

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



The Professional Provident Society Holdings Trust No IT 312/2011 (PPS) is a Registered South African Trust. The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 Professional Provident Society Insurance Company Limited is a licensed insurer conducting life insurance business, a licensed controlling company and an authorised financial services provider. Any reference to PPS in this form means PPS Insurance.

**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**   
**Member number:**

**PART A: PERSONAL PARTICULARS OF BENEFICIARY**

Title:  Surname:   
First names:   
National ID number/Passport if no ID:   
Email:   
Relationship to the deceased:   
Home  Business  Postal address:   
 Postal Code:   
Cellular:  Tel Home/Business:

**PART B: PAYMENT INSTRUCTIONS FOR PROCEEDS DUE TO BENEFICIARY**

**IMPORTANT:** Please take note that in terms of the PPS Provider™ Policy, premiums from the policyholder should be paid from the South African bank account and benefits to the policyholder should also be paid into the South African bank account, in South African currency. Accordingly, PPS Insurance assumes no responsibility or liability whatsoever in the event that the policyholder pays premiums from a foreign bank account or the policyholder nominates a foreign bank account for receipt of policy benefits. Furthermore, any payment to and from PPS Insurance involving a foreign bank shall be at the sole discretion of PPS Insurance and subject to the South African foreign exchange regulations and other relevant legislation as amended from time to time. PPS Insurance assumes no responsibility or liability to inform the policyholder of any changes in such regulations and legislation.

I (Full names):   
Beneficiary of the late  hereby authorise PPS Insurance to make an  
electronic payment into the following account:  
Account in the name of:   
Account type:   
Account number:   
Name of bank:   
Branch code:   
Branch:

**PLEASE PROVIDE**

**PPS Insurance with proof of account together with a copy of your ID document. The accepted proof of account must be a bank-stamped letter on the bank's letterhead.**

**INDEMNITY**

**PLEASE NOTE**

**PPS Insurance will not be held liable for any incorrect payments, if the information provided on this form is not correct in all respects.**

I certify that the above information is correct.

Signed at  this  day of  20   
Full Name of the Beneficiary:   
Signature: