

# Useful information about your Vested PPS Profit-Share Account Application Form



## When to use this form

This application form is only applicable to members with a PPS Profit-Share Account who are ready to vest their account. Members with SPPI benefits that wish to use 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

**E:** [admin@ppsinvestments.co.za](mailto:admin@ppsinvestments.co.za)

**T:** 0860 468 777 (0860 INV PPS)

**W:** [www.ppsinvestments.co.za/invest](http://www.ppsinvestments.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 **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 the available Investment options.
- Financial Intelligence Centre Act (FICA) requirements.
- The Effective Annual Cost measure (EAC) is an industry-wide disclosure standard. Investors and financial advisers can use it to compare charges on most retail investment products and their impact on investment returns, so that investors can make informed decisions around investment choices. The EAC is a measure of the charges 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](http://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.

## Supporting documents

We may request additional documents after validating your application.

## The Ombud for Financial Services Providers

If you are not satisfied with the response from PPS Investments or the Administrator or if you have a complaint about the advice given by your financial adviser, you have the right to address your complaint in writing to the Ombud for Financial Services Providers.

The Ombud for Financial Services

Kasteelpark, Orange Building,

2nd Floor

546 Jochemus Street,

Erasmuskloof,

Pretoria

0010

PO Box 41

Menlyn Park

0063

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](mailto:info@faisombud.co.za)

Website:

[www.faisombud.co.za](http://www.faisombud.co.za)

The Ombud is legally empowered to investigate and adjudicate complaints in a procedurally fair, economical and expeditious manner.

# VESTED PPS PROFIT-SHARE ACCOUNT APPLICATION FORM



## A CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

Name and surname

Telephone number

E-mail

Capacity

## B PERSONAL DETAILS OF POLICYHOLDER

Title Surname

First name(s)

Date of birth

ID or Passport number

PPS Member number

E-mail 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/ies 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(ies) 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

	<b>Beneficiary 1</b>	<b>Beneficiary 2</b>
Surname		
First name(s)		
Relationship		
ID/Passport number		
Contact number		
Postal address		
Percentage		

	<b>Beneficiary 3</b>	<b>Beneficiary 4</b>
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 used 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 **28<sup>th</sup> day of the respective month.**

First payment to be made on the 28<sup>th</sup> of

**Regular withdrawals will be paid proportionally from all investment option(s) unless a specific investment option(s) are indicated below:**

<b>Investment option (Please complete full investment option name and class)</b>	<b>Regular withdrawal amount/Percentage</b>
<b>Total</b>	<b>100%</b>

**Pay your PPS Provider premium(s) and/or Profmed medical aid contributions from your Vested PPS Profit Share Account**

If the value in your Vested PPS Profit-Share Account exceeds R50 000.00 you may elect to pay your existing PPS Provider™ monthly premiums and/or Profmed monthly medical aid contributions from your Vested PPS Profit-Share Account.

Indicate your selection below:

**PPS Insurance premiums policy number(s)**

**PPS Short-Term premiums policy number(s)**

**Profmed medical aid contribution membership number**

## 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.

*Foreign payments made between Eswantini, Lesotho, Namibia and South Africa will be subject to additional requirements.*

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

## J MARKETING CONSENT

PPS operates under the ethos of mutuality and all PPS's operating 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. 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.**

## 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.
- 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 MDD 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.

By electing to pay my existing PPS Provider™ monthly policy premiums/Profmed membership from my Vested PPS Profit-Share Account, I hereby confirm that:

- I understand that I may only use this option if I meet the qualifying requirements.
- I authorise PPSI to deduct from my Vested PPS Profit-Share Account, the amount due to the above product provider, for the above-mentioned policy/membership, as per my arrangement with them.
- I understand that payments will only commence after my Vested PPS Profit-Share Account application has been finalised, and the first payment date has been confirmed by PPSI.
- I understand that should I request a partial or full withdrawal, the payments made to the above provider from my Vested PPS Profit-Share Account may discontinue.
- I acknowledge that it is my responsibility to arrange for an alternative method of payment for my premiums/membership should the available balance in my Vested PPS Profit-Share Account be insufficient.

- I acknowledge that it is my responsibility to inform PPSI and the above product provider should I wish to cancel this arrangement.
- I understand that certain switches and withdrawals cannot be processed during the period when fees, premium/membership payments and regular withdrawal payments are being processed.
- I have read and understood the latest [Vested PPS Profit-Share Account Terms, Conditions and Declarations](#).

Signature of investor

Date

## 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 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.

## M 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 they bear a likeness to the photograph on their ID or passport; and
- I have verified the investor's 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 their 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

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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