

## Satrix Retirement Plan General Maintenance Form

## Important information

- This form is used for any changes to the details below on our records.
- · Complete this form in block letters.
- Always indicate your plan- or portfolio number.
- If you request an address change, we need proof of your new address (eg. telephone account, municipality account, etc.), not older than 3 (three) months.
   Your name and physical address must reflect on this account.
- For change of surname we require a copy of your identity document and marriage certificate.
- No third party bank details will be accepted.
- This request will only be processed if signed by the member or authorised person and completed in full.
   Glacier will not be held responsible for damages and/or losses sustained by the member due to incomplete,

- ambiguous or incorrectly completed forms or failure to adhere to these procedures.
- Persons acting on behalf of a member must provide proof of appointment (power of attorney, letters of executorship, etc.). Only applicable if not already in Glacier's possession.
- Please mark the appropriate block(s) with an X.

## Send documents to

Glacier Financial Solutions E-mail: satrixrp@glacier.co.za Fax: 021 947 9210

## Contact us for more information

- Phone our Client Contact Centre at: 0860 007 461
- Send an e-mail to: satrixrp@glacier.co.za

Personal details of Member (All fields are compulsory)		
Investment plan- or portfolio number		
Title: Surname:		
Full first names of member/Initials and surname of contact person and designation:		
Income tax reference number Oher (please specify)  Identity or passport number/Registration number of entity		
Passport country of issue/Country of entity registration		
Physical address:		
Postal code:		
Postal address (if different from physical address):		
Postal code:		
Telephone number (code first) (h): ( ) Telephone (w): ( )		
Cell:		
E-mail:		





2. Bank details (member details compulsory)	
The following bank details will be used for the recovery of any app well as the payment of benefits. No third party payments will be a	
Deposit in bank account	
On record	
Below	
Title: Initials: Surname of account holder:	
Identity number of account holder	
Name of bank: Branch	name:
Account number:	6-Digit branch code:
Type of account (no payments will be made to credit cards): Che	eque Savings Transmission
3. Declaration	
I hereby declare that the information is correct and that I am legal necessary assistance where legally required.	ly competent to give this instruction, with the
Signature of member/authorised person	Signature of parent/guardian (if applicable)
Print initials and surname	Print initials and surname
Date DDMMCCYY	