

CONSENT AND DECLARATION FORM FOR PAYMENT OF A DEATH BENEFIT TO A THIRD PARTY



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 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.

Deceased policyholder's name:

Member number:

I, the undersigned: (FULL NAME OF THE BENEFICIARY)

ID/Passport number (if no ID):

Hereby declare and undertake that:

- I am the beneficiary of the above deceased policyholder's death benefit (as confirmed by PPS Insurance).
- In terms of the beneficiary nomination form, I am entitled to receive % of the benefit.
- I hereby provide express consent and authorise PPS Insurance to pay the said benefit to:

Name of account holder:

Name of bank:

Account number:

Branch code:

Type of account:

NB: Please provide PPS with proof of account and certified proof of the account holder's identity. The acceptable proof of account is a bank-stamped verification letter on the bank's letterhead not older than three months. PPS cannot make payment to this account without the required proof.

4. Disclaimers:

- Foreign bank accounts:** Please note that in terms of the PPS Provider™ Policy, premiums from the policyholder should be paid from a South African bank account and benefits to the policyholder should also be paid into a South African bank account, in South African currency. Accordingly, PPS Insurance assumes no responsibility or liability whatsoever in the event 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.
- Liability:** PPS Insurance, its subsidiaries, its officers, employees and associates are hereby generally and specifically indemnified and held harmless, from any and all losses, costs, fees, damages, liability, claims, suits and/or demands whatsoever that it or I may suffer, incur or be under, or that may be made or brought against it or myself by any person whatsoever, by reason of, or in any way arising out of the payment of proceeds as indicated on this "Consent and Declaration Form for Payment of a death benefit to a Third Party".

5. Thus done and signed at this day of 20

Name of the beneficiary:

Signature of beneficiary:

DISCLAIMER:

By submitting this form electronically, you acknowledge that your electronic signature holds the same legal weight as a handwritten signature. For authorised electronic signature details, contact your PPS-accredited financial adviser or e-mail memberservices@pps.co.za. Using unauthorised electronic signatures is at your own risk and PPS Insurance disclaims liability for any related issues.