# **PPS 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**

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 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 PlanRegistered fund name:PPS Personal Pension Retirement Annuity FundSARS registration number:18/20/04/041988FSCA 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.

# PPS 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 OU	ITSTANDING REQUIREM	ENTS		
Name and surname					
Contact number		Email			
Capacity					
B PERSONAL	DETAILS OF IN	/ESTOR			
Title	Surname				
First name(s)					
Date of birth		Identity or pas	sport number		
Country of birth		Passport expire	/ date		
Gender	Male	Female			
Nationality	South African	Other (Please specify)			
Tax number			PPS Member number		
Occupation					
Physical address					
				Postal code	
Postal address					
			<del>-</del>	Postal code	
Telephone number (	home)		Telephone number (work)		
Cellphone number					
E-mail (compulsory)					
	N BEHALF OF TH				
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 required.					
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 Limit				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. PPS 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 deposits made directly into our bank accounts (**complete section E**).

Regular debit order (complete section G)

E LUMP SUM INVESTME	INT DETAILS					
Lump sum contribution (minimum R10 000)			Date of deposit/transfer			
Please do the electronic collection on			or as soon as possible thereafter.			
Source of funds for this investme	nt (compulsory)					
Salary Savings B	usiness Gift/in	heritance	Other (Please	specify)		
Phase-in details Lump sum investments can be mad selected, all monies will be invested be phased in unless specified below	l in the PPS Enhanced					
Please phase in my investment over	r 3 months	6 months	12 mont	ths		
Phase-ins will be generated on the will take place on the <b>following bu</b>		d priced on the	10 <sup>th</sup> . Should eith	ner of these days fall on a weeke	nd or public holiday, the process	
F TRANSFERRING FUND	DETAILS					
Please ensure that a copy of this co only take place where the Fund Rul					PS Investments. Transfers can	
Fund 1 Estimated transfer amount						
Is this a unit transfer?	Switch to Inv	estment Optior	ı(s) in section H	(Please include statement	from transferring fund/insurer)	
Registered name of the transferring	g fund					
Transferring fund registration num	ber					
Investment number						
Fund type	Pension Func	l Provid	dent Fund	Preservation Pension Fund	Retirement Annuity Fund	
	Preservation	Provident Fund				
Fund 2 Estimated transfer amount						
Is this a unit transfer?	Switch to Inv	vestment Optior	ו(s) in section H	(Please include statement	from transferring fund/insurer)	
Registered name of the transferring	g fund					
Transferring fund registration numl	ber					
Investment number						
Fund type	Pension Func	e Provid	dent Fund	Preservation Pension Fund	Retirement Annuity Fund	
	Preservation	Provident Fund				

G DEBIT OR	DER DETAIL	.S					
Debit order investment amount (minimum R500*)		Commenceme	nt month	OR	Commence debit order after retirement fund transfer		
<b>Collection date</b> (If not specified, de	1 <sup>st</sup> ebit order collec	7 <sup>th</sup> tion will be mor	15 <sup>th</sup> hthly on the first.)	28 <sup>th</sup>			
Annual increase (Consider escalatin	0% ng your debit ord	5% der amount ann	10% ually in order to ensure y	15% our contributions ar	20% e in line with inflatior	l.)	
Frequency	Monthly	Quarterly	Half-yearly	Yearly			
Source of funds for this investment (compulsory)							
Salary S	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. PPS RA POL1234567890123.

\*The minimum recurring debit order amount if you are under the age of 25 is R350 per month. Please note if your debit order amount is less than R500 and you are under the age of 25, a compulsory annual escalation rate of at least 5% is required. The annual escalation will continue until the debit order amount reaches R500 per month. Thereafter, you may instruct us to remove the escalation if you wish.

# H BANKING DETAILS

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 for other debit orders, please log in to our <u>Secure Site</u>.

Account holder name

 Bank
 Account number

 Branch
 Branch code

 Type of account
 Account holder ID

 Current
 Savings
 Transmission

#### 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 thirdparty legal entity

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, 10% in hedge funds 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 %
ΤΟ	AL 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		
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	
For more information about the benefits of utilising the <u>PPS Beneficiaries Trust</u> , please contact y (011) 644 4200 or fiduciary@pps.co.za	our PPS	Financial Adviser o	r PPS Fiduciary Services on:

## **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 L 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)

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

Date

#### **N** CLIENT 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 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-tering 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.

Signature of investor

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.

Campground Building, 146 Campground Road, Newlands, 7700