## **Useful information about your PPS Corporate Personal Pension Employee application form**



#### **Contact details**

- Please send the completed application form to admin@ppsinvestments.co.za.
- If you need assistance please contact your financial adviser. Alternatively contact our Client Service Centre on 0860 468 777 or at clientservices@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.
- 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.

#### **Useful information**

Please refer to our website 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 Portal (www.ppsisecure.co.za) or the PPS 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 an accredited financial adviser (IFA).

#### **Regulation 28 for retirement funds**

Regulation 28 of the Pension Funds Act requires that your investment adhere to the following asset class limits; 75% equities, 25% property and 25% foreign. A switch instruction may affect the Regulation 28 compliance status of your investment. To ensure your switch complies with Regulation 28 please use our online Regulation 28 Guide, contact your financial adviser or our Client Service Centre.

#### **Bank account details**

Account name: PPS Personal Pension Retirement Annuity Fund

Bank: FNB

Account number: 621 297 923 30

Branch: 250655 (RMB Corporate Banking – Cape Town)

Include contact number followed by your name and surname as reference (i.e. 082 555 4444 John Smith)

#### **Document checklist and supporting documents**

Please send through these documents with your application form to admin@ppsinvestments.co.za or 021 680 3680:

A copy of your South African barcoded ID/smart card, valid passport (if foreign national) or unabriged birth certificate (if minor).

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, requires a letter from the bank listing the authorised signatories of the account along with copies of their ID documents along with 3 specimen signatures.

Proof of deposit

If unit transfer - copy of current investment statement indicating Investment Option(s) and fund classes

# CORPORATE PERSONAL PENSION EMPLOYEE APPLICATION FORM



PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS")
CLIENT SERVICE CENTRE CONTACT DETAILS

| TEL: 0860 468 777 (0860 INV PPS)

TEL: 0860 468 777 (0860 INV PPS) EMAIL: admin@ppsinvestments.co.za FAX: 021 680 3680 WEBSITE: www.ppsinvestments.co.za

Please note, this is a fillable form. Please print, sign where required and send to the details above for processing. All fields in red are compulsory.

Α	IMPORTANT INFORMA	TION		
To form	n part of Document Checklist a	nd Supporting Documents Include:		
	porate Personal Pension ployer Application form	Corporate Personal Pension Employee Application form	PPS/OPN Personal Pension Application form	
В	INVESTOR DETAILS			
Title	Surname			
First na	me(s)			
Employ	ver's Registered Name ("the Em	ployer")		
Employ	vee Number (if applicable)			
С	TERMS AND CONDITION	ONS		
Conditi	Terms and Conditions must be ons and Declarations documer 68 777 (0860 INV PPS) or www.	nt and the Minimum Disclosure Docume	sion Application Form's Terms and Conditions; the General Terms, nts available from the PPS Investments Client Service Centre on	
	ployer will make payments on with the Fund.	your behalf into the PPS Personal Pensi	on Retirement Annuity Fund's bank account within the time standard	ds
1.		may continue to contribute to the Fund ount(s) or a monthly debit order (or both	after you have left the employment of the Employer. This may be do ).	one vi
2.	You acknowledge that you i documentation as set out ir	may make additional investment contrib n the Additional Contribution Form in or	utions into the Fund at anytime. The Fund will require the standard der to process this request.	
3.	You authorise the Fund to p	process any transaction or payment ame	ndment submitted by the Employer.	
4.	You acknowledge that your account.	Fund benefit is based on payments made	le by the Employer and / or by yourself directly into the Fund's banl	K
5.	You, the Employee, indemni incorrect information suppli	fy and do not hold PPS Investments and led by the Employer.	/ or the Fund responsible for any loss, damage or liability resulting	from
6.	You acknowledge that neith made by the Employer.	er the Fund nor PPS Investments will be	held liable for any loss or damages resulting from incorrect payments	nts
7.		nformation contained in the Transaction nformation received by the Fund in any	File supplied by the Employer on a monthly basis will override the prior month.	
Signat	ure of investor			
			Date	

hereby confirm that the above investor is currently employed by us and will be participating in the PPS Investments Corporate Personal Pension (OPN).

