

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 along with copies of their ID documents and 3 specimen signatures.

Proof of deposit.

If unit transfer - copy of current investment statement indicating Investment Option(s) and fund classes.

OPN INVESTMENT ACCOUNT APPLICATION FORM - LEGAL ENTITIES



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 EN | TITY | | | | |
|----------------------|----------------------------|--------------------------|-----------------|------------------|---------|---------------------------------|
| Type of entity | Company | Partnership | Trust | Close Corpo | oration | Other (e.g. club/school/church) |
| Registered name | | | | Trading name | | |
| Registration numb | ber | | | Date of registra | tion | |
| Country of registra | ation | | | VAT registration | number | |
| Industry | | | | | | |
| Registered addre | ss (head office) | | | | | |
| | | | | | | |
| | | | | | | Postal code |
| Is the business ope | erating address the | e same as the registered | address (head o | ffice)? Yes | No | |
| If no, please provic | de the business op | erating address: | | | | |
| | | | | | | |
| | | | | | | Postal code |
| Is the postal addre | ess the same as the | registered address (hea | ad office)? | Yes | No | |
| Is the postal addre | ess the same as the | business operating add | dress? | Yes | No | |
| If neither, please p | rovide the postal a | address: | | | | |
| | | | | | | |
| | | | | | | Postal code |
| Details of contact | : person: | | | | | |
| Name and surnam | e | | | | | |
| Telephone number | r | | Cellphone num | ber | | |
| Email address | | | | | | |

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.

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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 pleases elect the reason below:

| Tick | Para- graph | Reason |
|------|----------------|--|
| | A | Company which is resident in South Africa |
| | В | Government, provincial government or municipality (of the Republic of South Africa) |
| | С | 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.) |
| | н | 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) |
| | К | 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 you 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 Tax Identification Number, please provide select one of the reasons below:

My tax authority does not require me to provie 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.

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| PAGE 2 OF 9 | OPN INVESTMENT ACCOUNT APPLICATION FORM - LEGAL ENTITIES | April 2019 |

| FATCA Classif | fication | | | | | | |
|-----------------------------------|--|--|---|------------------|--|-----------------------|----------------------|
| | nancial Institution se complete 1 (a) (| | No appropriate). If not, ple | ease proceed t | o question 2 below. | | |
| (a) (i) Please p | rovide your Globa | l Intermediary Io | dentification Number (| GIIN) | | | |
| (ii) If you d | o not have a GIIN | but you are spo | nsored by another ent | ity which does | , please provide your sponsor's | GIIN and state your | sponsor's name: |
| SPONSOR | NAME | | | | GIIN | | |
| (b) If you are ι | unable to provide | a GIIN, please in | dicate your FATCA stat | us by selecting | g one of the options below: | | |
| (i) We are a | an Exempt Benefic | ial Owner Yes | No | | | | |
| If yes, plea | se specify which E | xempt Beneficia | ry Owner category is a | pplicable | | | |
| (ii) We are | a Deemed Compli | ant Foreign Inst | itution Yes | No | | | |
| If yes, pleas is applicabl | | ategory of Deen | ned Compliant Foreign | Financial Inst | tute | | |
| (iii) We are | a Non-Participati | ng Foreign Finar | ncial Institution Yes | No | | | |
| 2. If you are N | IOT a Financial Ins | titution as set o | ut in 1 above, please co | onfirm your N | on-Financial Foreign Entity (NFFI | E) status below: | |
| | | | ion, then you are req ng Foreign Financial I | | t one of the following classific assification.) | cations. Failure to c | complete either |
| (a) We are an a | Active NFFE | Yes | No | | | | |
| If yes, pleas | se specify which c | ategory of Activ | e NFFE applies | | | | |
| (b) We are a P | assive NFFE | Yes | No | | | | |
| If yes, and | you have one or n | nore Controlling | Persons, please comp | lete Annexure | A (Controlling Person Self-Certif | fication) | |
| E ACTI | NG ON BEHAI | F OF THE LE | GAL ENTITY | | | | |
| E1. Persons a | cting on behalf c | of the legal enti | ty. Proof to be sent to | o PPS Investn | ients. | | |
| Title | Surname | | | | | | |
| First name(s) | | | | | | | |
| Identity or pas | ssport number | | | Relation | ship to investor | | |
| E2. Mandate | for dealing with | the discretiona | ry FSP acting on beha | alf of the lega | l entity. Please send us a copy | of the signed man | ndate. |
| I have entered | l into a discretiona | ary mandate wit | h a FAIS category II FSF | 0 | | Full | Limited |
| I authorise PP | S Investments to a | accept instructio | ns submitted by the FS | P on my beha | lf. | Yes | No |
| Please send u | s a copy of the sig | ned mandate. | | | | | |
| | P SUM INVES | | AILS | | | | |
| Lump sum co | ntribution (minim | um R10 000) | | | Date of deposit/transfer | | |
| Please indicat | e the method of p | ayment below: | | | | | |
| Unit trans | fer from another i | nvestment platfo | orm (complete section | G) | | | |
| Electronic, | /internet transfers | – Electronic trar | nsfers may take a few d | lays to appear | in the product's bank account. | | |
| will require business (| e the Administrate day after the last o | or to make multi debit is received. | ple debits, which may | result in additi | maximum of R1,000,000 per de onal transaction costs. The inves t will be a combination of the ab | stment will be proce | essed one (1) |
| Please do the | e electronic colle | ction on | | | or as soon as possible thereat | fter. | |
| Source of fur | nds for this inves | tment (compul | sory) | | | | |
| 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 select phase-in period

3 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**.

