

1. Important Information

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| --- | --- |
| **1.1** | This change of details form is applicable to the **Hollard Living Annuity, Hollard Preservation Plans** and **Hollard Retirement Annuity Plan**. |
| **1.2** | Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers. |
| **1.3** | 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 recurring debit order, an Effective Annual Cost (EAC) Disclosure must be requested from our Customer Care team on 0860 202 202 or customercare@hollardinvestments.co.za. The EAC Disclosure number must be inserted in the appropriate sections of this form and the disclosure document attached to this instruction. |
| **1.4** | It is imperative that you familiarise yourself with the Information Document applicable to either the Hollard Living Annuity, Hollard Preservation Plans or Hollard Retirement Annuity Plan that this instruction relates to. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre on 0860 202 202 or on our web site at [www.hollard.co.za](http://www.hollard.co.za). |
| **1.5** | This instruction will only be processed once all investment requirements are met and all required documents are received. |
| **1.6** | All documents can be sent via email to customercare@hollardinvestments.co.za or faxed to +27(0)11 351 3816. |



1. Document Checklist

|  |  |
| --- | --- |
|  | Completed Change of Details Instruction Form. |
|  | For a new recurring debit order into a model portfolio, a Client Mandate. The Client Mandate is available from your Financial Advisor. |
|  | For changes to your Financial Advisor Initial and/or Annual Fee, increases in recurring debit order amounts or for new debit order elections, an EAC Disclosure document. This can be obtained from the Hollard Investment Customer Care team on 0860 202 202. |
|  | Change of Banking Details: Proof of banking details (cancelled cheque or bank statement, not older than 3 months). |
|  | Change of Name: Certified copy of South African bar-coded ID, passport (for foreign nationals), marriage certificate or divorce decree. |
|  | Change of Tax Number: Confirmation of income tax number. |
| **For changes or additions of a person acting on your behalf, the following must be supplied for such a person:** | |
|  | Proof of authority to act. |
|  | Certified copy of South African green bar-coded ID/new smart card ID or valid passport, with visible photograph and legible text. |



1. Investor Details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1** | Investor Name: |  | | | |  | | | |
| **3.2** | Apply the changes requested in this form to all my investment accounts: | | | | | | Yes | | |
| **3.3** | Apply the changes requested in this form to the following investment account numbers, as listed below: | | | | | | | | |
|  |  | | | | | | | | |
|  | **1st Investment No.:** | |  |  | **2nd Investment No.:** | | |  |  |
|  | **3rd Investment No.:** | |  |  | **4th Investment No.:** | | |  |  |
|  | **5th Investment No.:** | |  |  | **6th Investment No.:** | | |  |  |

1. New Investor Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete only the details you wish to change.** | | | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | First Name & Surname: | | | | | | | |  | | | | | | | | | | |
| ID/Passport No: | | | | |  | | | | | | | | | | | | | | | | | |
| **Residential Address:** | | | | | | | | | | | | | | | | | | | | | | |
| Complex Name: | | | | | |  | | | | | | | | | | | | | | Unit No: |  | |
| Street/Farm Name: | | | | | | |  | | | | | | | | | | | | | Street No: |  | |
| Suburb/District: | | | | | |  | | | | | | | | | | | | | |  | | |
| City/Town: | | |  | | | | | | | | | | |  | | | | | | Code: |  | |
| **Postal Address:** | | | | | | | | | | | | | | | | | | | | | | |
| Postal address is as per the residential address | | | | | | | | | | | | | | Yes | No | | If No, please complete a postal address below? | | | | | |
| **Address Type:** | | | | PO Box | | | | | Private Bag | | | | | Postnet Suit | | | Box/Bag/Suite No: | | | |  | |
| Post Office Name: | | | | | |  | | | | | | | | | | | | | | Code: |  | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | | |
| Home: | |  | | | | | | | | Mobile: | | |  | | | **\***Email: | |  | | | | |
| **\*Unless specifically instructed, Hollard Investments will send all investment statements via email. Refer to the section on Reporting and Correspondence.** | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status:** | | | | | | Married | | | | | Divorced | | | Never married | | | | Other (please specify) | | | |  |
| Country of Residence: | | | | | | | |  | | | | | | | | | | | Income Tax No: | |  | |