(Position)

Date

(Name)

Signature of Authorised Representative of Employer

### **OPN PERSONAL PENSION 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

FAX: 021 680 3680 WEBSITE: www.ppsinvestments.co.za

- Please complete the form in BLOCK LETTERS
- Please indicate all options selected with a [X]
- Please initial any amendments made to this application form
- Please note, "Investment Option(s)" refer to the underlying unit trusts within your portfolio
- Please note, "the Fund" refers to the PPS Personal Pension Retirement Annuity Fund
- The daily cut-off for receipt of instructions is **14:00**
- General Terms, Conditions and Declarations are available on the PPS Investments website

**CONTACT PERSON FOR OUTSTANDING REQUIREMENTS** 

Please note, this is a fillable form. Please print, sign where required and send to the details above for processing. All fields in red are compulsory.

Name and surname				
Telephone number		Email		
Capacity				
B PERSONAI	L DETAILS OF INVEST	OR		
New investor	Existing investor	Client number (if existing	investor)	
Title	Surname			
First name(s)				
Date of Birth	Identity	or passport number		
Country of passport is	ssued			
Occupation				
Gender	Male	Female		
Home language	English	Other (please specify)		
Nationality	South African	Other (please specify)		
Income tax reference	number		Income tax office	
Physical address				
				Postal code
Postal address				
				Postal code
Please note, at least	one contact number is rec	quired		
Telephone number (h	ome)	Telephone number (work)		Cellphone number
Email				
Preferred communica	tion method	Email	Post	
PAGE 2 OF 9 OPN PE	ersonal Pension, a section of the P	N FORM FSB number: 12/8/37654 SARS	number: 18/20/4/418 ind 'the Fund'), register	67 red by the Financial Sector Conduct Authority in terms of th

#### Source of funds for this investment (compulsory) Gift / Professional / Liquidation of Donation Savings Property **Business** investment disposal inheritance Other (specify) C ACTING ON BEHALF OF THE INVESTOR C1. Guardian / persons with Power of Attorney acting on behalf of the investor. Proof to be sent to PPS Investments. Title Surname First name(s) Identity or passport number Relationship to the investor C2. Mandate for dealing with the discretionary FSP acting on behalf of the investor. Proof to be sent to PPS Investments. I have entered into a full / limited discretion mandate with the Advisory Practice (FSP) captured in Section O. Yes Nο 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. D LUMP SUM INVESTMENT DETAILS Lump sum contribution (minimum R10,000) Is this a transfer from another retirement fund? Yes No If "Yes", please complete Section E Date of deposit / transfer and / or Unit transfer Cash payment **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 should be invested in the PPS Enhanced Yield Fund and will be phased into your selected Investment Option(s). Investment to be phased in Yes No If "Yes", please select phase-in period 3 months 6 months 12 months Phase-ins will be generated on the 9th of the month, and priced on the 10th. Should either of these days fall on a weekend or public holiday, the process will take place on the following business day. TRANSFERRING FUND DETAILS Please ensure that a copy of this completed application form is forwarded to the transferring fund before sending it to PPS Investments. Registered name of transferring fund Fund type Retirement Annuity Pension Fund **Provident Fund** Preservation Pension Fund Preservation Provident Fund

When doing a section 14 transfer of a retirement annuity, the Fund may request annual confirmation of the preferred ongoing financial adviser fee. No

initial fees are payable on these transfers.

Telephone number

Contact person

**Email** 

F DEBIT O	RDER INVESTM	IENT DETAILS							
Please note that yo	ur first debit order <sub>l</sub>	payment must be deducte	ed from your bank accour	nt and may	not be paid in cash				
Debit order investn	nent amount (minim	num R500)							
Commencement m	onth				Collection date	1st	7th	15th	28th
	(Not wi	ithin 14 days of investment date)							
Frequency	Monthly	Quarterly	Half-yearly	Yearly					
Annual escalation r	ate 5%	10%	15%	%					
It is recommended	that you escalate yo	our debit order amount ar	nnually in order to ensure	your contr	ibutions are in line	with infl	ation.		
Should the co	ut-off for my selecte	ed debit order date be mis	ssed, please commence o	n the <b>same</b>	day of the follow	ing moı	nth;		
or									
as soon as p	oossible, on the nex	ct collection date.							
G BANK DI	ETAILS FOR DE	BIT ORDERS/ONCE	OFF COLLECTIONS						
The following bank Should you wish to	details will be used update your bank a	for the debit order/collect account details on other in	tion that applies to this in vestments, please comple	struction. ete the Pers	onal Details Amend	dment Fo	orm.		
Account holder nan	ne								
Bank			Account n	umber					
Branch			Branc	h code					
Type of account			Account holder ID						
Current	Savings	Transmission	number/Trust number/ Company registration n	umber					

## Source of funds for this investment (compulsory)

Gift/Inheritance Other Savings Salary Business

#### 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	Date
party legal entity	

#### **H** METHOD OF PAYMENT

Cheque deposit\* - All cheques must be endorsed as "Non Transferable" and deposited directly into the product's bank account.

