

Useful information about your Vested PPS Profit Share Account Application Form



INVESTMENTS

When to use this form

This application form is only applicable to members of PPS Profit-Share Account who are ready to vest their account. Members with SPPI benefits that wish to utilise their accumulated profits via the Vested PPS Profit-Share Account after the age of 66, but wish to keep their SPPI benefits in place can do so by completing this form.

Contact details

Email: admin@ppsinvestments.co.za

Tel: 0860 468 777 (0860 INV PPS)

Fax: 021 680 3680

Website: 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 for:

- Product brochures and key benefits.
- Fund fact sheets (Minimum Disclosure Documents) for the available Investment Option.
- 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 Service website (www.ppsisecure.co.za) or the PPS for Professionals mobile app for IOS or Android.
- As a policyholder with a Vested PPS Profit-Share Account, you will continue to share in the contributions PPS Investments makes to PPS Insurance for as long as this policy remains active and you have savings invested with PPS Investments (in your Vested PPS Profit-Share Account or any PPS Investments product).

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 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.

Please note : We may request additional documents after validating your application.

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VESTED PPS PROFIT-SHARE ACCOUNT APPLICATION FORM



INVESTMENTS

A CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

Name and surname

Telephone number

Email

Capacity

B PERSONAL DETAILS OF POLICYHOLDER

Title Surname

First name(s)

Date of birth

Identity or Passport number

PPS Member number

Email address (*compulsory*)

Occupation

Physical address

Postal code

Cellphone number

Telephone number (home)

C TAX INFORMATION

Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances we may be obliged to share information on your account with SARS. Should any information provided change in the future, please ensure you advise us of the changes promptly.

Depending on where you are a resident for tax purposes, PPS Investments may be required to deduct Dividend Withholding Tax (DWT) and/or Interest Withholding Tax (IWT) on your behalf.

Natural Persons

I am a **South African** resident for tax purposes and understand that:

- A default DWT rate of 20% will apply on local dividends.
- Dividends declared by a Real Estate Investment Trust (REIT) are regarded as taxable income and are subject to tax at the applicable rate, such dividends will however be exempt from dividend tax.
- IWT will not apply.

South African Tax Number as provided by SARS

I am a **non-South African** resident for tax purposes and understand that:

- A default DWT rate of 20% will apply except if a reduced rate is applicable.
- A default IWT rate of 15% will apply except if a reduced rate is applicable.
- Dividends declared by a Real Estate Investment Trust (REIT) are exempt from South African Income Tax but will be subject to DWT.

Country of residence for tax purposes

Tax Identification Number (TIN) provided to you by your tax authority

Effective date of tax residency

As a non-South African resident you may qualify for a reduced rate if there is a Double Taxation Agreement (DTA) in place between South Africa and your country of residence. By declaring a country of residence for tax purposes other than South Africa, you declare that you are not a South African resident and that the reduced rate and the article number as contained in the Withholding Tax Annexure (available from our Client Services Centre) applies to your investment.

Are you a tax resident anywhere else? If so please complete the table below:

Country / Countries of tax residence	Tax Identification Number (TIN)

G BENEFICIARY NOMINATIONS

You are required to nominate at least one beneficiary who may receive a benefit following the death of the client under this investment. If you elect to review and make changes to the nomination of any beneficiaries, a signed instruction must be received before the death of the client. Should you NOT nominate a beneficiary for proceeds your estate will receive the benefit of this investment. This may have a negative impact on estate duty, executor fees and income tax payable on your death.

If you want your beneficiary to remain the same as was previously selected as per your PPS Profit-Share Account, please indicate below:

Beneficiary selection to remain as per PPS Profit-Share Account

Beneficiary selection to be amended as per below table

	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 percentages nominated total to 100%.

Should the PPS Beneficiaries Trust (IT 4876/01) be utilised when effecting payment to minors? Yes No

H REGULAR WITHDRAWAL DETAILS

Regular withdrawal amount

Frequency of regular withdrawal Monthly Quarterly Half-yearly Yearly

Regular withdrawal payments will be made by the **28th day of the respective month.**

First payment to be made on the 28th of

Regular withdrawals will be paid proportionally from all Investment Option(s) unless a specific Investment Option(s) are indicated below:

Investment Option (Please complete full Investment Option name and class)	Regular withdrawal amount/Percentage
Total	100%

I BANKING DETAILS FOR FUTURE PAYMENTS AND REGULAR WITHDRAWALS

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.

Account Holder Name

Bank

Account number

Branch

Branch code

Type of account

Current

Savings

Transmission

I, the undersigned, request and authorise PPS Investments to pay the withdrawal/regular withdrawal to the bank account specified above.

Signature of bank account holder

Date

N 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.

O CLIENT DECLARATION

Signature of investor

Date

J 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 fees

Ongoing fees per annum

Max. 3% (excl. VAT)

Max. 1% (excl. VAT)

Fees will be paid proportionately from all Investments Option(s) unless a specific Investment Option is indicated below:

Specific Investment Option

The Administrator 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.

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

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