1. Person Acting on Behalf of Investor

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Capacity:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Power of Attorney | | | | | | | | | | | | | | Curatorship | | | | | | | Estate Late Executors | | | | |
| Court Appointed Guardianship | | | | | | | | | | | | | | Trustees | | | | | | | | | | | |
| **Please note that certified proof of the capacity stated above will be required on the submission of this application, without which it will not be processed.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | Full Name & Surname: | | | | | | | |  | | | | | | | | | | | | | |
| First Name (s): | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Residential Address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complex Name: | | | | |  | | | | | | | | | | | | | | | | | Unit No: | | |  |
| Street/Farm Name: | | | | | | |  | | | | | | | | | | | | | | | Street No: | | |  |
| Suburb/District: | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| City/Town: | | |  | | | | | | | | | | | | | | | | | | | Code: | |  | |
| **Postal Address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address is as per the residential address | | | | | | | | | | | | | | | Yes | | No | If No, please complete a postal address below? | | | | | | | |
| **Address Type:** | | | | PO Box | | | | | Private Bag | | | | | | | Postnet Suit | | | Box/Bag/Suite No: | | | | |  | |
| Post Office Name: | | | | | |  | | | | | | | | | | | | | | | | Code: | |  | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home: | |  | | | | | | | | Mobile: | | |  | | | | | | \*Email: |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of person acting on behalf on Investor: | | | | | | | |  | | | | | | | |  | | | |  | | |  |  | |
| Date: | | | | | | | |  | | |  | | | | |  | | | |  | | |  |  | |

1. Change of Phase-in Instruction

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| --- | --- | --- | --- | --- |
| **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. | | | | |
| **6.1** | Please select from the below options: | | | |
|  | Cancel your Phase-in. | | | |
|  | 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.  **Please note:** The Phase-In option is not available for model portfolios | | | |
| **6.2** | **New Investment Portfolio Percentages:** | | | |
|  | | | | |
| **Investment Portfolio Name** | | |  | **Percentage Allocation** |
|  | | |  | **%** |
|  | | |  | **%** |
|  | | |  | **%** |
|  | | |  | **%** |
|  | | |  | **%** |
|  | | **Total:** | | **100 %** |

1. 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 on your Hollard Retirement Annuity Plan.** | | | | | | | | | | | | |
| **7.1** | If you are investing in a model portfolio, please provide the model portfolio name in the table below (and not the names of the investment portfolios in which the model portfolio invests). You may invest into one or a combination of investment portfolios and/or model portfolios. | | | | | | | | | | | |
| **7.2** | The minimum recurring debit order amount of **R500** per month must be met for the Investment Account. | | | | | | | | | | | |
| **7.3** | Hollard Investments must receive this instruction 5 days prior to the debit order date. | | | | | | | | | | | |
| **7.4** | Should you elect to **increase** your existing debit order amount or **add** a new Debit Order, an Effective Annual Cost (EAC) Disclosure must be requested from our Customer Care team on 0860 202 202 or customercare@hollardinvestments.co.za. The EAC Disclosure number must be inserted in 7.5 below and the disclosure document attached to this instruction form. | | | | | | | | | | | |
| **7.5** | **Please select from the below options:** | | | | | | | | | | | |
|  | Cancel debit order | | | | | | | | | | | |
|  | Change an existing debit order (For an increase in the debit order amount, please provide the EAC Disclosure number below) \* | | | | | | | | | | | |
|  | Load a new Debit Order (please provide the EAC Disclosure number below) \* | | | | | | | | | | | |
|  | **Monthly Debit Order Amount:** | | **R** | | | | |  | **EAC Disclosure Number**: | | |  | |
| **7.6** | **If you would like to change the date on which your debit order runs, please select from the options below:** | | | | | | | | | | | |
|  | Please debit my account on the: | | | 1st | **OR** | | 20th of the month. | | | | | |
| **7.7** | If you would 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:** | | | 5% | | 10% | | 15% | | 20% | | |
| **7.8** | 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/Model Portfolio Name** | |  | **Recurring Debit Order Percentage** |
|  | |  | **%** |
|  | |  | **%** |
|  | |  | **%** |
|  | |  | **%** |
|  | |  | **%** |
|  | **Total:** | | **100 %** |