Electronic / Internet transfers\* - Electronic transfers may not reflect immediately and may take a few days to appear in the product's bank account.

Regular debit order – Please ensure that the bank account details are completed in the relevant section if you select this option. The reference on your bank account will be a combination of the abbreviated product name (OPN PER1) and a 16-digit investment number e.g. OPN PER1 POL1234567890123.

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 was received. Any deviations from this process must be communicated to PPS Investments before electronic collection is done. The reference on your bank account will be a combination of the abbreviated product name (OPN PER1) and a 12-digit client number e.g. OPN PER1 123456789012.

#### Please do the electronic collection on

(date)

\* The Administrator requires proof of deposit or transfer, together with receipt of the applicable documentation as set out in this form, before the application can be processed. Please reference your deposit using your contact number, followed by your name and surname. For example, 0825554444 John Smith.

Surname

Fransferor's details -	- The transferor is	the person	in whose	name the existing	Investment Option(s)	) are registered.
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Title Initials

Identity or passport number

#### Details of transactions required

I hereby instruct the management company(ies) specified below to transfer the Investment Option(s) held in my name to an account held by PPS Investments.

Management company	Name of Investment Option	Investment number at relevant management company	% of investment to be transferred

#### Investment Option(s) must be switched after transfer

(If no selection is made, the funds will remain in the transferred Investment Option(s))

Yes, switch according to the Investment Option(s) selected in Section J

No

I hereby instruct PPS Investments to make the necessary arrangements to effect this transfer. I further declare that my estate is not insolvent and has not been sequestrated.

Signature of transferor	Signature of guardian (if applicable)

#### Date

#### J INVESTMENT OPTION(S)

I hereby apply to invest in the Investment Option(s) indicated on page 6, which are made available by PPS Investments.

For a comprehensive list of available Investment Option(s), please refer to the Investment Option Schedule available on www.ppsinvestments.co.za or from the PPS Investments Client Service Centre and indicate your selection in the table on page 6. The available Investment Option(s) may change from time to time.

Regulation 28 of the Pension Funds Act (No. 24 of 1956) requires that your investment adheres to the following Regulation 28 limits: A maximum exposure of 75% of the investment amount to equity investments; 25% to property; 25% to international investments. In order to assist you to determine whether your selection of Investment Option(s) complies with these limits, you may contact the PPS Investments Client Service Centre on 0860 468 777 (0860 INV PPS) or use the Regulation 28 Guide on our website at www.ppsinvestments.co.za.

Your investment will be monitored for Regulation 28 compliance on an ongoing basis and your future non-compliance status will be communicated to you quarterly. Please note that should your portfolio exceed any of the Regulation 28 limits for three (3) successive quarters, the Trustees of the Fund will rebalance your portfolio and / or amend your investment allocations accordingly.

#### Please ensure that the percentages are completed for the lump sum and debit order investment column, where applicable

	Investment Option	Lump sum investment %	Debit order investment %
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	100%	100%

#### K BENEFICIARY NOMINATIONS

You may only nominate beneficiaries who are natural persons to receive a benefit in the event of your death before retirement from the Fund. Where payment to a natural person via a trust is required, the natural person must still be nominated, but the nomination must be qualified by a request to make payment to the person via the trust. Please note that the allocation to your beneficiaries is at the discretion of the Trustees, based on the provisions of section 37C of the Pension Funds Act, No. 24 of 1956. Your nomination will serve to assist the Trustees in making these decisions, although it may not be binding on them. If you elect to review and make changes to the nomination of any beneficiaries, a signed instruction must be received by PPS Investments before your death.

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

	Beneficiary 3	Beneficiary 4
Surname		
First name(s)		
Relationship		
Gender		
ID / Passport number		
Percentage		
Postal address		
Contact number		

If there are additional beneficiaries, please attach this information on a separate signed page. Please ensure the total percentages nominated are equal to 100%.

