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 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 Tel: 0860 468 777 (0860 INV PPS) Website: <u>www.pps.co.za/invest</u>

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 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 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 Providers

If you are not satisfied with the response from PPS Investments or the Administrator or if you have a complaint about the advice given by your financial adviser, you have the right to address your complaint in writing to the Ombud for Financial Services Providers.

| The Ombud for Financial Services Kasteelpark, Orange Building, 2nd Floor 546 Jochemus Street, Erasmuskloof, Pretoria 0010 | PO Box 41 Menlyn Park 0063 |
|---|---|
| Telephone: | +27 12 762 5000 / +27 12 492 9711 / 0860 066 3274 |
| Facsimile: | +27 86 546 5694 / +27 12 348 3447 |
| E-mail: | info@faisombud.co.za |
| Website: | www.faisombud.co.za |

The Ombud is legally empowered to investigate and adjudicate complaints in a procedurally fair, economical and expeditious manner.

OPN LIVING ANNUITY APPLICATION FORM



PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS") CLIENT SERVICE CENTRE CONTACT DETAILS EMAIL: admin@ppsinvestments.co.za

WEBSITE: <u>www.pps.co.za/invest</u>

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

PAGE 1 OF 6

OPN LIVING ANNUITY APPLICATION FORM

| B PER | SONAL DETAILS OF INVE | STOR | | |
|---|----------------------------------|---|---------------------|---------|
| Title | Surname | | | |
| First name(s |) | | | |
| Date of birth | 1 | Identity or passport number | | |
| Country of b | pirth | Country where passport issued | | |
| Gender | Male | Female | | |
| Nationality | South African | Other (Please specify) | | |
| Occupation Physical add | ress | Tax number | | |
| Postal addre | 55 | | Postal code | |
| | | | Postal code | |
| Telephone number (home) Telephone number (work) | | | | |
| Cellphone n | umber | Fax | | |
| Email addres (Compulsory | | | | |
| C ACT | NG ON BEHALF OF THE | INVESTOR | | |
| C1. Legal gu | ardian, parent, persons acting | on behalf of investors. Proof to be sent to PPS Investments. | | |
| Title | Surname | | | |
| First name(s) |) | | | |
| Identity or pa | assport number | Relationship to investor | | |
| C2. Mandat | e for dealing with the discretic | onary FSP acting on behalf of the investor. Please send us a copy | of the signed manda | te. |
| I have entere | ed into a discretionary mandate | with a FAIS category II FSP | Full | Limited |
| l authorise P | PS Investments to accept instruc | tions submitted by the FSP on my behalf. | Yes | No |
| Please send | us a copy of the signed mandate | 2. | | |

LUMP SUM INVESTMENT DETAILS D

Lump sum contribution (minimum R165 000)

Date of deposit / transfer

Please note: The Administrator requires proof of transfer or deposit before this application can be processed. Electronic transfers may not reflect immediately.

Phasing-in details

Ε

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.

TRANSFERRING FUND DETAILS

Please ensure that a copy of this completed application form is forwarded to the transferring fund before sending it to PPS Investments. Transfers can only take place where the Fund Rules of the transferring and receiving Funds specifically allow for transfers. Fund 1

| Estimated trar | nsfer amount | | | |
|------------------|-----------------------------|---|---------------------------|---------------------------------|
| Is this a unit t | ransfer? | Switch to Investment Option(s) in section H | (Please include statement | from transferring fund/insurer) |
| Registered na | me of the transferring fund | | | |
| Transferring fu | und registration number | | | |
| Investment/m | ember number | | | |
| Fund type | Living Annuity | Retirement Annuity | Pension Fund | Provident Fund |
| | Preservation Pension Func | Preservation Provident Fund | | |
| Contact perso | on at transferring fund | | | |
| Telephone nu | mber | Emai | I | |
| Fund 2 | | | | |
| Estimated trar | nsfer amount | | | |
| ls this a unit t | ransfer? | Switch to Investment Option(s) in section H | (Please include statement | from transferring fund/insurer) |
| Registered na | me of the transferring fund | | | |
| Transferring fu | und registration number | | | |
| Investment/m | ember number | | | |
| Fund type | Living Annuity | Retirement Annuity | Pension Fund | Provident Fund |
| | Preservation Pension Fund | Preservation Provident Fund | | |
| Contact perso | n at transferring fund | | | |
| Telephone nur | mber | Emai | I | |

