# **OPN Personal Pension Retirement Annuity Application Form**



# Apply online with ease

Click here to apply quickly and securely on our Secure Site.

# **Contact details**

For any queries, contact our Client Service Centre via <u>clientservices@ppsinvestments.co.za</u> or 0860 468 777 (0860 INV PPS) Website: <u>www.pps.co.za/invest</u>

### Timelines

- 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 investment confirmation being received.

#### Online access to your investment

You can manage your investment, view balances, transact and download tax certificates on the PPS Investments Secure Online Services website (<u>www.ppsisecure.co.za</u>) or the PPS Mobile App for <u>iOS</u> or <u>Android</u>.

#### Useful information on our website

Please refer to our website <u>www.pps.co.za/invest</u> for:

- Product brochures.
- Fund fact sheets (Minimum Disclosure Documents) for each of the available Investment Option(s).
- Financial Intelligence Centre Act (FICA) requirements.
- The latest Product Terms, Conditions and Declaration

#### Consider obtaining financial advice

Neither PPS Investments nor the Fund provides 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.

#### **Fund details**

Product name:	PPS Personal Pension Plan
Registered fund name:	PPS Personal Pension Retirement Annuity Fund
SARS registration number:	18/20/04/041988
FSCA registration number:	12/8/37739

#### **Required documents**

Please send through these documents with your application form to admin@ppsinvestments.co.za.

- 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.

Please note we may request additional documents after validating your application.

# OPN PERSONAL PENSION APPLICATION FORM



PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS")

Please send your completed application form and supporting documentation to admin@ppsinvestments.co.za

A CONTACT	PERSON FOR OUT	TSTANDING REQUIREME	NTS		
Name and surname					
Contact number		E-mail			
Capacity					
B PERSONAL	DETAILS OF INV	ESTOR			
Title	Surname				
First name(s)					
Date of birth		Identity or passp	ort number		
Country of birth		Passport expiry o	date		
Gender	Male	Female			
Nationality	South African	Other (Please specify)			
Tax number					
Occupation					
Physical address					
				Postal code	
Postal address					
				Postal code	
<b>-</b>			Telephone number (work)	Postal code	
Telephone number (	(home)				
Cellphone number E-mail (compulsory)					
C ACTING ON BEHALF OF THE INVESTOR C1. Legal guardian/parent/persons acting on behalf of investor. Proof to be sent to PPS Investments. Kindly contact us for a list of supporting					
documents require		g on benan of investor. From	to be sent to FFS investments. Kindly	contact us for a list o	r supporting
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	a discretionary mandate	e with a FAIS category II FSP.		Full	Limited
I authorise the Fund to accept instructions submitted by the FSP on my behalf.			Yes	No	

# **D** CONTRIBUTION DETAILS

Please select one or more of the options below to indicate how you will be contributing to your investment and complete the relevant sections. Electronic collection by the Fund (**Please complete section E and H**) – Choosing PPS Investments to collect the funds ensures **accuracy and ease**. Electronic collection is restricted to a maximum of R2 000 000 per debit per day. An amount greater than this will require the Fund to make multiple debits, which may result in additional transaction costs. The investment will be processed **one business** day after the last debit is received. The reference on your bank account will be a combination of the abbreviated product name and a 16-digit investment number e.g. OPN RA INV2024150000015.

Transfer from another retirement fund (complete section F)

Electronic transfers (lump sum contribution) – Transfers may take a few days to appear in the product's bank account. We do not accept any cash into our bank accounts. (complete section E).

Regular debit order (**complete section G**)

Ε	LUMP SUM INVESTMENT I	DETAILS				
Lump sum contribution (minimum R10 000)		I	Date of deposit/transfer			
Please do the electronic collection on			or a	s soon as possible thereafter.		
Sour	ce of funds for this investment (co	mpulsory)				
Salar	y Savings Busines	s Gift/inhe	eritance	Other (Please	specify)	
Lum <sub>l</sub> selec	e-in details o sum investments can be made dire ted, all monies will be invested in the hased in unless specified below.					
Pleas	e phase in my investment over	3 months	6 months	12 mont	hs	
	e-ins will be generated on the <b>9<sup>th</sup> of</b> ake place on the <b>following business</b>		priced on the	<b>10<sup>th</sup>. Should eith</b>	er of these days fall on a weeker	d or public holiday, the process
F	TRANSFERRING FUND DET	AILS				
	e ensure that a copy of this complet take place where the Fund Rules of t					PS Investments. Transfers can
<b>Fund</b> Estin	<b>J 1</b> nated transfer amount					
ls th	is a unit transfer?	Switch to Inve	stment Option	(s) in section H	(Please include statement f	rom transferring fund/insurer)
Regi	stered name of the transferring fund					
Tran	sferring fund registration number					
Inve	stment number					
Func	l type	Pension Fund	Provid	ent Fund	Preservation Pension Fund	Retirement Annuity Fund
		Preservation Pr	ovident Fund			
<b>Fun</b> Estin	<b>d 2</b> nated transfer amount					
ls th	is a unit transfer?	Switch to Inve	stment Option	(s) in section H	(Please include statement	rom transferring fund/insurer)
Regi	stered name of the transferring fund	I				
Tran	sferring fund registration number					
Inve	stment number					
Func	l type	Pension Fund	Provid	ent Fund	Preservation Pension Fund	Retirement Annuity Fund
		Preservation Pr	ovident Fund			