1. Beneficiary Nominations

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8.1** | **Complete this section if you wish to:**   1. Change the details of the beneficiaries that you have nominated for your Hollard Living Annuity. 2. Change or confirm the beneficiaries that the fund should consider to receive the benefit on your death (applicable to the Hollard Preservation Plans and Hollard Retirement Annuity Plan). | | | | | | | | | | |
| **8.2** | The allocation of the benefits at your death is at the discretion of the trustees of the relevant Fund and is subject to section 37C of the Pension Funds Act 24 of 1956, as amended. Please attach a letter of explanation to this application form if there are any special factors that you would like the Trustees of the Fund to take into account. | | | | | | | | | | |
| **8.3** | The nomination will replace all previous nominations on record with Hollard Investment. | | | | | | | | | | |
|  |  | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **First Name** |  | **Surname** |  | **Relationship** |  | **ID/Registration Number** |  | **Share of Benefits** | | | | | | | | | | | | |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | **Total:** | | **100 %** | |

1. Details of Dependents

|  |  |
| --- | --- |
| **9.1** | This section is applicable to the Hollard Preservation Plans and Hollard Retirement Annuity Plan only. |
| **9.2** | Dependents are a special category of persons as described in the Pension Funds Act 24 of 1956, as amended, and are person’s dependent on you for financial support, along with your spouse and children. They are given preference when allocating benefits. |
| **9.3** | Should you have more than six dependents, please copy this page and provide the additional dependent details on the additional page, and attach it when submitting your request. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Dependent One** |  | **Dependent Two** |
| **Full Name and Surname:** |  |  |  |  |
| **Date of Birth:** |  |  |  |  |
| **Residential Address:** |  |  |  |  |
|  |  |  |  |  |
| **Contact No:** |  |  |  |  |
| **Amount Spent Monthly:** |  | **R** |  | **R** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Dependent Three** |  | **Dependent Four** |
| **Full Name and Surname:** |  |  |  |  |
| **Date of Birth:** |  |  |  |  |
| **Residential Address:** |  |  |  |  |
|  |  |  |  |  |
| **Contact No:** |  |  |  |  |
| **Amount Spent Monthly:** |  | **R** |  | **R** |
|  |  |  |  |  |
|  |  | **Dependent Five** |  | **Dependent Six** |
| **Full Name and Surname:** |  |  |  |  |
| **Date of Birth:** |  |  |  |  |
| **Residential Address:** |  |  |  |  |
|  |  |  |  |  |
| **Contact No:** |  |  |  |  |
| **Amount Spent Monthly:** |  | **R** |  | **R** |

1. Change of Banking Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete this section if you would like to change your banking details:** | | | | | | | | | | | | | | | |
| **10.1** | Please indicate to which transaction this change must apply: | | | | | | | | | | | | | | |
|  | Debit Orders | | | **OR** | Annuity Income Payments | | | | | | | | | | |
| **10.2** | Payments to 3rd party bank accounts are not allowed. Payment will only be made to a bank account in your name. | | | | | | | | | | | | | | |
| **10.3** | No payments will be made to offshore bank accounts, credit cards or market linked accounts. | | | | | | | | | | | | | | |
| **10.4** | For Debit Order Transactions: You hereby authorise Hollard Investments to draw direct debits against the bank account detailed below. | | | | | | | | | | | | | | |
| **10.5** | **New Banking Details:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Bank Name: | |  | | | | | Branch Name: | |  | | | | Code: | |  |
| Account Holder: | | |  | | | | | | | Account Number: | |  | | | |
| **Account Type:** | | | Transmission | | | Cheque/Current | | | | Savings | Other: | | |  | |
|  | | | | | | | | | | | | | | | |
| Signature of Bank Account Holder: | | | | |  | | |  | | | | | | | |
| Date: | | | | |  | | |  | | | | | | | |

1. Reporting and Correspondence

|  |  |
| --- | --- |
| **Complete this section if you would like to add or remove your Financial Services Provider (FSP) as a correspondence recipient.** | |
| **11.1** | 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. |
| **11.2** | Do you require all correspondence to be sent to your nominated FSP (Financial Services Provider) in addition to being sent to you?  Yes |

