

# Useful information about your OPN Living Annuity Application Form



## When to use this form

This application form is applicable to members of any Retirement Fund who are retiring and wish to invest their retirement savings, or a portion thereof, into the OPN Living Annuity. Should you be retiring from an OPN Retirement Fund and wish to invest your retirement savings into the OPN Default Living Annuity Solution, please rather complete the "OPN Default Living Annuity Application Form".

## Contact details

Email: [admin@ppsinvestments.co.za](mailto:admin@ppsinvestments.co.za)  
Tel: 0860 468 777 (0860 INV PPS)  
Fax: 021 680 3680  
Website: [www.pps.co.za/invest](http://www.pps.co.za/invest)

## 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 business days**.
- Any errors are to be reported within **fourteen days** of your new business confirmation being received.

## Useful information

Please refer to our website [www.pps.co.za/invest](http://www.pps.co.za/invest) 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 and Conditions](#).

You can manage your investment, view balances, transact and download tax certificates on the PPS Investments [Secure Site](#) 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](mailto:admin@ppsinvestments.co.za) or fax 021 680 3680:

Proof of deposit.

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

Should the bank account holder be a third party, we require proof of bank details (e.g. bank statement) not older than three (3) months clearly displaying the account holder's name and the bank's logo. Collection from a third party 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.

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

**Please note: We may request additional documents after validating your application.**

The Ombud for Financial Services  
Kasteelpark, Orange Building,  
2nd Floor  
546 Jochemus Street,  
Erasmusklouf, Pretoria

PO Box 74571  
Lynwood Ridge  
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Telephone: +27 12 762 5000 / +27 12 492 9711 / 0860 066 3274  
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Website: [www.faisombud.co.za](http://www.faisombud.co.za)

# OPN LIVING ANNUITY APPLICATION FORM



PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS")  
CLIENT SERVICE CENTRE CONTACT DETAILS  
TEL: 0860 468 777 (0860 INV PPS)  
EMAIL: [admin@ppsinvestments.co.za](mailto:admin@ppsinvestments.co.za)

FAX: 021 680 3680  
WEBSITE: [www.pps.co.za/invest](http://www.pps.co.za/invest)

The OPN Living Annuity is a PPS Investments product issued under the life licence of Coronation Life Assurance Company Proprietary Limited ("Coronation Life") under the provisions of the Long-term Insurance Act, No. 52 of 1998 in the name of the policyholder.

## A CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

Name and surname

Telephone number

Email

Capacity

## B PERSONAL DETAILS OF INVESTOR

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)

Occupation

Tax number

Physical address

Postal code

Postal address

Postal code

Telephone number (home)

Telephone number (work)

Cellphone number

Fax

Email address  
(Compulsory)

## C ACTING ON BEHALF OF THE INVESTOR

### C1. Legal guardian, parent, persons acting on behalf of investors. Proof to be sent to PPS Investments.

Title Surname

First name(s)

Identity or passport number

Relationship to investor

### C2. Mandate for dealing with the discretionary FSP acting on behalf of the investor. 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.





	Beneficiary 1	Beneficiary 2
Surname		
First name(s)		
Relationship		
ID / Passport number		
Contact number		
Postal address		
Percentage		

	Beneficiary 3	Beneficiary 4
Surname		
First name(s)		
Relationship		
ID / Passport number		
Contact number		
Postal address		
Percentage		

If there are additional beneficiaries, please attach this information on a separate signed page. Please ensure the total percentages nominated are equal to 100%.

Should the PPS Beneficiaries Trust (IT 4876/01) be utilised when effecting payment to minors? Yes No

## J 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. Please refer to Section J and complete where necessary.**

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

## K FINANCIAL ADVICE FEES

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

Initial lump sum fee

Ongoing fees per annum

**Max. 1.5% (excl. VAT)**

**Max. 1% (excl. VAT)**

Should either of the above fee fields be left blank, fees will apply at 0.00% for the respective fields.

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

### Important information for a Living Annuity holding a Lifetime Income Portfolio:

Fees can only be paid from a specific investment option within the Unit Trust portion of your Living Annuity.

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.

## L MARKETING CONSENT

PPS operates under the ethos of mutuality and all PPS' profits are allocated to PPS members with qualifying products on an annual basis by way of allocations to their PPS Profit-Share Accounts. It is in your best interest, as a member, to be informed of changes that could benefit you. In order to comply with the requirements of POPI Act and respect your choices, PPS Group requires your consent to contact you regarding new products and services which may be beneficial to you, including promotions and research.

Give my consent

Do not give my consent

**Please note: You will still receive communication regarding changes or enhancements to any existing products that you may have with us.**

## M CLIENT DECLARATION

I, \_\_\_\_\_, hereby confirm that:

- I have received Retirement Benefits Counselling as per Regulation 39 of the Pension Funds Act, and that I am fully aware of the implications of the option I have chosen;
- 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; and
- I have not received advice from PPS Investments or the Administrator.
- I understand and acknowledge that where I have signed electronically and not used one of the PPS Group approved electronic signature method(s), PPS Investments may exercise additional verification(s) for my safety and security.
- PPS Investments may accept instructions submitted and signed by me in electronic format, which shall be considered as an original signature for all intents and purposes and shall be enforceable as set out in the Electronic Communications and Transactions Act of 2002 ('ECTA').
- I acknowledge and accept any and all liability which may arise in connection with choosing to sign any application form(s) by electronic means.

and I have read, understood and agreed to:

- The [Product Terms and Conditions](#), 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, which can be obtained from the respective Managers; and
- The Effective Annual Cost disclosure available from my financial adviser, the PPS Investments website or from the Client Service Centre.

**Date**

**Signature of policyholder**

## N FINANCIAL ADVISER DETAIL AND DECLARATION

Financial adviser name

Financial adviser institution

Financial adviser code

FSP number

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.

### Consent to collect personal information from the FSCA

- To provide you with our services, we may be required to collect information from the FSCA.
- We will at all times process the Personal Information solely upon instructions and for the purposes defined. We will not in any way further process the Personal Information except where the further processing is compatible with the original purpose in terms of applicable law.
- I consent to the request and collection of my Personal Information by PPS Investments from the FSCA to confirm that I am able to provide advice and intermediary services on the applicable product and its underlying investment options.

\_\_\_\_\_

**Date**

**Signature of financial adviser**

Contact us

PPS Investments (Pty) Ltd, PPS Multi-Managers (Pty) Ltd and PPS Investment Administrators are licensed financial services providers. Coronation Life Assurance Company Limited is registered in terms of the Long-term Insurance Act 52 of 1998 to carry on long-term insurance business. PPS Management Company (Pty) Ltd (RF) is a licensed collective investment scheme manager. PPS Nominees (Pty) Ltd is an independent nominee company approved by the Financial Sector Conduct Authority.

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