



## Living Annuity Policy Change in Investor Details

### IMPORTANT INFORMATION

Please complete all relevant sections of this form and submit it, together with the documents listed below, to [lifecycle@thecycle.co.za](mailto:lifecycle@thecycle.co.za).

- ✓ 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

### CONTACT US

If you need help with this form, contact us on 071 628 9722 or email [lifecycle@thecycle.co.za](mailto:lifecycle@thecycle.co.za) between 08:00 - 17:00.

### PROVIDE YOUR PERSONAL DETAILS

Policy Number	<input type="text"/>
Full Name	<input type="text"/>
ID or Passport Number (if Foreign National)	<input type="text"/>
Nationality (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

New Street Address		New Postal Address	
c/o	<input type="text"/>	Same as Street Address	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>		

Telephone (H)	<input type="text"/>	Fax	<input type="text"/>
Telephone (W)	<input type="text"/>	Cell	<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.

Investor / Mandate Intermediary	
Signature	<input type="text"/>
Full Name	<input type="text"/>
Signed at	<input type="text"/>
Date	<input type="text"/>