

Useful information about your OPN Endowment Plan Application Form - Legal Entities



I N V E S T M E N T S

When to use this form

This application form is applicable to legal entities wishing to invest funds in the OPN Endowment Plan.

Contact details

Email: admin@ppsinvestments.co.za

Tel: 0860 468 777 (0860 INV PPS)

Fax: 021 680 3680

Website: www.ppsinvestments.co.za

Cut off and timelines

- All complete and valid instructions received **before 14:00** on a business day will be processed on the **same day**.
- Complete and valid Instructions received **after 14:00** will be processed on the **next business day**.
- Investments will be processed and finalised within a maximum of **five (5) business days**.
- Any errors are to be reported within **fourteen (14) days** of your new business confirmation being received.

Useful information

Please refer to our website www.ppsinvestments.co.za for:

- Product brochures and key benefits.
- Fund fact sheets (Minimum Disclosure Documents) for each of the available Investment Option(s).
- Financial Intelligence Centre Act (FICA) requirements.
- The Effective Annual Cost measure (EAC) is an industry-wide disclosure standard. It can be used by investors and financial advisers to compare charges on most retail investment products, and their impact on investment returns, so that investors are placed in a better position to make informed decisions around investment choices. The EAC is a measure of the charges that an investor will likely incur in purchasing and holding a financial product, and does not attempt to measure the features of a financial product.
- The latest Product Terms, Conditions and Declarations.
- You can manage your investment, view balances, transact and download tax certificates on the PPS Investments Secure Online Services website (www.ppsisecure.co.za) or the PPS for Professionals mobile app for IOS or Android.

Consider getting financial advice

PPS Investments does not provide financial advice. However, we believe in the merits of good financial advice. If you are not comfortable making your own investment decisions, consider using the services of a PPS Investments accredited financial adviser.

Document checklist and supporting documents

Please send through these documents with your application form to admin@ppsinvestments.co.za or fax 021 680 3680:

All FICA requirements per entity as set out in the FICA Requirements document on our website.

Collection from a legal entity account requires a letter from the bank listing the authorised signatories of the account, with copies of their ID documents along with 3 specimen signatures.

Proof of deposit.

Kindly strike through all sections of the application form not completed or not applicable.

OPN ENDOWMENT PLAN APPLICATION FORM - LEGAL ENTITIES



INVESTMENTS

A CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

Name and surname

Telephone number

Email

Capacity

B PERSONALISED INVESTMENT NAME

You have the opportunity to name your investment (e.g. "My Holiday Fund").

Name my investment

Please note that the product does not guarantee performance in line with your personalised investment name.

C DETAILS OF LEGAL ENTITY

Type of entity Company Partnership Trust Close Corporation Other (e.g. club/school/church)

Registered name

Trading name

Registration number

Date of registration

Country of registration

VAT registration number

Industry

Registered address (head office)

Postal code

Is the business operating address the same as the registered address (head office)? Yes No

If no, please provide the **business operating address:**

Postal code

Is the postal address the same as the registered address (head office)? Yes No

Is the postal address the same as the business operating address? Yes No

If neither, please provide the **postal address:**

Postal code

Details of contact person:

Name and surname

Telephone number

Cellphone number

Email (compulsory)

D TAX INFORMATION

Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances we may be obliged to share information on your account with SARS. Should any information provided change in the future, please ensure you advise us of the changes promptly.

Depending on where you are a resident for tax purposes, PPS Investments may be required to deduct Dividend Withholding Tax (DWT) and/or Interest Withholding Tax (IWT) on your behalf.

The legal entity is a South African resident for tax purposes and

- A default DWT rate of 20% will apply on local dividends.
- Dividends declared by a Real Estate Investment Trust (REIT) are regarded as taxable income and are subject to tax at the applicable rate, such dividends will however be exempt from dividend tax.
- IWT will not apply.

