



## BANKING DETAILS

**Foreign bank accounts:** 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. *To ensure compliance with South African foreign exchange regulations, policyholders are encouraged to nominate a verified local bank account. Payment into foreign accounts may be declined or delayed pending legal clearance. Policyholders must confirm banking arrangements with PPS prior to submission.* 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.

Name of account holder:	<input type="text"/>
Name of bank:	<input type="text"/>
Account number:	<input type="text"/>
Branch code:	<input type="text"/>
Type of account:	<input type="text"/>

**Indemnity:** Please take note that PPS will not be held liable for incorrect payments, if the information received is incorrect. Claimants confirm that submitted banking details and identity documentation are accurate and lawful. PPS will verify submissions against the Master of the High Court's records when applicable.

## DECLARATION

### I declare that:

- I have read and understood the information in this document
- The details provided above are correct.

First names:

Surname:

ID/Passport number (if no ID):

Signed at  this  day of  20

Signature:

### 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 financial adviser or e-mail [memberservices@pps.co.za](mailto:memberservices@pps.co.za). You accept responsibility for the legitimacy of the submitted electronic signature. PPS will rely on technical audit trails and platform controls to determine responsibility in the event of a signature dispute.

### IMPORTANT

- The payment of sickness benefits is subject to certain claim procedures and all claims are assessed in terms of the PPS Provider™ Policy document.
- The Life cover will be reduced by the amount paid in terms of the Immediate Needs benefit.
- The payment of the IMMEDIATE NEEDS BENEFIT is no indication of the validity of any claim for LIFE COVER or the entitlement of the person(s) to whom the IMMEDIATE NEEDS BENEFIT is paid to receive any further amounts with respect to the LIFE COVER. This benefit is paid as an advance for critical needs and does not infer entitlement to full policy proceeds. Beneficiaries must undergo full claim validation before Life Cover is released.