

# Useful information about your PPS Retirement Annuity Application Form



INVESTMENTS

## Contact details

Email: [admin@ppsinvestments.co.za](mailto:admin@ppsinvestments.co.za)  
Tel: 0860 468 777 (0860 INV PPS)  
Fax: 021 680 3680  
Website: [www.ppsinvestments.co.za](http://www.ppsinvestments.co.za)

## 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](http://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 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](http://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 Retirement Annuity  
Registered fund name: Professional Provident Society Retirement Annuity Fund  
SARS registration number: 18/20/4/030135  
FSCA registration number: 12/8/404

## Document checklist and supporting documents

Please send through these documents with your application form to [admin@ppsinvestments.co.za](mailto:admin@ppsinvestments.co.za) or fax 021 680 3680:

A copy of your South African barcoded ID/smart card, valid passport (if foreign national), valid drivers license or birth certificate (if minor).

Proof of your residential address, not older than three (3) months, (e.g. bank statement, utility bill or telephone account).

Proof of deposit.

If unit transfer – copy of current investment statement indicating Investment Option(s) and fund classes.

# PPS RETIREMENT ANNUITY APPLICATION FORM



INVESTMENTS

## 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

Country where passport issued

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 PPS Investments 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 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 (PPS RAF1) and a 12-digit client number e.g. PPS RAF1 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	If other, please specify
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### 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 **9<sup>th</sup> of the month**, and priced on the **10<sup>th</sup>**. 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**                      Retirement Annuity                      Pension Fund                      Provident Fund

### 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**                      Retirement Annuity                      Pension Fund                      Provident Fund

## F DEBIT ORDER INVESTMENT DETAILS

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

### Source of funds for this investment (compulsory)

Salary      Savings      Business      Gift/inheritance      Other      If other, please specify

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 RAF1) and a 16- digit investment number e.g. PPS RAF1 POL1234567890123.

## G BANK DETAILS FOR DEBIT ORDERS

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 number/Trust number/ Company registration number

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 PPS Investments 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.ppsinvestments.co.za](http://www.ppsinvestments.co.za) 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 %
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>



## K 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

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

### 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.

### Signature of investor

Date

## 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.

### 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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