

# Useful information about your PPS Endowment Plan Application Form



## When to use this form

This application form is applicable to client's wishing to invest their funds in the PPS Endowment Plan.

## 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.pps.co.za/invest](http://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](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.ppssecure.co.za](http://www.ppssecure.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.

## 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:

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

Website:

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

# PPS ENDOWMENT PLAN APPLICATION FORM



PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS")  
CLIENT SERVICE CENTRE CONTACT DETAILS  
TEL: 0860 468 777 (0860 INV PPS)  
EMAIL: [admin@ppsinvestments.co.za](mailto:admin@ppsinvestments.co.za)

FAX: 021 680 3680  
WEBSITE: [www.pps.co.za/invest](http://www.pps.co.za/invest)

## A CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

Name and surname

Telephone number

Email

Capacity

## B PERSONALISED INVESTMENT NAME

You have the opportunity to name your investment (e.g. "My Holiday Fund").

Name my investment

*Please note that the product does not guarantee performance in line with your personalised investment name.*

## C 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)

Occupation

Member Number

Physical address

Postal code

Postal address

Postal code

Telephone number (home)

Telephone number (work)

Cellphone number

Fax

Email address  
(Compulsory)

## D ACTING ON BEHALF OF THE POLICYHOLDER

**D1. Legal guardian, parent, persons acting on behalf of policyholder. Proof to be sent to PPS Investments.**

Title Surname

First name(s)

Identity or passport number

Relationship to policyholder

**D2. Mandate for dealing with the discretionary FSP acting on behalf of the policyholder. 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 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.
- Dividends declared by a Real Estate Investment Trust (REIT) are exempt from South African Income Tax but will be subject to DWT.
- A default IWT rate of 15% will apply except if a reduced rate is applicable.

### Country of residence for tax purposes

#### Tax Identification (TIN) Number 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.

**If you are a tax resident anywhere else, please specify below:**

Country / Countries of Tax Residence	Tax Identification Number (TIN)

**If you are unable to provide a TIN, please select one of the reasons below:**

My tax authority does not require me to provide a TIN/FE (does not apply to South African or United States tax residents).

My country does not issue TIN/FE to its tax residents (does not apply to South African or United States tax residents).

I am unable to obtain a TIN/FE (please provide a reason).

### Are you a "US Person"?

Do you have a United States tax number, residency or citizenship? Yes No

If PPS Investments identifies, through the information provided on this application form, that you are considered a US person or have a Reportable Account, from any other country you may be required to submit further documents.

## F PERSONAL DETAILS OF THE LIFE ASSURED

The Life Assured MUST be a natural person.

If the Life Assured is the same as the policy owner please tick this box

Title Surname

First name(s)

Date of birth Identity or passport number

## G LUMP SUM INVESTMENT DETAILS

Lump sum contribution (minimum R10 000)

Date of deposit/transfer

Please indicate the method of payment below:

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 END1) and a 12-digit client number e.g. PPS END1 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

### 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**.

## H DEBIT ORDER INVESTMENT DETAILS

**Debit order investment amount**  
(minimum R500)

**Commencement month**

**Collection date**      1<sup>st</sup>      7<sup>th</sup>      15<sup>th</sup>      28<sup>th</sup>

**Frequency**      Monthly      Quarterly      Half-yearly      Yearly

**Annual increase\***      5%      10%      15%      %

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 END1) and a 16- digit investment number e.g. PPS END1 POL1234567890123.

## I BANK ACCOUNT 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](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 BENEFICIARY NOMINATIONS FOR PROCEEDS**

You are required to nominate at least one beneficiary who may receive a benefit following the death of the life assured under this policy. 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 life assured. Should you NOT nominate a beneficiary for proceeds the life assureds estate will receive the benefit of this investment. This may have a negative impact on estate duty, executor fees and income tax payable on the death of the life assured.

	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 total percentages nominated are equal to 100%.

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

## L BENEFICIARY NOMINATION FOR OWNERSHIP

This is only applicable where the policyholder is a different person to the life assured. You are required to nominate a beneficiary to become the owner of this policy after your death. If you elect to review and make changes to the nomination of your beneficiary, a signed instruction must be received before you death.

If no beneficiary for ownership is nominated, then the ownership defaults to the estate of the policyholder on their death. This could have a negative impact on the estate.

	Beneficiary for ownership
Surname	
First name(s)	
Relationship	
ID / Passport number	
Postal address	
Contact number	

## M COMPULSORY COMPLETION BY POLICYHOLDER

**The signature of the policyholder's spouse is required if the policyholder is married in community of property and nominates a beneficiary other than the policyholder's spouse.**

Are you married in community of property? Yes No

If yes, have you nominated a beneficiary other than your spouse? Yes No

If yes to all the above, you require your spouse's written consent.

Name of spouse

Signature of spouse

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

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.

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.

- 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.

Date

Signature of investor

## P FINANCIAL ADVICE FEES

I acknowledge that I have received financial advice from the financial adviser whose details are completed in the section P below. This is my appointed financial adviser and I agree to the payment of advice fees as follows:

Initial lump sum fee	Initial debit order fee	Ongoing fees per annum
<b>Max. 3% (excl. VAT)</b>	<b>Max. 3% (excl. VAT)</b>	<b>Max. 1% (excl. VAT)</b>

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

A 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.

### Policy replacement

Is this proposal to replace the whole or any part of your existing policy with any product provider/supplier (whether replacement is to occur immediately or to replace a policy discontinued within the past four months or within the next four months)?

Yes      No

Does this proposal constitute a replacement of an investment with a recurring premium that will lead to or has led to the levying/deduction of a termination charge (causal event charges and administration charges) of more than 15% of the replaced investment value? Refer to the definitions in Part 3 of the Regulations to the Long-Term Insurance Act, 1998 (commission regulations).

Yes      No

If "Yes" to either of the above questions, the financial adviser must discuss and complete the Replacement Policy Advice Record and attach it to this application form.

## Q 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.
- 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.
- I warrant that I have explained all fees to the policyholder, including but not limited to the Effective Annual Cost (EAC), that relate to this investment and I understand and accept that the policyholder may withdraw his / her 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.

Signature of financial adviser

Date

Contact us

PPS Investments (Pty) Ltd, PPS Multi-Managers (Pty) Ltd and PPS Investment Administrators are licensed financial services providers. Coronation Life Assurance Company Limited is registered in terms of the Long Term Insurance Act 53 of 1998 to carry on Long term insurance business. PPS Management Company (Pty) Ltd (RF) is a licensed collective investment scheme manager. PPS Nominees (Pty) Ltd is an independent nominee company approved by the Financial Sector Conduct Authority.

PPS House, Boundary Terraces, 1 Mariendahl Lane, Newlands, 7700  
Website: [www.pps.co.za/invest](http://www.pps.co.za/invest) Email: [clientservices@ppsinvestments.co.za](mailto:clientservices@ppsinvestments.co.za)