# **Useful information about your PPS Endowment Plan Application Form - Legal Entities**



#### When to use this form

This application form is applicable to Legal Entities and Trusts where the elected beneficiaries are natural persons or legal entities, wishing to invest funds in the PPS Endowment Account. To invest as a company or a legal entity, a director/member (who is a PPS member), authorised to act on behalf of a company and owns a minimum 5% shareholding/interest may open an endowment plan for the company. For trusts a trustee or founder (who is a PPS member) and who has a resolution stating that they are authorised to act on behalf of trust may open an endowment plan for the trust.

Contact details Email: admin@ppsinvestments.co.za Tel: 0860 468 777 (0860 INV PPS)

Website: 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 visit our Secure Site or email admin@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 latest Product Terms, Conditions and Declarations.
- You can manage your investment, view balances, transact and download tax certificates on our <u>Secure Site</u> or the PPS Mobile App for <u>iOS</u> or <u>Android</u>.

#### **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.

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.

#### 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
Email:	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.

# **PPS ENDOWMENT PLAN APPLICATION FORM - LEGAL ENTITIES**



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

WEBSITE: www.pps.co.za/invest

## CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

#### Name and surname

Telephone number

Email

Capacity

Α

## **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 DETAI	LS OF LEGAL EN <sup>.</sup>	ΓΙΤΥ					
Type of entity	Company	Trust	Close Corporation		Other	r (e.g. club/school/churd	ch)
If a Trust, is th	e beneficiary:		A natural person		A leg	al entity	
Registered nam	ne			Trading	name		
Registration nu	mber			Date of	registr	ration	
Country of regi	stration			VAT reg	istratic	on number	
Industry							
Registered ad	dress (head office)						
	operating address the ovide the <b>business op</b>		gistered address (head of <b>ss:</b>	fice)?	Yes	No	Postal code
							Postal code
Is the postal ac	ldress the same as the	e registered add	ress (head office)?	,	Yes	No	
Is the postal ac	ldress the same as the	business opera	nting address?	`	Yes	No	
If neither, pleas	e provide the <b>postal</b> a	address:					
							Postal code
Details of cont	act person:						
Name and surr	ame						
Telephone num	ber		Cellphone numb	er			
Email (compuls	ory)						

#### TAX INFORMATION D

Т

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 gualify for an exemption please select 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 reduced 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 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? No

#### Yes

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

(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)

## ACTING ON BEHALF OF LEGAL ENTITY

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

Title Surname

First name(s)

F

Identity or passport number

### 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.

# We do not accept any cash deposits made directly into our bank account.

Lump sum contribution (minimum R10,000)

Please indicate the method of payment below:

LUMP SUM INVESTMENT DETAILS

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 R2,000,000 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 (PPS END) and a 16-digit investment number e.g. PPS END POL1234567890123.

#### Please do the electronic collection on

### 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
ricuse phase in my investment over	5 1101101	0 1110110113	

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.

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GIIN

Capacity

Date of deposit / transfer

or as soon as possible thereafter.

## **DEBIT ORDER INVESTMENT DETAILS**

<b>Debit order investment amount</b> (minimum R500)			Commencement month		
Collection date	1 <sup>st</sup>	7 <sup>th</sup>	15 <sup>th</sup>	28 <sup>th</sup>	
Frequency	Monthly	Quarterly	Half-yearly	Yearly	
Annual increase	0%	5%	10%	15%	20%

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 the 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 END1) and a 16-digit investment number e.g. PPS END1 POL1234567890123.

#### н BANK ACCOUNT DETAILS FOR DEBIT ORDER/ONCE-OFF COLLECTIONS

The following bank details will be used for the debit order/collection that applies to this instruction. Should you wish to update your bank account details on other investments, please complete the Personal Details Amendment Form.

Account holder	name			
Bank				Account number
Branch				Branch code
Type of account				Account holder ID
Current	Savings	Transmis	ssion	number/Trust number/ Company registration number
Source of funds	for this investn	nent (compulso	ory)	
Salary	Savings	Business	Gift/Inheritance	Other

#### 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/ Authorised person for third party legal entity

#### **INVESTMENT OPTION(S)**

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

Date

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 %
ΤΟΤΑ	L 100%	100%

## BENEFICIARY FOR PROCEEDS

You are required to nominate at least one beneficiary who may receive a benefit following the death of the last life assured under this policy. The Beneficiary for Proceeds can be a natural person(s) and/or a legal entity(ies). If you elect to review and make changes to the nomination of any beneficiaries, a signed instruction must be received before the death of the life assured. Should you

NOT nominate a beneficiary for proceeds the legal entity that is the policyholder will receive the benefit of this investment. This may have a tax or other implications on the death of the last life assured.

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

	Beneficiary 3	Beneficiary 4
Surname / Entity details		
First name(s)		
Relationship where applicable		
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

## K LIFE/LIVES ASSURED

A minimum of one life assured, that is a natural person, will need to be appointed on the policy. You may add a life assured but may not remove or replace an existing life assured. The policy matures when the last life assured dies.

