



PPS CHANGE OF OCCUPATION FORM

The Professional Provident Society Holdings Trust No IT 312/2011(PPS Holding Trust) is a Registered South African Trust
 Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance")
 PPS Insurance is an Authorised Financial Services Provider - Licence No. 1044

CONTACT DETAILS

Member Number:		Surname:		Initials:	
Date of Birth:		Email Address:			
Tel No: H ()		Tel No: W ()		Cell No:	
Postal Address:				Fax No: ()	

SECTION A: QUALIFICATION DETAILS OF LIFE INSURED

1.	Degree(s) and other tertiary qualifications:

2.	Specific qualification obtained in respect of your current occupation:

SECTION B: PREVIOUS OCCUPATIONAL DETAILS OF LIFE INSURED

1.	Previous Occupation:		

2.	Provide a detailed description of your previous occupation:		

3.	Were you in	(a) Full time salaried employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
		(b) Part time salaried employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
		(c) Private practice	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION C: CURRENT DETAILS OF LIFE INSURED

1.	Current Occupation:		

2.	Describe the nature of your work:		

3.	State your gross professional income:		

4.	Are you in	(a) Full time salaried employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
		(b) Part time salaried employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
		(c) Private practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	If your profession has a registering body or authority with which you are required to register before you may practise, please provide the following information:		
	5.1 Name the registering body or authority: _____		
	5.2 Are you so registered? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, registration number: _____		

I, the undersigned, agree and declare that:

1. For the continuance of my contractual relationship with PPS Insurance, I have an obligation to inform PPS Insurance in writing of a change in the life insured's occupation or if the life insured no longer substantially practices his/her occupation as reflected on any Policy Certificate issued by PPS Insurance.

2. PPS Insurance is entitled, in its sole discretion:

- to cancel policy/ies or products or benefits from the end of the month during which the life insured's occupation changed or the life insured no longer substantially practices the occupation reflected on any Policy Certificate issued by PPS Insurance.
- to review the terms of the policy/ies products or benefits granted from the end of the month during which the life insured's occupation changed or the life insured no longer substantially practices the occupation reflected on any Policy Certificate issued by PPS Insurance. PPS Insurance will inform the policyholder in writing of such changes.

3. PPS Insurance must be informed as aforementioned within 30 days from the date of the change of occupation or from the date from which the occupation is no longer substantially practiced.

4. All the information provided in this form or with respect to this form is warranted complete, true and correct. I understand that if any of the information supplied as aforementioned is found not to be complete, true and correct, the policyholder could lose the policy/ies, products or benefits.

5. The purpose of this document is to inform PPS Insurance of the change to the life insured's occupation.

6. If the life insured informed PPS Insurance of a own specifically nominated occupation for the purpose of any Occupation Specific Rider Benefit, the purpose of this form is also to change the own specifically nominated occupation to the occupation stated in Section C of this document. PPS Insurance will confirm such a change in writing by sending the policyholder a new Policy Certificate.

7. I acknowledge that it is my duty to complete this form in full before signing it and not to require, permit or allow any other person to fill in further information on this form after I have signed it.

By signing this declaration I confirm that I have read and understand the contents of the application form and that I agree to all the terms and conditions contained therein.

Signed at (place): _____ **Date:** _____

Policyholders' signature: _____