspondence to be sent to your nominated Financial Services Provider (FSP) in addition to being sent to you? <input type="checkbox"/> Yes |

10. Change of Financial Services Provider (FSP)

| | |
|---|--|
| Complete this section if you would like to change your Financial Services Provider (FSP) or Financial Advisor Annual Fee. | |
| Please note: your new nominated FSP must have a Hollard Investments Contract in order for this change to take effect. | |
| Please note: A FSP change will only take effect from the date that Hollard Investments receives and processes this change instruction. | |

| | | | |
|-------------------------|--|-------------------------|--|
| Practice Name (FSP): | | FSP Number: | |
| Financial Advisor Name: | | Financial Advisor Code: | |
| 10.1 | FAIS Declaration: | | |
| | <p>a. I declare that I am a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002 and subordinate legislation thereto, to the Investor.</p> | | |

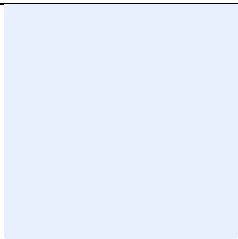
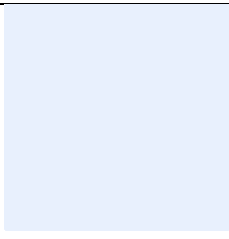
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| | | |
|------------------------------|--|--|
| | <p>b. I, the appointed FSP named herein, hereby declare that I have fully explained to the Investor named herein, the details and constraints of the investment in question and have received confirmation from them of their understanding thereof, that Hollard Investments has the right to review this investment application if at any time they feel the Investor does not understand the implications of their decision and the associated consequences.</p> <p>c. Further, I warrant that I have explained all fees that relate to this investment to the Investor and I understand and accept that the Investor may withdraw his/her authority for payment to me/us in writing to Hollard Investments.</p> | |
| 10.2 | <p>FICA Declaration:</p> <p>The FSP declares and confirms in terms of the Financial Intelligence Centre Amendment Act of 2017 (the Act) that:</p> <p>a. I have identified and verified the details of the parties to this contract and transaction in terms of the requirements of Section 21 of the Act.</p> <p>b. I have obtained copies of the client's identification and verification documents and will retain records thereof in terms of the requirements of Section 22 of the Act.</p> <p>c. I will perform these functions in accordance with the Regulation Exemption in place between my FSP, who acts as the primary accountable institution herein, and the Product Provider. <input type="checkbox"/> Yes</p> | |
| 10.3 | <p>Investor Fee and Discretionary Mandate Declaration:</p> <p>a. I confirm that I have entered into a mandate with the FSP named herein, who is an approved discretionary FSP and I have attached a signed copy of the mandate to this instruction. <input type="checkbox"/> Yes</p> <p>b. I confirm my understanding that if I have not selected 'Yes', only transaction instructions received from, and signed by me, will be acted upon.</p> <p>c. I further confirm my understanding of the fact that if I have selected 'Yes', Hollard Investments and/or the administrator will act on all transaction instructions received from the nominated FSP irrespective of whether or not authorization for the transaction in question is received from me.</p> <p>d. I indemnify Hollard Investments and the administrator against any losses whatsoever that may occur as a result of transaction instructions carried out, where such instructions are signed and submitted to Hollard Investments and/or the administrator by the FSP without my knowledge.</p> <p>e. I, the undersigned, confirm that I have read and completed, whether in my handwriting or not, this declaration and understand its implications.</p> <p>f. I confirm that the Investor named herein and I have agreed to the payment of the Initial Financial Advisor Fee and Annual Financial Advisor Fee, as specified below (If a fee is not specified, a zero initial and annual fee will be applied).</p> | |
| | % | Excl. VAT (Initial Financial Advisor fee may not exceed 3.0% excl. VAT p.a.) |
| Initial Fee for debit order: | % | Excl. VAT (Annual Financial Advisor fee may not exceed 1.0% excl. VAT p.a.) |
| Annual Fee of: | | |

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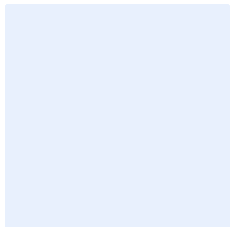
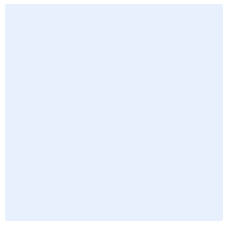
| | | | | |
|-------------|---|---|------------------------|---|
| | g. I furthermore confirm that I have signed this declaration of my own free will and I regard it as binding. | | | |
| 10.4 | Financial Advisor Signature: |  | Investor Signature: |  |
| | Date: | | Date: | |

11. Investor Declaration

| | |
|-------------|---|
| 11.1 | I confirm that all information provided in this form is correct. |
| 11.2 | I have read and understood the Information Document applicable to the respective product. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre or on our website www.hollard.co.za . |

Signed at _____ on this _____ day of _____

(Place) (Day) (Month & Year)

Signature:  Signature: 

Official Capacity: _____ Official Capacity: _____

If the policyholder is under the age of 18, this signature must be that of the person acting on behalf of the Investor.