Tax number provided by SARS

Various legal entities are exempt from DWT, if you qualify for an exemption please select the reason below:

Tick	Para-graph	Reason
	A	Company which is resident in South Africa
	B	Government, provincial government or municipality (of the Republic of South Africa)
	C	A public benefit organisation (approved by SARS in terms of section 30(3) of the Act)
	D	A trust contemplated in section 37A of the Act (mining rehabilitation trusts)
	E	An institution, body or board contemplated in section 10(1)(cA) of the Act
	F	A fund contemplated in section 10(1)(d)(i) or (ii) of the Act (pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund)
	G	A person contemplated in section 10(1)(t) of the Act (CSIR, SANRAL etc.)
	H	A shareholder in a registered micro business as defined in the Sixth Schedule to the Act to the extent that the aggregate amount of the dividends paid by their registered micro business to its shareholders during the year of assessment in which that dividend is paid does not exceed R200 000)
	J	A person that is not a resident and the dividend is a dividend contemplated in paragraph (b) of the definition of "dividend" in section 64D (i.e. dividend on a foreign company's shares listed in SA, such as dual-listed shares)
	K	A portfolio of investment schemes in securities
	N	Fidelity and indemnity funds contemplated in section 10(1)(d)(ii) - i.e. only the two, not the other entities mentioned.

The legal entity is a non-South African resident for tax purposes and

- A default DWT rate of 20% will apply except if a reduced DWT rate is applicable.
- Dividends declared by a Real Estate Investment Trust (REIT) are exempt from South African Income Tax but will be subject to DWT.
- A default IWT rate of 15% will apply except if a reduce IWT rate is applicable.

Country of residence for tax purposes

Tax Identification Number (TIN)
provided by your tax authority

Effective date of tax residency

As a non-South African resident you may qualify for a reduced rate if there is a Double Taxation Agreement (DTA) in place between South Africa and your country of residence. By declaring a country of residence for tax purposes other than South Africa you declare you are not a South African resident and that the reduced rate and article number as contained in the Withholding Tax Annexure (available from the Client Services Centre applies to your investment).

Are you a tax resident anywhere else, if so please complete the table below:

Country/countries of tax residence	Tax Identification Number (TIN)

If you are unable to provide a TIN, please provide select one of the reasons below:

- My tax authority does not require me to provide a TIN/FE (does not apply to South African or United States tax residents).
- My country does not issue TIN/FE to its tax residents (does not apply to South African or United States tax residents).
- I am unable to obtain a TIN/FE (please provide a reason).

Is the legal entity a "US Person"?

Do you or any controlling persons associated with this investment (e.g. authorised signatory) have a United States tax number, residency or citizenship?

Yes No

If PPS Investments identifies, through the information provided on this application form, that you are considered a US person or have a Reportable Account, from any other country you may be required to submit further documents.

FATCA Classification

1. We are a Financial Institution Yes No

If yes, please complete 1 (a) or (b) below (as appropriate). If not, please proceed to question 2 below.

(a) (i) Please provide your Global Intermediary Identification Number (GIIN)

(ii) If you do not have a GIIN but you are sponsored by another entity which does, please provide your sponsor's GIIN and state your sponsor's name:

SPONSOR NAME

GIIN

(b) If you are unable to provide a GIIN, please indicate your FATCA status by selecting one of the options below:

(i) We are an Exempt Beneficial Owner Yes No

If yes, please specify which Exempt Beneficiary Owner category is applicable

(ii) We are a Deemed Compliant Foreign Institution Yes No

If yes, please specify which category of Deemed Compliant Foreign Financial Institute is applicable

(iii) We are a Non-Participating Foreign Financial Institution Yes No

2. If you are NOT a Financial Institution as set out in 1 above, please confirm your Non-Financial Foreign Entity (NFFE) status below:

Please note if you are not a Financial Institution, then you are required to select one of the following classifications. Failure to complete either section A or B will result in a Non-Participating Foreign Financial Institution classification.)

(a) We are an Active NFFE Yes No

If yes, please specify which category of Active NFFE applies

(b) We are a Passive NFFE Yes No

If yes, and you have one or more Controlling Persons, please complete Annexure A (Controlling Person Self-Certification)

E PERSONAL DETAILS OF THE LIFE ASSURED

The Life Assured MUST be a natural person.