If there are more than two lives assured, please attach a signed copy of this section to the form.

	First Life Assured
Surname	
First name(s)	
Relationship	
Gender	
ID / Passport number	
Postal address	
Contact number	

	Second Life Assured
Surname	
First name(s)	
Relationship	
Gender	
ID / Passport number	
Postal address	
Contact number	

## L FINANCIAL ADVICE FEES

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

#### 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.

## **M** 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.

## N POLICYHOLDER DECLARATION

I,

, as duly authorised

signatory 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 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.

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;
- Appropriate financial services can only be provided after full disclosure of my relevant personal information for purposes of opening and administering
  my financial products and products and services that I apply for;
- 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;
- 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.

Signature of policyholder

Date

## O 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 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.

#### 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

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.

Campground Building, 146 Campground Road, Newlands, 7700 Website: <u>www.pps.co.za/invest</u> Email: clientservices@ppsinvestments.co.za

# ANNEXURE A - CONTROLLING PERSONS FATCA/ CRS SELF CERTIFICATION



"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	Person holding 5% 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 passp	ort issued	
Gender	Male	Female		
Nationality	South African	Other (Please specify)		
Physical address				
Postal address				Postal code Postal code
Telephone number (	home)		Telephone number (work)	
Cellphone number			Fax	
Email				
Entity for which you	are a controlling perso	ı		

#### 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

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## **B** CONTROLLING PERSON DECLARATION

#### L

, 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.

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Active Non-Financial Foreign Entity	An entity who generally earns its income through actual trading or via sales.	
Common Reporting Standard (CRS)	Calls on tax jurisdictions (other than the United States of America) to obtain information from financial institutions and automatically exchange that information with other tax jurisdictions on an annual basis in order to reduce potential tax evasion.	
Controlling Person	A natural person who is in control over an entity. Where the entity is a Passive Non-Financial Entity, a financial institution is required to determine if the Controlling Person is a Reportable Person.	
Deemed Compliant Financial Institution	A Foreign Financial Entity that is exempt from the requirements of FATCA due to the nature of its business.	
Dividend Withholding Tax (DWT)	A tax applied on shareholders (beneficial owners) when dividends are paid to them, and under normal circumstances, is withheld from their dividend payment by a withholding agent (either the company paying the dividend or, where a regulated intermediary is involved, such as a collective investment scheme, by the latter) and paid to the South African Revenue Services.	
Double Taxation Agreement (DTA)	An agreement between two jurisdictions to ensure a taxpayer is not double taxed.	
Exempt Beneficial Owner	Entities that do not fall under the definition of Financial Institution, and are excluded from FATCA Reporting.	
Foreign Accounts Tax Compliance Act (FATCA)	A United States (US) legislation aimed at reducing the potential for offshore tax evasion. FATCA requires that financial institutions outside the US provide the Inland Revenue Service (IRS) with financial account information they hold on US citizens.	
Global Intermediary Identification Number (GIIN)	An identity number issued to a financial institution to identify their registration with the Inland Revenue Service under FATCA.	
Interest Withholding Tax (IWT)	IWT is a tax charged on interest paid (on or after 1 March 2015) by any person to or for the benefit of a foreign person (which includes individuals, companies, etc.) from a source within South Africa.	
Non-Financial Entity	An entity that does not qualify to fall under the definition of a Financial Institution. These would generally be entities that do not fall within the financial services industry.	
Non-Participating Financial Entity	An entity that does not enter into a Foreign Financial Institution agreement with the Inland Revenue Service.	
Organisation for Economic Co-Operation and Development (OECD)	A forum where 34 democratic governments discuss ways to promote economic growth, and successful and sustainable development.	
Participating Financial Entity	An entity that enters into a Foreign Financial Institution agreement with the Inland Revenue Service and would therefore have been issued with a Global Intermediary Identification Number.	
Passive Non-Financial Entity	These are entities who primarily earn passive income, e.g. interest, dividends, rental income, etc.	
Reportable Person	An individual or entity that is a resident in a jurisdiction that is under obligation to provide financial information, under the laws of that jurisdiction.	
Tax Identification Number (TIN)	The number used by each jurisdiction to identify an entity for tax purposes.	
US Person refers to:	<ul> <li>Any US citizen or resident:         <ul> <li>including citizens living outside of the US; or</li> <li>including green card holders that are operating a business outside of the US.</li> </ul> </li> </ul>	
	Any composition or portnorphin initiated in the UC or under any UC state love, even if the entity	

Any corporation or partnership initiated in the US or under any US state laws, even if the entity operates outside of the US. •

A trust if: •

- a US court would have authority under applicable law to render orders or judgments concerning all substantial issues regarding administration of the trust, one or more US persons have the authority to control all substantial decisions of the •
- trust, or an estate of a decedent that is a citizen or resident of the US.