Useful information about your OPN Tax Free Investment Account Application Form

INVESTMENTS

Contact details
Email: admin@ppsinvestments.co.za
Tel: 0860 468 777 (0860 INV PPS)
Fax: 021 680 3680
Website: 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 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 (www.ppsisecure.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.

Contributions
- You must make sure your annual payments across all approved tax-free savings accounts with all product providers do not exceed the annual and life time contribution limits. The limits apply with regards to total contributions across all product providers and not on a per product provider basis.
- If you exceed your annual contribution limit of R36 000 (as stipulated in the Income Tax Act) this will lead to a penalty tax of 40% on the over contributed amount. This penalty will be imposed by the South African Revenue Service ("SARS") at the end of the tax year.
- If you contribute more than the lifetime contribution limit of R500 000 (as stipulated in the Income Tax Act), this will lead to a penalty tax of 40% on the over contributed amount. This penalty will be imposed by the South African Revenue Service ("SARS") at the end of the tax year.

Investment Options
The Investment Option(s) for the OPN Tax Free Investment Account (TFIA) are restricted by legislation. No funds that charge performance fees can be offered. Please refer to the Select Investment Option Schedule for the full list of available funds. This also applies to Customised Solutions.

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

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

☐ Proof of your residential address, not older than three (3) months, (e.g. bank statement, utility bill or telephone account).

☐ Proof of deposit.

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

OPN TAX FREE INVESTMENT ACCOUNT APPLICATION FORM

PPS FOR PROFESSIONALS SINCE 1941 | INVESTMENTS

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.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 (only natural persons who are resident in South Africa for tax purposes)

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

Physical address

Postal code

Postal address

Postal code

Telephone number (home)

Telephone number (work)

Cellphone number

Fax

Email address (Compulsory)

D 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.

Tax residency

Are you a South African resident for tax purposes? Yes ☐ No ☐ If yes, please provide your tax number

Are you a tax payer anywhere else? If so, please complete the table below:

Country / Countries of tax residence	Tax Identification Number (TIN)

If you are unable to provide a Tax Identication Number, 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.

E ACTING ON BEHALF OF THE INVESTOR

E1. Legal guardian, parent, persons acting on behalf of investors. Proof to be sent to PPS Investments.

Title ______ Surname ______

First name(s) ______

Identity or passport number ______ Relationship to investor ______

E2. Mandate for dealing with the discretionary FSP acting on behalf of the investor. 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. Please send us a copy of the mandate. (Please send us a copy of the signed mandate). Yes ☐ No ☐

F LUMP SUM INVESTMENT DETAILS

Lump sum contribution (minimum R2,000.00) *(May not exceed R36 000 per year)* ______ Date of deposit/transfer ______

Please indicate the method of payment below:

☐ Unit transfer from another Tax Free Savings account (please complete the separate Tax Free Savings Transfer Request Form).

☐ 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 (OPN TFIA1) and a 12-digit client number e.g. OPN TFIA1 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 **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**.

G DEBIT ORDER INVESTMENT DETAILS

Debit order investment amount (minimum R500) ______ **Commencement month** ______

Collection date 1st ☐ 7th ☐ 15th ☐ 28th ☐

Frequency Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

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 (OPN TFIA1) and a 16- digit investment number e.g. OPN TFIA1 POL1234567890123.

H 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

Current ☐ Savings ☐ Transmission ☐

Account holder ID 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

Date

I 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 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 %
TOTAL	**100%**	**100%**

J 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 lump sum fee **Max. 3% (excl. VAT)**

Initial debit order fee **Max. 3% (excl. VAT)**

Ongoing fees per annum **Max. 1% (excl. VAT)**

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.

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.

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.

Signature of investor

Date

L 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.

Signature of financial adviser

Date

Print and sign

Contact us

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