G DEBIT O	RDER DETAI	LS					
<b>Debit order inve</b> (minimum R500)	estment amoun	t	Commence	ement month		OR	Commence debit order after retirement fund transfer
<b>Collection date</b> (If not specified, o	1 <sup>st</sup> debit order colle	7 <sup>th</sup> ection will be mont	15 <sup>th</sup> thly on the first.)	28 <sup>th</sup>			
Annual increase	0%	5%	10%	15%	20%		
(Consider escalat	ing your debit c	order amount annu	ally in order to ensu	ire your contributions	are in line with inf	lation.	)
Frequency	Monthly	Quarterly	Half-yearly	Yearly			
Source of funds	for this invest	ment (compulsor	y)				
Salary	Savings	Business (	Gift/Inheritance	Other			
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 (PPS RA) and a 16-digit investment number e.g. OPN RA POL1234567890123.							
H BANKIN	G DETAILS						
				hat applies to this inst rders, please complet		Ameno	dment Form.
Account holder r	name						
Bank	ank Account number						
Branch	inch Branch code						
Type of account Current	Savings	Transmiss	nun	ount holder ID nber/Trust number/ npany registration nur	mber		
Please note additional documents may be required							
<ul> <li>If the bank account holder is a third-party individual, we require a copy of their ID documents with 3 specimen signatures.</li> <li>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.</li> </ul>							
I, the undersigned, request and authorise the Fund to debit the bank account specified above.							
Signature of ba Authorised pers party legal entit	on for third-	der/				Date	

# I INVESTMENT OPTION(S)

Regulation 28

Regulation 28 of the Pension Funds Act requires that your investment adhere to the following asset class limits; 75% in equities, 25% in property and 45% in foreign assets. For more information on Regulation 28, please contact your financial adviser or our Client Service Centre.

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

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

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

# J BENEFICIARY NOMINATIONS

You may only nominate beneficiaries who are natural persons to receive a benefit in the event of your death. Please do not nominate your estate as the beneficiary, as the Trustees may not pay the benefit to the estate if there are dependants. The Trustees must distribute the death benefit to the dependants and nominees in proportions that they deem is fair, in accordance with Section 37C of the Pension Funds Act. **The Trustees are therefore not bound by the nomination, but will consider the member's wishes when exercising their discretion.** You may change your beneficiary nomination at any time by sending us a signed beneficiary nomination form.

	Beneficiary 1	Beneficiary 2
Surname		
First name(s)		
Relationship		
ID / Passport number		
Contact number		
Postal address		
Percentage		
	Beneficiary 3	Beneficiary 4
Surname	Beneficiary 3	Beneficiary 4
Surname First name(s)	Beneficiary 3	Beneficiary 4
	Beneficiary 3	Beneficiary 4
First name(s)	Beneficiary 3	Beneficiary 4
First name(s) Relationship	Beneficiary 3	Beneficiary 4
First name(s) Relationship ID / Passport number	Beneficiary 3	Beneficiary 4

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

For more information about the benefits of utilising the <u>PPS Beneficiaries Trust</u>, please contact your PPS Financial Adviser or PPS Fiduciary Services on: (011) 644 4200 or fiduciary@pps.co.za

# K MARKETING CONSENT

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. Should you not wish to receive the abovementioned, please tick the box below.

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.

# L 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	Initial debit order fee	Ongoing fees per annum
Max. 3% (excl. VAT)	Max. 3% (excl. VAT)	Max. 1% (excl. VAT)
No initial lump cure for more by showed on a	Intro Fund Conversion on Costion 14 Transfer	

No initial lump sum fee may be charged on an Intra-Fund Conversion or Section 14 Transfer.

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

The Fund 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.

# M FINANCIAL ADVISER DETAIL AND DECLARATION

Financial adviser name

**Financial adviser institution** 

**Financial adviser PPS** Investments sub-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

# N 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

- Under penalties of perjury, I declare that I have examined the information completed on this form and to the best of my knowledge believe it is true, correct, and complete.
- I 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
- 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, Conditions and Declaration 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. Appropriate financial services can only be provided after full disclosure of my relevant personal information for purposes of opening and adminis-
- PPS Group will keep me informed about improvements and/or changes to my current products and services; and
- PPS Group may process my personal information for purposes of efficient client servicing and providing products and services to me.

## Signature of investor

#### Date

Date

PPS Investments (Pty) Ltd, PPS Multi-Managers (Pty) Ltd and PPS Investment Administrators (Pty) Ltd are licensed financial services providers. PPS Management Company (RF) (Pty) Ltd 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

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, hereby confirm that: