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) 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 <u>www.pps.co.za/invest</u> 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.
- <u>The latest Product Terms and Conditions</u>.

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 Kasteelpark, Orange Building, 2nd Floor 546 Jochemus Street, Erasmuskloof, Pretoria

PO Box 74571 Lynwood Ridge 0040

Telephone: Facsimile: E-mail: Website: +27 12 762 5000 / +27 12 492 9711 / 0860 066 3274 +27 86 546 5694 / +27 12 348 3447 info@faisombud.co.za www.faisombud.co.za

OPN LIVING ANNUITY APPLICATION FORM



FAX: 021 680 3680 WEBSITE: <u>www.pps.co.za/invest</u>

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

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

Telephone number

Email

Capacity

B PERS	SONAL DETAILS OF	NIVESTOR		
		NVLSTOR		
Title	Surname			
First name(s))			
Date of birth		Identity or passport number		
Country of b	irth	Country where passport issued		
Gender	Male	Female		
Nationality	South African	Other (Please specify)		
Occupation Physical addi	ress	Tax number		
			Postal code	
Postal addres	is			
			Postal code	
Telephone n	Telephone number (home) Telephone number (work)			
Cellphone nu	umber	Fax		
Email addres (Compulsory				
C ACTI	NG ON BEHALF OF	THE INVESTOR		
C1. Legal gua	ardian, parent, persons a	cting 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. Mandate	e for dealing with the di	cretionary FSP acting on behalf of the investor. Please send us a copy of	the signed mandate	e.
I have entere	d into a discretionary mai	date with a FAIS category II FSP	Full	Limited
I authorise PPS Investments to accept instructions submitted by the FSP on my behalf. Yes No			No	

Please send us a copy of the signed mandate.

PAGE 1 OF 5	OPN LIVING ANNUITY APPLICATION FORM	March 2022

D LUMP SUM INVESTMENT DETAILS

Lump sum contribution (minimum R100,000)

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

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

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**.

3 months

Please ensure tha		ed application form is forwarded to the transfe		ng it to PPS Investments. Transfers can
		ne transferring and receiving Funds specifically		
Estimated transfe	r amount			
Is this a unit trans	sfer?	Switch to Investment Option(s) in section H	(Please include state	ement from transferring fund/insurer)
Registered name	of the transferring fund			
Transferring fund	registration number			
Investment/mem	ber number			
Fund type	Living Annuity	Retirement Annuity	Pension Fund	Provident Fund
Pr	reservation Pension Fund	Preservation Provident Fund		
Contact person a	t transferring fund			
Telephone numbe	er	Ema	ail	
Fund 2				
Estimated transfe	r amount			
Is this a unit trans	sfer?	Switch to Investment Option(s) in section H	(Please include state	ment from transferring fund/insurer)
Registered name	of the transferring fund			
Transferring fund	registration number			
Investment/mem	ber number			
Fund type	Living Annuity	Retirement Annuity	Pension Fund	Provident Fund
Pr	eservation Pension Fund	Preservation Provident Fund		
Contact person at	t transferring fund			
Telephone number		Ema	ail	
for such an annuit	ty. In the event that this f	nember annuity. It may only be purchased whe form is being completed in order to facilitate a ne of between 17.5% and 20%, the policyholde	transfer of a living ann	uity from another administrator, and the

their next anniversary date.

Account Holder Name

F 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 credit cards, market-linked accounts or third party bank accounts.

Bank			Account number	
Branch			Branch code	
Account typ	e Current	Savings	Transmission	
PAGE 2 OF 5	OPN LIVING ANNUITY AP	PLICATION FORM		

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 income 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.

Important information for a Living Annuity holding a Lifetime Income Portfolio:

The section below is **compulsory** for policy-holders holding a Lifetime Income Portfolio. Annuity payments cannot be paid proportionately from all investment options but must be funded from the specific unit trust(s) indicated below that you have selected within the Unit Trust portion of your Living Annuity:

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

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.

	Beneficiary 1	Beneficiary 2
Surname		
First name(s)		
Relationship		
ID / Passport number		
Contact number		
Postal address		
Percentage		
	Beneficiary 3	Beneficiary 4
	Denenciary 5	Denenciary 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 00%. 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 community of property? Yes No If yes, have you nominated a beneficiary other than your spouse? Yes No If yes to all the above, you require your spouse's written consent. Name of spouse Signature of spouse Signature of spouse I extension of spouse I extension of spouse 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 Max. 1.5% (excl. VAT) Should either of the above fields be left blank, fees will apply at 0.00% for the respective fields.		
Fees will be paid proportionately from all Inves	stments Ontion(s) unless a specific Investment O	

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.

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, 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
- 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 and Conditions, 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

Signature of policyholder

N 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.

	Date
Signature of financial adviser	
	Contact us

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 the Long-term Insurance Act 52 of 1998 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