6 months

G UNIT TRANSFER OF EXISTING INVESTMENT OPTION(S)

Please provide us with a statement from the current investment platform / MANCO and confirmation of which unit trusts are to be transferred.

Name of investment company

Investment Number

Transfer 100% of my holdings

OR if a **partial** transfer please specify the holdings to be transfered below:

| Investment reference number | Investment Option | Class | Number of units |
|-----------------------------|-------------------|-------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Switch to Investment Option(s) specified in Section "L"

| H DEBIT (| ORDER INVE | STMENT DETAI | LS | |
|---|------------------------|-----------------|------------------|------------------|
| Debit order inve (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 INV1) and a 16- digit investment number e.g. OPN INV1 POL1234567890123.

I BANK ACCOUNT DETAILS FOR DEBIT ORDERS/ONCE OFF COLLECTION

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.

| Please note additional documents may be required | | | | | |
|--|---------|--------------|----------------|--|--|
| Current | Savings | Transmission | | | |
| Type of accou | int | | | | |
| Branch | | | Branch code | | |
| Bank | | | Account number | | |
| Account holde | r name | | | | |

- 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

REGULAR WITHDRAWAL

Regular withdrawal amount

Frequency of regular withdrawal Monthly Quarterly Half-yearly

Yearly

Regular withdrawal payments will be made by the **28th day of the respective month**.

First payment to be made on the 28th of

Regular withdrawals will be paid proportionally from all Investment Option(s) unless a specific Investment Option(s) are indicated below:

| Investment Option (Please complete full Investment Option name and class) | Regular withdrawal amount/percentage |
|---|--------------------------------------|
| | |
| | |
| | |
| Total | 100% |

K BANK ACCOUNT DETAILS FOR FUTURE PAYMENTS/REGULAR WITHDRAWALS

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

Please note: Payments are made electronically and we will not make any payments to credit cards or market-linked accounts. No third-party bank accounts allowed.

For future payments and regular withdrawals, please use the same bank account details as for debit orders.

For future payments and regular withdrawals, please use the bank account details stipulated below:

| Account Hold | er Name | | |
|---------------|---------|--------------|----------------|
| Bank | | | Account number |
| Branch | | | Branch code |
| Type of accou | nt | | |
| Current | Savings | Transmission | |

L INVESTMENT OPTION(S)

For a comprehensive list of available Investment Option(s), please refer to the Investment Option Schedule available on www.ppsinvestments.co.za or from the PPS Investments Client Service Centre.

Please ensure that the percentages completed in the debit order investment and lump sum investment column total 100%.

| Investment Option (complete full Investment Option name and class) | Lump sum investment % | Debit order investment % |
|--|-----------------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | 100% | 100% |

FINANCIAL ADVICE FEES

I acknowledge that I have received financial advice from the financial adviser whose details are completed in the section 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)

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.

Ν **CLIENT DECLARATION**

I,

- 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

FINANCIAL ADVISER DETAIL AND DECLARATION

- 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

Capacity

0

Date

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 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.

Signature of financial adviser

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

Max. 1% (excl. VAT)

, hereby confirm that:

Date

Initial debit order fee

Max. 3% (excl. VAT)

Ongoing fees per annum

ANNEXURE A - CONTROLLING PERSONS FATCA / CRS SELF CERTIFICATION



"Controlling Person" This 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)

DEDSONIAL DETAILS OF CONTROLLING DEDSO

| Partner | Persons exercising executive control | Trustee, and/or found | ler of trust a member |
|--------------------|--------------------------------------|-----------------------|---------------------------|
| Person holding 25% | 6 or more of the voting rights | Member | Authorised representative |

| A PERSON | AL DETAILS OF C | UNTROLLING PERSON | | |
|---------------------|--------------------------------|------------------------|-------------------------|-------------|
| Title | Surname | | | |
| First name(s) | | | | |
| Date of birth | | Identity or passport | t number | |
| Country of birth | ountry of birth Country whwere | | sport 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 yo | ou are a controlling per | son | | |
| Where are you re | sident for tax purpos | es | | |

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

Are you a "US Person"?

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

CONTROLLING PERSON DECLARATION

I

В

, 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

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.