1. Change of Financial Services Provider (FSP)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete this section if you would like to change your FSP or your Financial Advisor Annual and/or Initial fee. Your new nominated FSP must have a Hollard Investments Contract in order for this change to take effect.** | | | | | | | | | | |
|  | | | | | | | | | | |
| Should you replace your FSP (as opposed to your Financial Advisor), you will be required to complete a switch form to switch out of your model portfolio investment (if applicable), as a model portfolio is a product offered exclusively to clients of specific FSP’s. | | | | | | | | | | |
| **Please note:** An 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:** | | | |  | | **Financial Advisor Code:** | | |  | |
|  | |  | | | | | | | | |
| **12.1** | | **FAIS Declaration:**   1. I declare that I am a licensed FSP 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. 2. 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. 3. 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 in writing to Hollard Investments. | | | | | | | | |
| **12.2** | | **Financial Advisor Acceptance of Appointment:**   1. I hereby confirm that I am mandated by an FSB authorised Financial Services Provider (FSP), as set out above, to act on behalf of that FSP as a representative. 2. I confirm that I hereby accept my appointment as Financial Advisor to the Investor. | | | | | | | | |
|  | |  | | | | | | | | |
|  | |  | | | | | | | | |
| **Financial Advisor Signature:** | | |  | | | **Investor Signature:** |  | | | |
| **Date:** | | |  | |  | **Date:** |  | | |  |
|  |  | | | | | | | | | |
| **12.3** | **Investor Fee and Discretionary Mandate Declaration:**   1. 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.  Yes 2. I confirm my understanding that if I have not selected 'Yes', only transaction instructions received from, and signed by me, will be acted upon. 3. I further confirm my understanding of the fact that if I have selected 'Yes', Hollard Investments will act on all transaction instructions received from the nominated FSP irrespective of whether or not authorisation for the transaction in question is received from me. 4. I indemnify Hollard Investments, the retirement funds 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 by the FSP without my knowledge. | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. I confirm that the Investor named herein and I have agreed to the payment of the Financial Advisor Initial Fee and Financial Advisor Annual Fee, as specified below (If a fee is not specified, a zero initial and annual fee will be applied). 2. I furthermore confirm that I have signed this declaration of my own free will and I regard it as binding. | | | | | | | | | | | | |
|  | | | Initial Fee for Debit Orders: | | | % | Excl. VAT (Financial Advisor Initial Fee may not exceed 3.0% excl. VAT) | | | | | | |
|  | | | Annual Fee: | | | % | Excl. VAT (Financial Advisor Annual Fee may not exceed 1.0% excl. VAT) | | | | | | |
|  | 1. Should you elect to change your Financial Advisor Initial or Annual Fee, please provide the EAC Disclosure number for each investment account that you are applying the change to. This can be obtained from the Hollard Investments Customer Care team on 0860 202 202. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | **Investments Account No. 1:** | | | |  | | |  | | **EAC Disclosure No.:** | |  | |
|  | **Investments Account No. 2:** | | | |  | | |  | | **EAC Disclosure No.:** | |  | |
|  | **Investments Account No. 3:** | | | |  | | |  | | **EAC Disclosure No.:** | |  | |
|  | **Investments Account No. 4:** | | | |  | | |  | | **EAC Disclosure No.:** | |  | |
|  | **Investments Account No. 5:** | | | |  | | |  | | **EAC Disclosure No.:** | |  | |
|  | |  | | | | | | | | | | | |
| **Financial Advisor Signature:** | | | |  | | | | | **Investor Signature:** | |  | | |
| **Date:** | | | |  | |  | | | **Date:** | |  | |  |

1. Investor Declaration

|  |  |
| --- | --- |
| **13.1** | I confirm that all information provided in this form is correct. |
| **13.2** | Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction (If the instruction relates to the Hollard Living Annuity), I have obtained the consent of my spouse. |
| **13.3** | I have read and understood the Information Document applicable to the Hollard Living Annuity, Preservations Plans or Hollard Retirement Annuity Plan that this instruction relates to. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed at |  | | | on this |  | day of |  | |
| **(Place)** | | | | **(Day)** | | **(Month & Year)** | | |
|  | | | |  | |  | | |
| Signature: | |  | | | |  | |  |
| Official Capacity: | |  |  | | |  | |  |
| **\* If the applicant is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder.** | | | | | | | | |