If the Life Assured is the same as the policy owner please tick this box

Title Surname

First name(s)

Date of birth Identity or passport number

F ACTING ON BEHALF OF THE LEGAL ENTITY

F1. Persons acting on behalf of the legal entity. Proof to be sent to PPS Investments.

Title Surname

First name(s)

Identity or passport number Capacity

F2. Mandate for dealing with the discretionary FSP acting on behalf of the policyholder. Please send us a copy of the signed mandate.

I have entered into a discretionary mandate with a FAIS category II FSP. Full Limited

I authorise PPS Investments to accept instructions submitted by the FSP on my behalf. Yes No

Please send us a copy of the signed mandate.

G LUMP SUM INVESTMENT DETAILS

Lump sum contribution (minimum R10,000)

Date of deposit / transfer

Please indicate the method of payment below:

Electronic / internet transfers – Electronic transfers may take a few days to appear in the product's bank account.

Electronic collection by the Administrator – Electronic collection is restricted to a maximum of R1,000,000 per debit. An amount greater than this will require the Administrator to make multiple debits, which may result in additional transaction costs. The investment will be processed **one (1) business** day after the last debit is received. The reference on your bank account will be a combination of the abbreviated product name (OPN END1) and a 12-digit client number e.g. OPN END1 123456789012.

Please do the electronic collection on

or as soon as possible thereafter.

Source of funds for this investment (compulsory)

Salary Savings Business Gift/Inheritance Other

Phasing-in details

Lump sum investments can be made directly into the Investment Option(s) of your choice or can be phased in over a period of time. If this option is selected, all monies will be invested in the PPS Enhanced Yield Fund and will be phased into your selected Investment Option(s). Your investment will not be phased in unless specified below.

Please phase-in my investment over 3 months 6 months 12 months

Phase-ins will be generated on the **9th of the month**, and priced on the **10th**. Should either of these days fall on a weekend or public holiday, the process will take place on the **following business day**.

H DEBIT ORDER INVESTMENT DETAILS

Debit order investment amount
(minimum R500)

Commencement month

Collection date	1 st	7 th	15 th	28 th
Frequency	Monthly	Quarterly	Half-yearly	Yearly
Annual increase	5%	10%	15%	%

Consider escalating your debit order amount annually in order to ensure your contributions are in line with inflation.

If not specified, debit order collection will be monthly on the first.

If cut-off for your specific collection date is missed, the debit order will commence on the same day of the following month.

The reference on your bank account will be a combination of the abbreviated product name (OPN END1) and a 16- digit investment number e.g. OPN END1 POL1234567890123.

I BANK ACCOUNT DETAILS FOR DEBIT ORDERS/ONCE OFF COLLECTIONS

The following bank details will be used for all debit orders/collections. Any changes to your banking details must be forwarded in writing to PPS Investments together with proof thereof.

Account holder name

Bank

Account number

Branch

Branch code

Type of account

Current Savings Transmission

Please note additional documents may be required

- If the bank account holder is a third party individual, we require a copy of their ID documents with 3 specimen signatures.
- If bank account holder is a third party legal entity, we require a letter from the bank listing the authorised signatories of the bank account along with copies of their ID documents with 3 specimen signatures.

I, the undersigned, request and authorise PPS Investments to debit the bank account specified above.

Signature of bank account holder

Date

L BENEFICIARY NOMINATIONS FOR OWNERSHIP

This is only applicable where the policyholder is a different person to the life assured. You are required to nominate a beneficiary to become the owner of this policy after your death. If you elect to review and make changes to the nomination of your beneficiary, a signed instruction must be received before your death.

If no beneficiary for ownership is nominated, then the ownership defaults to the estate of the policyholder on their death. This could have a negative impact on the estate.