#### TERMS, CONDITIONS AND DECLARATIONS

I understand and agree to be bound by the provisions of this application form. If on the date of signature of this application form an updated application form exists and fees and General Terms, Conditions and Declarations differ, the updated application form, fees and General Terms, Conditions and Declarations will apply.

I understand and agree that:

- It is my responsibility to ensure that my personal and contact particulars are correct. If this is not the case, or in the event that my personal and / or contact particulars change, it is my responsibility to inform PPS Investments in writing of the incorrect particulars or the change in particulars.
- I agree that PPS Investments may use all personal and contact information provided to PPS Investments by me in order to facilitate my tracing in respect of any unclaimed benefits. I also agree that PPS Investments may share all personal and contact information with any third party, or obtain any contact and personal information from any third party, in order to facilitate my tracing in respect of any unclaimed benefits.
- The information contained herein is correct. If this application form is signed in a representative capacity, I have the necessary authority to do so and this transaction is within my powers. I will have **fourteen (14) days** after receipt of the investment confirmation to report any errors to PPS Investments.
- I am acting for my own account. I have considered the suitability of this product and made my decision to enter into this investment without relying on any communication from PPS Investments, whether written, oral or implied, as investment advice or a recommendation to enter into the investment. I understand that information and explanations relating to the terms of an investment are not to be considered investment advice or a recommendation to enter into any transaction.
- PPS Investments will not be responsible for any failure, malfunction or delay of any networks, electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of applications and / or transactions. PPS Investments will not be liable to make good or compensate any investor or third party for any related damages, losses, claims or expenses.
- I am aware of the PPS Investments Investment Option Schedule (available on www.ppsinvestments.co.za), which details the Investment Option(s) available on the PPS Investments platform and sets out the fees which may be applicable to my investment (including administration fees and asset management fees).
- The General Terms, Conditions and Declarations are available on www.ppsinvestments.co.za or on request from the PPS Investments Client Service Centre on 0860 468 777 or at clientservices@ppsinvestments.co.za.

#### Application

- I hereby apply for a PPS Personal Pension and agree to be bound by the Terms, Conditions and Declarations contained in this application form as well as PPS Investments' General Terms, Conditions and Declarations (as amended from time to time).
- I understand and agree that this application, together with my investment confirmation and PPS Investments' General Terms, Conditions and Declarations as well as any other related documents provided by me and accepted by PPS Investments, will govern the legal relationship between myself and PPS Investments.

#### **Product Terms, Conditions and Declarations**

I understand that in terms of the Fund rules, these General Terms, Conditions and Declarations and legislation, amongst other things:

- I cannot withdraw, apply for a loan or use my interest in the Fund as collateral security for a loan.
- I will not have access to any benefits in the Fund before age 55, unless I cease to be a resident or departed from the RSA on the expiry of a work or a visiting expiry or proven medical grounds of permanent disability.
- I may stop making further contributions to the Fund at any time without incurring any cancellation penalties.
- I may make additional voluntary contributions to the Fund subject to set minimum amounts.
- I may not cede, assign, pledge as security or surrender for cash any benefits, any rights to any benefits or any share of the assets of the Fund represented by the value of my investment portfolio.
- The Fund will pay amounts to my dependants and / or beneficiaries upon my death in accordance with section 37C of the Pension Funds Act, No. 24 of 1956.

#### **Specific Fund information**

- Membership of the Fund will commence on the latter of the date on which this application form has been accepted and a contribution has been received in the bank account of the Fund.
- You will become a member of the PPS Personal Pension Retirement Annuity Fund Reg. No. 12/8/37739, which is registered by the Financial Services Board ("FSB") in terms of the Pension Funds Act, No. 24 of 1956 ("the Pension Funds Act") or its replacement as approved by the South African Revenue Service ("SARS").
- The Fund is administrator by Maitland RAS Proprietary Limited (RSA) ("the Administrator"), an administrator appointed by the Fund's Trustees. The Administrator has been approved as a retirement funds administrator by the FSB in terms of the Pension Funds Act and may change from time to time
- I understand the structure of the administration and investment fees applicable to my investment in the Fund and understand that interest earned on the first date of deposit of my contribution into the bank account of the Fund will be used to pay the expenses of running the Fund as authorised by the Trustees of the Fund.
- The Fund is managed by Trustees, the majority of whom are independent of PPS Investments ("the Fund sponsor") and all of whom are independent of the Fund administrator. These Trustees are all required to exercise their fiduciary duties in terms of the Pension Funds Act and other legislation (i.e. to act in the best interests of the Fund and its members at all times).
- I am aware of the impact that a downturn in the market will have on my capital.
- The value of my investment will increase or decrease as the market values of the underlying securities in my chosen Investment Option(s) fluctuate. I understand that I carry this investment risk. The Fund does not provide any guarantees in relation to any investment performance.
- I understand that if I am transferring my benefit from another retirement annuity or preservation fund, the relevant fund will have to apply for the necessary approval of the transfer from the Principal Officer of that Fund in terms of section 14 of the Pension Funds Act.

I hereby confirm that I,	
	, have
read and understood:	
<ul> <li>The General Terms, Conditions and Declarations;</li> <li>The Minimum Disclosure Documents of the chosen fund(s) including, but not limited to, the Total Expense Ratio (TER) and Tr applicable to my investment available on the PPS Investments website www.ppsinvestments.co.za.</li> <li>In the case of Customised Solutions, the Minimum Disclosure Document of the underlying funds can be obtained from the reflective Annual Cost disclosure available from my financial adviser, the PPS Investments website or from the Client Servence.</li> </ul>	respective Managers.
Signature of investor	
Date	
N FINANCIAL ADVICE FEES	
I acknowledge that I did not receive any financial advice. I will be noted as a PPS Investments "No Financial Adviser" investor.	,
I acknowledge that I have received financial advice from the financial adviser whose details are completed in the section belo 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 annun	m
Max. 3% (excl. VAT) Max. 3% (excl. VAT)	Max. 1% (excl. VAT)
(No initial lump sum fee may be charged on an Intra-fund conversion or section 14 transfer)	
Fees must be paid from	
A specific Investment Option	
All Investment Option(s) proportionally	
The Administrator will pay ongoing advice fees to your financial adviser on your behalf and will recover these fees from your investment in Investments' fee structure.	
O FINANCIAL ADVISER DETAIL AND DECLARATION	
O FINANCIAL ADVISER DETAIL AND DECLARATION  Financial adviser name	
Financial adviser name	
Financial adviser name Financial adviser institution	
Financial adviser name  Financial adviser institution  Financial adviser code  Contact number  FSP licence number	
Financial adviser name  Financial adviser institution  Financial adviser code Contact number  FSP licence number  VAT status Registered Not registered VAT number	tween ourselves and you
Financial adviser name  Financial adviser institution  Financial adviser code  Contact number  FSP licence number	tween ourselves and you
Financial adviser name  Financial adviser institution  Financial adviser code Contact number  FSP licence number  VAT status Registered Not registered VAT number  To ensure fair outcomes for investors, we (as the product supplier) are required to ensure appropriate sharing of responsibility bet	ŕ
Financial adviser name  Financial adviser institution  Financial adviser code  Contact number  FSP licence number  VAT status  Registered  Not registered  VAT number  To ensure fair outcomes for investors, we (as the product supplier) are required to ensure appropriate sharing of responsibility bet (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 as	and takes into account
Financial adviser name  Financial adviser institution  Financial adviser code  Contact number  FSP licence number  VAT status  Registered  Not registered  VAT number  To ensure fair outcomes for investors, we (as the product supplier) are required to ensure appropriate sharing of responsibility bet (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 a 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 Inc.	and takes into account  nvestment Schemes tion to the investor.  ondary accountable
Financial adviser name  Financial adviser institution  Financial adviser code  Contact number  FSP licence number  VAT status  Registered  Not registered  VAT number  To ensure fair outcomes for investors, we (as the product supplier) are required to ensure appropriate sharing of responsibility bet (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 a 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 In Control Act, No. 45 of 2002; the Financial Advisory and Intermediary Services Act, No. 37 of 2002; and all subordinate legislat  I acknowledge and confirm that, in my capacity as the primary accountable institution (with the Administrator being the secon institution), I have established and verified the identity of the investor in accordance with section 21 of the Financial Intelligents.	and takes into account  nvestment Schemes tion to the investor.  ondary accountable ence Act, 2001 ("the Act")
Financial adviser name  Financial adviser institution  Financial adviser code  Contact number  FSP licence number  VAT status  Registered  Not registered  VAT number  To ensure fair outcomes for investors, we (as the product supplier) are required to ensure appropriate sharing of responsibility bet (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 at 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 Im Control Act, No. 45 of 2002; the Financial Advisory and Intermediary Services Act, No. 37 of 2002; and all subordinate legislate.  I acknowledge and confirm that, in my capacity as the primary accountable institution (with the Administrator being the secon institution), I have established and verified the identity of the investor in accordance with section 21 of the Financial Intelligent and will keep records of such identification and verification according to the provisions of section 22 of the Act.  I warrant that I have explained all fees to the investor, including but not limited to the Effective Annual Cost (EAC), that relate understand and accept that the investor may withdraw his / her authority for payment of advice fees in writing to PPS Investices.	and takes into account  nvestment Schemes tion to the investor.  ondary accountable ence Act, 2001 ("the Act")
Financial adviser name  Financial adviser institution  Financial adviser code  Contact number  VAT status  Registered  Not registered  VAT number  To ensure fair outcomes for investors, we (as the product supplier) are required to ensure appropriate sharing of responsibility bet (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 a 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 Im Control Act, No. 45 of 2002; the Financial Advisory and Intermediary Services Act, No. 37 of 2002; and all subordinate legislat  I acknowledge and confirm that, in my capacity as the primary accountable institution (with the Administrator being the seconstitution), I have established and verified the identity of the investor in accordance with section 21 of the Financial Intelligent and will keep records of such identification and verification according to the provisions of section 22 of the Act.  I warrant that I have explained all fees to the investor, including but not limited to the Effective Annual Cost (EAC), that relate	and takes into account  nvestment Schemes tion to the investor.  ondary accountable ence Act, 2001 ("the Act")
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#### P DETAILS OF THE FUND AND SUPPORTING DOCUMENTATION

