Useful information about your PPS Personal Pension Application Form

Contact details
Email: admin@ppsinvestments.co.za
Tel: 0860 468 777 (0860 INV PPS)
Fax: 021 680 3680
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 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, 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.

Regulation 28 for retirement funds
Regulation 28 of the Pension Funds Act requires that your investment adhere to the following asset class limits; 75% equities, 25% property and 30% foreign. A switch instruction may affect the Regulation 28 compliance status of your investment. To ensure your switch complies with Regulation 28 please use our online Regulation 28 Guide, contact your financial adviser or our Client Service Centre.

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

Vested Benefits
- If you were **55 or older** on 1 March 2021, and you were a member of a provident fund or provident preservation fund on that date, then all your benefits in that fund are 'Vested Benefits'. This means that on retirement from the fund, you may take up to the full fund value as a cash lump sum, and you are not obliged to purchase an annuity.

- If you were **younger than 55** on 1 March 2021, and you were a member of a provident fund or provident preservation fund on that date, then only the contributions or benefit transfers made prior to 1 March 2021, together with investment return, are Vested Benefits. All contributions made after this date, together with investment return, are regarded as Non-Vested Benefits. This means that when you retire from the fund, you may take full value of the Vested Benefit as a cash lump sum. You may only take up to a maximum of one third of the Non-Vested Benefit in cash, and the balance must be used to purchase an annuity of your choice.

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.

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

PO Box 74571
Lynwood Ridge
0040

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.

PPS PERSONAL PENSION APPLICATION FORM

PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS")
CLIENT SERVICE CENTRE CONTACT DETAILS
TEL: 0860 777 468 (0860 PPS INV)
EMAIL: admin@ppsinvestments.co.za
FAX: 021 680 3680
WEBSITE: www.pps.co.za/invest

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 | Passport expiry date

Gender Male ☐ Female ☐

Nationality South African ☐ Other (Please specify)

Tax number | Member number

Occupation

Physical address

Postal code

Postal address

Postal code

Telephone number (home) | Telephone number (work)

Cellphone number | Fax

Email (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 the Fund to accept instructions submitted by the FSP on my behalf. Yes ☐ No ☐

Please send us a copy of the signed mandate.

D LUMP SUM INVESTMENT DETAILS

Lump sum contribution (minimum R10,000) ☐ Date of deposit/transfer ☐

Please indicate the method of payment below:

☐ Transfer from another retirement fund (complete section E)

☐ Electronic/internet transfers – Electronic transfers may take a few days to appear in the product's bank account.

☐ Electronic collection by the Fund – Electronic collection is restricted to a maximum of R1,000,000 per debit. 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 (PPS RA) and a 12-digit client number e.g. PPS RA 123456789012.

Please do the electronic collection on ☐ **or as soon as possible thereafter.**

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 ☐

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**.

E 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 transfer amount ☐

Is this a unit transfer? ☐ Switch to Investment Option(s) in section H ☐ (Please include statement from transferring fund/insurer)

Registered name of the transferring fund ☐

Transferring fund registration number ☐

Investment/member number ☐

Fund type

Pension Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐
Provident Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐
Preservation Pension Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐
Preservation Provident Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐
Retirement Annuity Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐

Fund 2

Estimated transfer amount ☐

Is this a unit transfer? ☐ Switch to Investment Option(s) in section H ☐ (Please include statement from transferring fund/insurer)

Registered name of the transferring fund ☐

Transferring fund registration number ☐

Investment/member number ☐

Fund type

Pension Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐
Provident Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐
Preservation Pension Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐
Preservation Provident Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐
Retirement Annuity Fund	☐	Vested ☐ R	☐	Non-vested ☐ R	☐

F DEBIT ORDER INVESTMENT DETAILS

Debit order investment amount (minimum R500) _____ **Commencement month** _____

Collection date	1st ☐	7th ☐	15th ☐	28th ☐
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 (PPS RA) and a 16- digit investment number e.g. PPS RA POL1234567890123.

G BANK DETAILS FOR DEBIT ORDERS/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

Current ☐ Savings ☐ Transmission ☐

Account holder ID number/Trust number/ Company registration number _____

Source of funds for this investment (compulsory)

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 the Fund to debit the bank account specified above.

Signature of bank account holder/ Authorised person for third party legal entity _____ **Date** _____

H 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.

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%**

I BENEFICIARY NOMINATIONS

You may only nominate beneficiaries who are natural persons to receive a benefit in the event of your death before retirement from the Fund. Where payment to a natural person via a trust is required, the natural person must still be nominated, but the nomination must be qualified by a request to make payment to the person via the trust. Please note that the allocation to your beneficiaries is at the discretion of the Trustees, based on the provisions of section 37C of the Pension Funds Act, No. 24 of 1956. The Trustees must determine who your dependants were, and will make payment in proportions that they deem fair based on the information provided at the time. Your nomination will serve to assist the Trustees in making these decisions, although it may not be binding on them. If you elect to review and make changes to the nomination of any beneficiaries, a signed instruction must be received by the Fund before your death.

Please note that we will not capture an Estate as a beneficiary on your investments. We will capture "No beneficiary nominated".

	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 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)**

Initial debit order fee ☐ **Max. 3% (excl. VAT)**

Ongoing fees per annum ☐ **Max. 1% (excl. VAT)**

(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:

A specific Investment Option ☐

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.

K 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.**

L CLIENT DECLARATION

I, _____, 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.
- 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 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.

Opportunity to share in profits

If you're not already a holder of a PPS provider product, the Accidental Death product opens your door to a PPS Profit-Share Account into which you'll be paid a portion of our profits from your investments with us. With the Accidental Death product, a tax-free cash lump sum of up to R2 000 000 could be payable to your beneficiaries in the event of your accidental death. Ask your financial adviser for more information on this product or request information directly by ticking the box below.

☑ I do not have a financial adviser and would like to receive an application form and explanatory brochure directly.

_____ **Date** _____

Signature of investor

L 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.

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Date

Signature of financial adviser

Print and sign

Contact us

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