

PPS BUSINESS LIFE COVER BENEFIT -TRUST BANKING PARTICULARS FORM



The Professional Provident Society (PPS) Holdings Trust No IT 312/2011 is a registered South African Trust. The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 is a licensed insurer conducting life insurance business, a licensed controlling company and an authorised financial services provider. Any reference to PPS in this form means PPS Insurance.

PPS contact details:

PPS Member Services on 0860 123 777 or +27 (0)10 085 3820
Monday to Friday from 07:00 to 19:00 and Saturday from 08:00 to 13:00

E: memberservices@pps.co.za

PPS Death Claims: ppsdeathclaims@pps.co.za

Estate Late:

Please select the business solution for which you are claiming and provide the policy number:

Solution	Buy-and-sell cover	Contingent Liability Cover	Credit Loan Account Cover	Key Person Cover
Policy number				

PART A: TRUST DETAILS

Estate number or Master's reference number:

State the Master's office where the trust was registered:

Address and contact details of all trustees:

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>
5.	<input type="text"/>	6.	<input type="text"/>
7.	<input type="text"/>	8.	<input type="text"/>

PART B: PAYMENT INSTRUCTIONS OF PROCEEDS DUE TO TRUST

Foreign bank accounts: Please take note that in terms of the PPS Provider™ Policy, premiums from the policyholder should be paid from the South African bank account and benefits to the policyholder should also be paid into the South African bank account, in South African currency. Accordingly, PPS Insurance assumes no responsibility or liability whatsoever in the event that the policyholder pays premiums from a foreign bank account or the policyholder nominates a foreign bank account for receipt of policy benefits. Furthermore, any payment to and from PPS Insurance involving a foreign bank shall be at the sole discretion of PPS Insurance and subject to the South African foreign exchange regulations and other relevant legislation as amended from time to time. PPS Insurance assumes no responsibility or liability to inform the policyholder of any changes in such regulations and legislation.

I/we (Full names):

Trustee/s of the (names of Trustees) hereby authorise

Account in the name of:	<input type="text"/>																													
Account type:	<input type="text"/>																													
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- Proof of account. The accepted proof of account must be a bank-stamped letter on the bank's letterhead.
- Certified copies of the ID documents of the appointed trustees.
- Copy of the Trust Deed.
- Copy of the appointment of trustees.

Please note that PPS will not be held liable for incorrect payments if the account information supplied is incorrect. By signing this form, the policyholder indemnifies PPS and holds PPS harmless against any losses, liabilities, claims, charges, expenses, costs, or any other actions or demands of whatever nature, which could or might be suffered or incurred by the policyholder or any third party whether directly or indirectly, caused by and/or arising out of the payment into the above account.

Thus done and signed at

 this

 day of

 20

Full name of the Trustee/Executor:

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By submitting this form electronically, you acknowledge that your electronic signature holds the same legal weight as a handwritten signature. For authorised electronic signature details, contact your PPS-accredited financial adviser or e-mail memberservices@pps.co.za. Using unauthorised electronic signatures is at your own risk and PPS Insurance disclaims liability for any related issues.