

**PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT (PLP)
PPS ACCIDENTAL DEATH PRODUCT / LIFE ASSURANCE (LA)/ PPS PROFIT -
SHARE ACCOUNT (TRUST 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: TRUST DETAILS

Estate number or Master's reference number:

State the Master's office where the trust was registered:

Address and Contact details of all trustees:

- | | | | |
|----|--|----|--|
| 1. | | 2. | |
| 3. | | 4. | |
| 5. | | 6. | |
| 7. | | 8. | |

PART B: PAYMENT INSTRUCTIONS OF PROCEEDS DUE TO TRUST

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/We (Full names):

Trustee/s of the (names of Trustees) hereby authorise PPS Insurance to make an electronic payment in the following Trust account.

Account in the name of:

Account type:

Account number:

Name of bank:

Branch code:

Branch:

PLEASE PROVIDE

PS Insurance with proof of account. The accepted proof of account must be a bank-stamped letter on the bank's letterhead. In addition, please provide PPS Insurance with certified copies of the ID documents of the appointed trustees.

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 Trustee/Executor:

Signature: