PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT (PLP) PPS ACCIDENTAL DEATH PRODUCT / LIFE ASSURANCE (LA)/PPS PROFIT SHARE ACCOUNT (ESTATE BANKING PARTICULARS FORM)





PPS Contact Details:

PPS Member Services on 0860 123 777 or +27 (0) 11 644 4300
Monday to Friday from 07:00 to 19:00 and Saturday from 08:00 to 13:00
Email Address: memberservices@pps.co.za
PPS Death Claims: ppsdeathclaims@pps.co.za

estate Late]							
1ember number:																		J							
PART A: ESTATE PAR T	icu	JLA	RS																						
Estate number or Master's ref				er.																					
Details of Master's office whe					rted	 :																			
Address and contact details o	f Exec	cuto	r:																						
PART B: PAYMENT INST	DLIC	TIG	NIC I) EC		_																	
IB: Please take note that in bank account and benefits to accordingly, PPS Insurance oreign bank account or the and from PPS Insurance involved and end of the policyholder of the polic	o the assur polic olving ther r	e pol mes cyhc g a f rele\	licyh no i older orei vant	resp nor gn b legi:	er sh onsi mina ank slati	ould bility tes a sha on a	d also y or a for Il be s am	o be liabili eign at th	paid ity w bank ie sol ed fro	into hatso acc e dis om ti	the sount ount cret me	South r in tl for r ion o to tim	n Afri ne ev eceip f PPS	can ent ot of Ins	ban thai f pol urar	k aco the icy b ice a	cour poli ene nd s	nt, ir cyho fits. subje	Sou older Furt ect to	th / pa heri o th	Afric ys p more e So	an cu remiu e, any uth A	urren ums pay Africa	cy. fron mei an fo	n a nt to oreigi
I (Full names):																									
Executor of the Estate for the	late															here	by a	utho	rise l	PPS	Insu	rance	to m	nake	an
electronic payment in the foll	lowing	g Es	tate	bank	c acc	count	t										•								
Account in the name of:																									
Account type:																									
Account number:																									
Name of bank:																									
Branch code:																									
Branch:																									
PLEASE PROVIDE																									
PPS Insurance with proof of ac of the official letter of executor				-	-								-											ertifi	ed cop
INDEMNITY																									
PLEASE NOTE PPS Insurance will not be he	eld lia	ble	for a	ny ii	ncor	rect	payı	ment	s, if t	he in	forn	atior	prov	ride	d on	this	forn	n is ı	ot c	orre	ect in	all r	espe	cts.	
I certify that the above inform	nation	ı is c	corre	ct.																					
										. 1												_			
Signed at									th	is						day o	of						20		
Full Name of the Executor:		_							th	is						day (of ——						20		