

Useful information about your PPS Corporate Personal Pension Employee Application Form



When to use this form

This form is to be completed if the Employer will be making payments on the investor's behalf to the Fund. The application cannot be processed until the Fund has received the completed application form together with the required supporting documentation (see below).

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 (5) business days**.
- Any errors are to be reported within **fourteen (14) days** of your New Business confirmation being received.

Useful information

Please refer to our website www.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 Effective Annual Cost measure (EAC) is a new 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 Portal (www.ppsisecure.co.za) or the PPS 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.

Corporate PPS Personal Pension bank details:

Account name: PPS Personal Pension Retirement Annuity Fund

Name of bank: First National Bank

Branch: RMB Corporate Banking – Cape Town

Branch Code: 20-41-09

Account number: 621 297 923 30

SARS Registration Number: 18/20/4/041988

FSB Registration Number: 12/8/37739

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 45% 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.

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
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

PPS CORPORATE PERSONAL PENSION EMPLOYEE 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 EMPLOYERS DETAILS

Employer's Registered Name

Authorised Representative's name

Designation of Authorised
Representative

C PERSONAL DETAILS OF INVESTOR

Title Surname

First name(s)

Date of birth Identity or passport number

Country of birth Country where passport issued

PPS Member Number Country of birth Occupation

Gender Male Female

Nationality South African Other (Please specify)

Physical address

Postal code

Postal address

Postal code

Telephone number (home) Telephone number (work)

Cellphone number Fax

Email (compulsory)

Tax number Tax Office

D ACTING ON BEHALF OF THE INVESTOR

D1. 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

D2. 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 PPS Investments to accept instructions submitted by the FSP on my behalf. Yes No

Please send us a copy of the signed mandate.

E 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 F)

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 R1,000,000 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 (OPN INV1) and a 12-digit client number e.g. OPN INV1 123456789012.

Please do the electronic collection on

Source of funds for this investment (compulsory)

| | | | | | |
|--------|---------|----------|------------------|-------|--------------------------|
| Salary | Savings | Business | Gift/Inheritance | Other | If other, please specify |
|--------|---------|----------|------------------|-------|--------------------------|

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.

Phase-in my investment

Please select phase-in period 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**.

G 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 J

Registered name of the transferring fund

Transferring fund registration number

Investment/member number

| | | | | | |
|------------------|--------------------|--------------|----------------|---------------------------|-----------------------------|
| Fund type | Retirement Annuity | Pension Fund | Provident Fund | Preservation Pension Fund | Preservation Provident Fund |
|------------------|--------------------|--------------|----------------|---------------------------|-----------------------------|

Fund 2

Estimated transfer amount

Is this a unit transfer? Switch to Investment Option(s) in section J

Registered name of the transferring fund

Transferring fund registration number

Investment/member number

| | | | | | |
|------------------|--------------------|--------------|----------------|---------------------------|-----------------------------|
| Fund type | Retirement Annuity | Pension Fund | Provident Fund | Preservation Pension Fund | Preservation Provident Fund |
|------------------|--------------------|--------------|----------------|---------------------------|-----------------------------|

H DEBIT ORDER INVESTMENT DETAILS

Debit order investment amount (minimum R500)*

Commencement month

(Not within 14 days of investment date)

| | | | | |
|-------------------|-----------------|-----------------|------------------|------------------|
| Collection date** | 1 st | 7 th | 15 th | 28 th |
| Frequency** | Monthly | Quarterly | Half-yearly | Yearly |
| Annual increase** | 5% | 10% | 15% | Other |

* The reference on your bank account will be a combination of the abbreviated product name (PPS PER1) and a 16 digit investment number e.g. PPS PER1 POL1234567890123.

** If not specified, debit order collection will be monthly on the first with no escalation.

** If debit order cut-off for your specific collection date is missed, the debit order will commence on the same day of the following month.

I 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 Account holder ID
 Current Savings Transmission 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 PPS Investments to debit the bank account specified above.

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

Date

J INVESTMENT OPTION(S)

- For a comprehensive list of available Investment Option(s), please refer to the Investment Option Schedule available on www.ppsinvestments.co.za or from the PPS Investments Client Service Centre.
- I request the following Investment Option(s) as indicated below, which are made available by PPS Investments.

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% |

N 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

O TERMS AND CONDITIONS

These Terms and Conditions must be read together with the PPS Personal Pension Application Form's Terms and Conditions; the General Terms, Conditions and Declarations document and the Minimum Disclosure Documents available from the PPS Investments Client Service Centre on 0860 468 777 (0860 INV PPS) or www.ppsinvestments.co.za.

The Employer will make payments on your behalf into the PPS Personal Pension Retirement Annuity Fund's bank account within the time standards agreed with the Fund.

1. The Employer will not be allowed to make payments on your behalf if you are no longer employed by the Employer.
2. You acknowledge that you may continue to contribute to the Fund after you have left the employment of the Employer. This may be done via lump sum contribution amount(s) or a monthly debit order (or both).
3. You acknowledge that you may make additional investment contributions into the Fund at anytime. The Fund will require the standard documentation as set out in the Additional Contribution Form in order to process this request.
4. You authorise the Fund to process any transaction or payment amendment submitted by the Employer.
5. You acknowledge that your Fund benefit is based on payments made by the Employer and / or by yourself directly into the Fund's bank account.
6. You, the Employee, indemnify and do not hold PPS Investments and / or the Fund responsible for any loss, damage or liability resulting from incorrect information supplied by the Employer.
7. You acknowledge that neither the Fund nor PPS Investments will be held liable for any loss or damages resulting from incorrect payments made by the Employer.
8. You acknowledge that the information contained in the Transaction File supplied by the Employer on a monthly basis will override the contribution amounts and information received by the Fund in any prior month.
9. I hereby agree and specifically give consent to the PPS Group, for purposes of processing, including but not limited to, obtaining and sharing my personal information with the Employer.

Signature of investor

Date

I, _____,

(Name)

(Position)

hereby confirm that the above investor is currently employed by us and will be participating in the PPS Investments Corporate Personal Pension.

Signature of Authorised Representative of Employer

Date

Financial adviser name

Financial adviser institution

Financial adviser code

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 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 and PPS Investment Administrators (Pty) Ltd are licensed financial services providers. PPS Management Company (RF) (Pty) Ltd is a licensed collective investment scheme manager.

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