#### **OPN Personal Pension Retirement Annuity Fund bank account details**

Account name **PPSI Personal Pension Retirement Annuity** 

Bank FNR

Branch RMB Corporate Banking - Cape Town

Branch code 20-41-09 Account number 621 297 923 30

Contact number first, followed by your name and surname For example: 082 555 4444 John Smith Reference

#### **Supporting documentation**

Copy of a bar-coded ID bearing ID number and photograph

Proof of bank details (e.g. bank statement or cancelled cheque not older than three (3) months)

#### **Fund information**

PPS Personal Pension Retirement Annuity Fund Fund name

12/8/37654 FSB number SARS number 18/20/4/41867

#### **Compliance department**

0860 468 777 (0860 INV PPS) **PPS Investments** Tel·

PPS House 021 680 3680 Fax:

Website: www.ppsinvestments.co.za

Boundary Terraces 1 Mariendahl Lane Email: compliance@ppsinvestments.co.za Newlands

7700

#### **Complaints procedure**

If you are not satisfied with this investment or the services from the Fund, a written complaint can be submitted to the Principal Officer using the contact details below. The Fund will acknowledge the complaint in writing and will inform you of the contact details of the person addressing your complaint.

#### **Principal Officer**

0860 468 777 (0860 INV PPS) **OPN Personal Pension Retirement Annuity Fund** Tel·

**PPS House** 021 680 3680 Fax:

Website: **Boundary Terraces** www.ppsinvestments.co.za 1 Mariendahl Lane compliance@ppsinvestments.co.za Email:

Newlands

If you are not satisfied with the response from the Fund, you have the right to lodge a written complaint with the Pension Funds Adjudicator.

#### The Pension Funds Adjudicator's contact details

The Pension Funds Adjudicator Tel: 012 346 1738 PO Box 580 Fay: 086 693 7472 Menlyn Website: www.pfa.org.za 0063 Email: enquiries@pfa.org.za

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 Providers

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

Sussex Office Park Ground Floor, Block B

473 Lynnwood Road Cnr Lynnwood Road & Sussex Ave,

Lynnwood,

0081 Telephone:

+27 12 762 5000 / +27 12 470 9080 +27 86 764 1422 / +27 12 348 3447

Facsimile: E-mail: info@faisombud.co.za Website: www.faisombud.co.za

PO Box 74571 Lynwood Ridge 0040



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

> PPS House, Boundary Terraces, 1 Mariendahl Lane, Newlands, 7700 Website: www.ppsinvestments.co.za Email: clientservices@ppsinvestments.co.za