Please note: The PPS Living Annuity is a member annuity. It may only be purchased where the rules of the transferring retirement fund specifically allow for such an annuity. In the event that this form is being completed in order to facilitate a transfer of a living annuity from another administrator, and the policyholder is currently drawing an income of between 17.5% and 20%, the policyholder will be compelled to decrease their income to 17.5% or less on their next anniversary date.

BANK DETAILS FOR ANNUITANT (NO THIRD-PARTY PAYMENTS ALLOWED)

Please complete the bank account details which relate to this instruction.

Please note: Payments are made electronically and we will not make any payments to loan accounts, credit cards, market-linked accounts or third party bank accounts.

Account Holder Name

| Bank | | | Acco | ount number | |
|---|------------|------------|----------------------|------------------------|-------------------|
| Branch | | | I | Branch code | |
| Account type | Current | Savings | Transmission | | |
| G ANNUITY DETAILS | | | | | |
| I choose to invest my retirement savings, or a portion thereof, into the OPN Living Annuity, with the following income options: | | | | | |
| Percentage income (2.5% - 17.5%) % OR Gross monthly income amount (Rand value) | | | | | |
| Frequency of inco | me Monthly | in arrears | Quarterly in advance | Half-yearly in advance | Yearly in advance |

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

%

If finalised on or before the 14th of the month the annuity income will be paid at the **end of that month.** For investments finalised after the **14th of the month**, annuity income will be paid at the **end of the following month**.

Special Tax Rate

The income tax on your combined living annuity payments is calculated based on the current income tax tables, assuming that you have no other source of income. If you would like to specify an income tax rate for the tax period that is different to the one calculated using the income tax tables, please provide us with that rate.

Apply special tax rate of

A South African Revenue Service (SARS) tax directive is required if the tax rate is lower than that calculated from the income tax tables. It will be required annually and the obligation to obtain tax directives rests with the policyholder.

H INVESTMENT OPTION(S)

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

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

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

Annuity payments will be paid proportionately from all investment options above unless a specific Investment Option(s) is indicated below: Where more than one Investment Option is specified please complete the percentage split. If none is stipulated the default is proportionately from Investment Options selected.

| Income from Specific Investment Option(s) (complete full Investment Option name and class) | Pecentage |
|--|-----------|
| | |
| | |
| | |
| TOTAL | 100% |

PRIMARY AND SECONDARY BENEFICIARY NOMINATIONS

You may nominate beneficiaries who may receive a benefit upon your death. If you elect to review and make changes to the nomination of any beneficiaries, a signed instruction must be received before your death. Beneficiary alterations received after your death will be treated as invalid. If no beneficiary is nominated, the proceeds may be payable to your estate subject to legislative requirements, this may have a negative impact on estate duty, executor fees and income tax payable on the death of the policyholder.

Note: The secondary beneficiary(ies) will receive the benefit in the event that all primary beneficiaries pass away within 30 days of your passing.

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

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

Please ensure the total percentages nominated are equal to 100%.

If there are additional beneficiaries or nominees, please attach this information on a separate signed page.

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

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

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

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 commu | nity of property? | Yes | No | |
| If yes, have you nominated a beneficiary other than your spouse? Yes No | | No | | |
| If yes to all the above, you require your spouse's written consent. | | | | |
| Name of spouse | | | | |
| Signature of spouse | | | Date | |

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% (excl. VAT)

Max. 1.5% (excl. VAT) (No initial lump sum fee may be charged on a Section 50 transfer)

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

Fee Recovery

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.

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 <u>Product Terms and Conditions</u>, 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

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.

Signature of financial adviser



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 Insurance Act 18 of 2017 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.

> PPS House, Boundary Terraces, 1 Mariendahl Lane, Newlands, 7700 Website: <u>www.pps.co.za/invest</u> Email: clientservices@ppsinvestments.co.za