	Beneficiary for ownership
Surname	
First name(s)	
Relationship	
ID / Passport number	
Postal address	
Contact number	

M COMPULSORY COMPLETION BY POLICYHOLDER

The signature of the policyholder's spouse is required if the policyholder is married in community of property and nominates a beneficiary other than the policyholder's spouse.

Are you married in community of property? Yes No

If yes, have you nominated a beneficiary other than your spouse? Yes No

If yes to all the above, you require your spouse's written consent.

Name of spouse

Signature of spouse

Date

N FINANCIAL ADVICE FEES

I acknowledge that I have received financial advice from the financial adviser whose details are completed in Section P below. This is my appointed financial adviser and I agree to the payment of advice fees as follows:

Initial lump sum fee

Max. 3% (excl. VAT)

Initial debit order fee

Max. 3% (excl. VAT)

Ongoing fees per annum

Max. 1% (excl. VAT)

Fees will be paid proportionately from all Investments Option(s) unless a specific Investment Option is indicated below:

A specific Investment Option

The Administrator will pay ongoing advice fees to your financial adviser on your behalf and will recover these fees from your investment. These fees will therefore accrue to the Administrator as an additional fee over and above the administration fee applicable to your investment in terms of PPS Investments' fee structure.

Policy replacement

Is this proposal to replace the whole or any part of your existing policy with any product provider/supplier (whether replacement is to occur immediately or to replace a policy discontinued within the past four months or within the next four months)?

Yes No

Does this proposal constitute a replacement of an investment with a recurring premium that will lead to or has led to the levying/deduction of a termination charge (causal event charges and administration charges) of more than 15% of the replaced investment value? Refer to the definitions in Part 3 of the Regulations to the Long-Term Insurance Act, 1998 (commission regulations).

Yes No

If "Yes" to either of the above questions, the financial adviser must discuss and complete the Replacement Policy Advice Record and attach it to this application form.

O POLICYHOLDER DECLARATION

I, _____, hereby confirm that:

- All information provided in this form and all other documents signed by me, whether in my handwriting or not, is correct
- I am responsible for the accuracy and completeness of all answers, statements or other information provided by me or on my behalf
- I will inform PPS Investments if any of the information supplied changes
- I have not received advice from PPS Investments or the Administrator
- Under penalties of perjury, I declare that I have examined the information completed in section C on this form and to the best of my knowledge and belief it is true, correct, and complete.
- I also certify that the information provided in terms of Foreign Accounts Tax Compliance Act ("FATCA"), the Organisation for Economic Co-operation and Developments ("OECD") and Common Reporting Standard ("CRS") is correct and that unless stated otherwise, I am not a tax resident of the United States of America.

and I have read, understood and agreed to:

- The Product Terms, Conditions and Declarations which may change from time to time
- The Minimum Disclosure Documents (MDDs) of the chosen fund(s) including, but not limited to, the Total Expense Ratio (TER) and Transaction Cost (TC) applicable to my investment.
- In the case of Customised Solutions, the Minimum Disclosure Document of the underlying funds can be obtained from the respective Managers.
- The Effective Annual Cost disclosure available from my financial adviser, the PPS Investments website or from the Client Service Centre.

Authorised signatory

Date

Capacity

P FINANCIAL ADVICE DETAIL AND DECLARATION

Financial adviser name

Financial adviser institution

Financial adviser code

To ensure fair outcomes for investors, we (as the product supplier) are required to ensure appropriate sharing of responsibility between ourselves and you (the financial adviser). As such, we request that you provide the following assurance to us:

- I confirm that I have concluded the analysis necessary to provide appropriate advice (which is both suitable for the investor and takes into account their circumstances) with respect to the product suppliers products considered and selected.
- I declare that I am a licensed Financial Services Provider and have made the disclosures required in terms of the Collective Investment Schemes Control Act, No. 45 of 2002; the Financial Advisory and Intermediary Services Act, No. 37 of 2002; and all subordinate legislation to the investor.
- I acknowledge and confirm that in my capacity as the primary accountable institution, with PPS Investments being the secondary accountable institution, I have established and verified the identity of the policyholder in accordance with section 21 of the Financial Intelligence Act, 2001 ("the Act") and I will keep records of such identification and verification according to the provisions of section 22 of the Act.
- I confirm that I have met directly with the client or the person acting on behalf of the client recorded in this application, and confirm that he/she bears a likeness to the photograph on his/her identity document; and
- I have verified his/her identity with original acceptable documentation, copies of which are attached.
- I warrant that I have explained all fees to the investor, including but not limited to the Effective Annual Cost (EAC), that relate to this investment and I understand and accept that the investor may withdraw his / her authority for payment of advice fees in writing to PPS Investments.
- I declare that I have requested and recorded the policyholder's response with regards to replacement and that the client is aware of the possible detrimental consequences of the replacement of the policy.
- I further declare that I explained the following to the policyholder:
 - The meaning of replacement;
 - That a replacement is potentially prejudicial;
 - The levying / deduction of a termination charge; and
 - That where a replacement is considered, the policyholder is legally entitled to comprehensive information regarding the consequences of replacement.

Signature of financial adviser

Date

PPS Investments (Pty) Ltd, PPS Multi-Managers (Pty) Ltd, PPS Investment Administrators (Pty) Ltd and PPS Insurance Company Ltd are licensed financial services providers.
PPS Management Company (RF) (Pty) Ltd is a licensed collective investment scheme manager.

PPS House, Boundary Terraces, 1 Mariendahl Lane, Newlands, 7700
Website: www.ppsinvestments.co.za Email: clientservices@ppsinvestments.co.za

ANNEXURE A - CONTROLLING PERSONS FATCA/ CRS SELF CERTIFICATION



INVESTMENTS

“Controlling Person” is a natural person who exercises control over an entity. Where that entity is treated as a Passive Non-Financial Entity (“NFE”) then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owned” as described in **Section 21 (B)(2) of the Financial Intelligence Act (2001)**.

“Beneficial owner” in respect of a legal person, means a natural person who, independently or together with another person, directly or indirectly;

- (a) owns the legal person; or
- (b) exercises effective control of the legal person

Please select applicable controlling person (complete a form for each controlling person)

- Partner
- Persons exercising executive control
- Trustee, and/or founder of trust a member
- Person holding 25% or more of the voting rights
- Member
- Authorised representative

A PERSONAL DETAILS OF CONTROLLING PERSON

Title Surname

First name(s)

Date of birth Identity or passport number

Country of birth Country where passport issued

Gender Male Female

Nationality South African Other (Please specify)

Physical address

Postal code

Postal address

Postal code

Telephone number (home) Telephone number (work)

Cellphone number Fax

Email

Entity for which you are a controlling person

Where are you resident for tax purposes

Country / countries of tax residence	Tax Identification Number (TIN)

If you are unable to provide a TIN, please provide us with a reason below

Where you are unable to provide a Tax Identification Number (TIN) or its Functional Equivalent (FE), please tick one of the following reasons:

- My tax authority does not require me to provide a TIN/FE (does not apply to South African or United States tax residents)
- My country does not issue TIN/FE to its tax residents (does not apply to South African or United States tax residents)
- I am unable to obtain a TIN/FE (please provide reason)

Are you a “US Person”?

Do you have a United States tax number, residency or citizenship? Yes No

B CONTROLLING PERSON DECLARATION

I _____, hereby confirm that:

- All information provided in this form and all other documents signed by me, whether in my handwriting or not, is correct
- I am responsible for the accuracy and completeness of all answers, statements or other information provided by me or on my behalf
- I will inform PPS Investments if any of the information supplied changes
- Under penalties of perjury, I declare that the information on this form is true, correct, and complete.
- I also certify that the information provided in terms of Foreign Accounts Tax Compliance Act ("FATCA"), the Organisation for Economic Co-operation and Developments ("OECD") and Common Reporting Standard ("CRS") is correct and that unless stated otherwise, I am not a tax resident of the United States of America.

Signature

Date