

Power of Attorney

Confidential

Glacier Financial Solutions (Pty) Ltd ("**Glacier**"), acquired a portion of the Absa Investment Management Services ("**AIMS**") business and in accordance with this agreement, Glacier is a Category III Financial Services Provider ("**FSP**") and Section 13B administrator.

Your personal and confidential information may be processed by employees of Sanlam to render services to Glacier or in managing the affairs of Glacier. Sanlam adheres to the highest standards of data privacy and client confidentiality. You are sharing your personal information with Glacier and Sanlam Life, subsidiaries of Sanlam Limited. We are committed to protecting your privacy and to ensure that your personal information is collected and used lawfully and in line with the Protection of Personal Information Act (“**POPI Act**”). For more information, you can access our privacy policy at sanlam.com/sanlams-privacy-policy.php

Glacier is a licensed FSP (FSP number 770) and is authorised to act as an administrative FSP. All these details are available on the Financial Sector Conduct Authority ("**FSCA**") website if required.

- 1 This form gives another person (“**the Agent**”) permission and the power to act for you (“**the Principal**”) on your accounts and/or investments.
- 2 This form must be completed and signed by the principal and cannot be completed by another person or financial advisor on behalf of the principal.
- 3 Because it gives another person wide powers, you should read it carefully and understand it. Please fill in this form using capital letters and tick (✓) the applicable box.
- 4 Please indicate all options selected by means of a tick (✓). The investor must initial next to any amendments made on the form.
- 5 All relevant sections must be completed in full. Please send a fully completed instruction to clientservices.glacier@absa.africa

In order to process this power of attorney, the following documentation for the agent must occupy this form:

- ☐ Three specimen signatures of the agent on a certified ID copy
- ☐ Certified ID copy of the agent
- ☐ Certified utility of the agent

Investor details (“Principal”)

CASA reference																								
Name																								
ID number																								
*Income tax number																								
Account number																								
Client code																								
Address																								
																			Postal code					

In this:

- ☐ A new instruction ☐ Changing an old instruction ☐ Cancellation of existing instructions

Telephone numbers

(W)		(H)		Cellphone	
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If the third party is an individual, please complete this section

Details of the individual that you are giving power to ("Agent")

CASA reference		Initials																
Title		First names																
Surname			ID number															
Does he/she have:	<input type="checkbox"/>	ID book	<input type="checkbox"/>	Passport	Date ID/Passport was issued												(dd/mm/ccyy)	
Nationality			Passport expiry date (dd/mm/ccyy)															
Date of birth (dd/mm/ccyy)																	Country where he/she lives	

***Note:** It is mandatory to provide a tax number.

Contact details of the Agent

Telephone number (H) Telephone number (W) Cellphone

Email

Occupational status: ☐ Full-time employed ☐ Self-employed ☐ Part-time employed ☐ Temporarily employed

☐ Unemployed ☐ Pensioner ☐ Other If "Other", please specify

*Occupation Occupation code

Home address

Postal code

Date identified (dd/mm/ccyy) Date verified (dd/mm/ccyy)

Verified by (Absa employee number)

***Please see Annexure A for occupation codes.**

Authority of the Agent

☐ The agent has power to act in my name and on my behalf on all accounts and/or investments which I hold with you and all accounts and/or investments that I may open with you in the future.

☐ The agent only has a Special Power of Attorney to act in my name and on my behalf on the following accounts and/or investments which I hold with you.

I confirm that my agent has authority to transact on the above accounts and/or investments in any manner he/she deems appropriate, including but not limited to:

- 1 Opening and closing of the accounts and/or investments.
- 2 Authorising of investment, payment, switch, repurchase, withdrawal and or any other type of instruction.
- 3 Re-investing any income, dividend and/or interest accruing or received by me.
- 4 Transferring or giving up my right to any legal benefit.
- 5 Accessing statements and information.
- 6 Exercising all rights that I myself have in relation to my accounts and/or investments.
- 7 Signing all necessary documents to give effect to any of the above.
- 8 I confirm that this form has been signed by me personally, including instances where I have used an electronic signature. By signing this form you hereby indemnify Glacier against any loss, damage or cost that may arise as a result of your failure to have signed this form on your own.

Important note:

Glacier Power of Attorney will no longer be valid:

- 1 Upon the death of the client.
- 2 If the Power of Attorney is cancelled or revoked by the client.
- 3 If the client is incapacitated including mentally incapacitated.

I further confirm that I will ratify any act which my agent does with respect to the above accounts and or investments and I acknowledge that this Power of Attorney will be in force and effect until I have provided a notice of cancellation or revocation to you in writing.

I hold you harmless and undertake to indemnify you against any and all claims, liability, loss, damage and or costs which you may incur as a result of giving effect to this Power of Attorney.

I have read and understand these terms.

Date (dd/mm/ccyy)

Place

Signature of person getting the power ("**Agent**")

Client's signature

Witnesses

Name

Signature

Name

Signature

To be completed by Financial Services Provider/Representative, if applicable

Exemption for declaration

Declaration of Financial Services Provider/Representative

The FSP/Representative acknowledges that he/she is aware that the agent will be screened and profiled by Glacier and may be required to submit additional documentation such as financial statements and asset and liability statements where the agent falls within a certain risk category as defined by Absa.

FSP declaration

I warrant that any electronic signature provided by the investor complies with the FSCA Communication 12 of 2021 on the Use of Electronic Signatures and Pre-populated Documents, as well as the Electronic Communications and Transactions Act, 2002.

Financial Services Provider/Representative declaration

- I have read and understood the terms and conditions pertaining to the selected investment.
- I warrant that all statements given in the form are true and correct in every respect.
- I acknowledge and certify that I have personally explained to the investor all the features and terms of the product.
- I acknowledge that the investor will be screened and profiled by Glacier and/or a third party service provider appointed by Glacier as per the terms and conditions.
- I acknowledge that I have personally explained all the fees, charges and commission applicable to this investment to the investor.
- I confirm that I am appropriately licensed in terms of the Financial Advisory and Intermediary Services ("FAIS") Act and the mandate provided to me by the FSP to advise the investor on this product.
- I warrant that any electronic signature provided by the investor complies with the FSCA Communication 12 of 2021 on the Use of Electronic Signatures and Pre-populated Documents, as well as the Electronic Communications and Transactions Act, 2002.

The Financial Services Provider/Representative further declares and confirms in respect of FICA that:

- I have taken all reasonable steps to establish the identity of the investor before entering into a business relationship with the investor or concluding a single transaction with the investor.
- I have verified the information of the investor in accordance with the requirements set out in Section 21 of FICA.
- I have obtained copies of the investor's identification document and any other verification documents as required in terms of Section 22 of FICA and are keeping record of the required documents after having seen the original documents.
- I will provide copies of all verification documents obtained from the investor, in terms of Section 22 of FICA, to Glacier upon submission of this form.

Signed at

Place

Date (dd/mm/ccyy)

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Signature of Financial Services Provider/Representative

Annexure A

Occupation codes

01 = Manager
02 = Director
03 = Accountant
04 = Secretary (Company secretary)
05 = Trustee
06 = Chairman
07 = Liquidator
08 = President
09 = Curator
10 = Treasurer
11 = Principal
12 = Partner
13 = Administrator
14 = Town Clerk
15 = Member
16 = Signatory
17 = Parent
18 = Guardian
19 = Owner
20 = Shareholder