

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



The Professional Provident Society (PPS) Holdings Trust No IT 312/2011 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.

PPS contact details:

Claim submissions:

E: ppsdeathclaims@pps.co.za

Claim-related enquiries:

E: memberservices@pps.co.za

T: 0860 123 777 or +27 (0)10 085 3820

Monday to Friday from 07:00 to 19:00 and Saturday from 08:00 to 13:00

Estate Late:

Member number:

PART A: PERSONAL PARTICULARS OF BENEFICIARY

Title: Surname:

Initials: First names:

ID/Passport number (if no ID):

E-mail:

Relationship to the deceased:

Home: Business: Postal address:

Postal code:

Cell phone: Tel home/business:

PART B: PAYMENT INSTRUCTIONS OF PROCEEDS DUE TO THE BENEFICIARY

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.

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 and certified proof of the account holder's identity. The accepted proof of account is a bankstamped letter on the bank's letterhead not older than three months.

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 and surname of the beneficiary:

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. 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.