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)

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 tick
- · 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 cut-off for receipt of instructions is 14:00
- · General Terms, Conditions and Declarations are available on the PPS Investments website

Fund has received the completed application form together with the required supporting documentation.

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

Δ	IMPORTANT INFORMATION
\sim	I IMPORTANT INFORMATION

Documentation required:					
PPS Personal Pension Application Form (page 2 to 9)					
Copy of Investor's ID Document / Passport					
B INVESTOR DETAILS					
Title Surname					
First name(s)					

This form is to be completed if the Employer will be making payments on the investor's behalf to the Fund. The application cannot be processed until the

C TERMS AND CONDITIONS

Employee Number (if applicable)

Employer's Registered Name ("the Employer")

These Terms and Conditions must be read together with the PPS Personal Pension Application Form's Terms and Conditions; the General Terms, Conditions and Declarations document and the Minimum Disclosure Documents available from the PPS Investments Client Service Centre on 0860 468 777 (0860 INV PPS) or www.ppsinvestments.co.za.

The Employer will make payments on your behalf into the PPS Personal Pension Retirement Annuity Fund's bank account within the time standards agreed with the Fund.

- 1. The Employer will not be allowed to make payments on your behalf if you are no longer employed by the Employer.
- 2. You acknowledge that you may continue to contribute to the Fund after you have left the employment of the Employer. This may be done via lump sum contribution amount(s) or a monthly debit order (or both).
- You acknowledge that you may make additional investment contributions into the Fund at anytime. The Fund will require the standard documentation as set out in the Additional Contribution Form in order to process this request.
- 4. You authorise the Fund to process any transaction or payment amendment submitted by the Employer.
- 5. You acknowledge that your Fund benefit is based on payments made by the Employer and / or by yourself directly into the Fund's bank account.
- 6. You, the Employee, indemnify and do not hold PPS Investments and / or the Fund responsible for any loss, damage or liability resulting from incorrect information supplied by the Employer.
- You acknowledge that neither the Fund nor PPS Investments will be held liable for any loss or damages resulting from incorrect payments made by the Employer.
- 8. You acknowledge that the information contained in the Transaction File supplied by the Employer on a monthly basis will override the contribution amounts and information received by the Fund in any prior month.

Signature of investor	
	Date
I. (Name)	(Position)
hereby confirm that the above investor is currently employed by us and will be p	
Signature of Authorised Representative of Employer	
	Date

NVESTMENTS

PPS PERSONAL PENSION APPLICATION FORM



PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS TEL: 0860 468 777 (0860 INV PPS) CLIENT SERVICE CENTRE CONTACT DETAILS 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 tick
- 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 cut-off for receipt of instructions is 14:00
- General Terms, Conditions and Declarations are available on the PPS Investments website

Please note, this is a prefillable form. Please print, sign where required and send to the details above for processing.

A CONTACT F		TSTANDING REQUIR	EMENTS		
Name and surname					
Telephone number		Email			
Capacity					
B PERSONAL	DETAILS OF INV	ESTOR			
New investor	Existing investor	Client number	(if existing investor)		$\overline{}$
Title	Surname				
First name(s)					
, ,					
Date of birth (1986/10/2	26)	Identity o	r passport number		
PPS member number		Country	of passport issued		
Gender	Male	Female			
Home language	English	Other (please	a specify)		
Tionie language	Liigiisii	Utilei (pieasi	е эреспу)		
Nationality	South African	Other (please	e specify)		
Income tax reference n	number		Income tax of	office	
Physical address					
				Postal code	
Postal address					
				Postal code	
Please note, at least of					
Telephone number (hor	me)	Telephone number	(work)	Cellphone number	
Email					
Preferred communication	on method	En	nail Post		
	PPS PERS	SONAL PENSION APPLICATION	FORM FSB Number: 12/8/3	37739 SARS number: 18/20/4/041988	

INVESTMENTS PAGE 2 OF 9

PPS PERSONAL PENSION APPLICATION FORM FSB NUMBER: 12/8/37/39 SARS NUMBER: 13/20/4/04/1988
PPS Personal Pension Retirement Annuity Fund ('the Fund'), a retirement annuity fund registered by the Financial Services Board in terms of the Pension Funds Act, No.24 of 1956, and approved by the South African Revenue Service.

Source of funds for this investment (compulsory)	
Professional / Liquidation of Property Gift / Donation Savings Donation Savings	
Other (specify)	
C ACTING ON BEHALF OF THE INVESTOR	
E.g. Guardians / Persons with Power of Attorney or mandate 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	
Postal address	
Postal code	
Telephone number Cellphone number	
Email	
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	
Cash payment and / or Unit transfer	
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.	s
E 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 intermediary fee No initial fees are payable on these transfers.	-
Contact person	
Telephone number	
Email	
	_
Annual Control of the	

	NVESTMENT DETAILS bit order payment must be deducted	d from your bank account and may	not be paid in cash.
Debit order investment amou	unt (minimum R500)		
Commencement month			Collection date 1st 7th 15th 28th
	(Not within 14 days of investment date)		
Frequency	Monthly Quarterly	Half-yearly Yearly	'
Annual escalation rate	5% 10%	15% %	
It is recommended that you e	escalate your debit order amount an	nnually in order to ensure your conti	ributions are in line with inflation.
Should the cut-off for n	my selected debit order date be mis	sed, please commence on the sam	e day of the following month;
or			
as soon as possible, c	on the next collection date.		
G BANK DETAILS			
Bank details of investor			
displaying your name and the		s application form as confirmation of	ent (not older than three (3) months and clearly of these details. Any changes to your banking details in
Title Initials	Surname		
Identity or passport number			
Bank		Account number	
Branch		Branch code	
Type of account			
Cheque Savings	Transmission		
I, the undersigned, reque above.	est and authorise PPS Investments	to arrange to collect / deposit any r	monies payable from / to the bank account specified
proof of bank details such signature of the payer). C	h as a cancelled cheque or a bank	statement not older than three (3) r y legal entity's account must be acc	the payer differs from the investor (please provide months, a copy of the ID of the payer and a specimen companied by a resolution, copies of the ID ents.
Bank details of third party_			
Title Initials	Surname / N	ame of entity	
Identity or passport number /	/ Registration number of entity		
Bank		Account number	
Branch		Branch code	
Type of account			
Cheque Savings	Transmission		
I, the undersigned, request a	and authorise PPS Investments to a	rrange to collect the monies payab	le from the bank account specified above.
Signature of account holder	/ Signatory		
			Date

H METHOD OF PAYMEN	NT						
Cheque deposit* – All cheques must be endorsed as "Non Transferable" and deposited directly into the product's bank account.							
Electronic / Internet transfers* –	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 er reference on your bank account PER1 POL1234567890123.	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 (PPS PER1) and a 16-digit investment number e.g. PPS PER1 POL1234567890123.						
require the Administrator to make business day after the last debit collection is done. The reference	Electronic collection by the Administrator – Electronic collection is restricted to a maximum of R500,000 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 (PPS PER1) and a 12-digit client number e.g. PPS PER1 123456789012.						
Please do the electronic collecti							
* The Administrator requires pro application can be processed. F 0825554444 John Smith.	(date) of of deposit or transfer, together with re Please reference your deposit using you	eceipt of the applicable documentation a r contact number, followed by your name	as set out in this form, before the e and surname. For example,				
TRANSFER OF EXIST	ING INVESTMENT OPTION(S)					
Transferor's details - The transfero	or is the person in whose name the exist	ting Investment Option(s) are registered					
Title Initials	Surname						
Identity or passport number							
Details of transactions required							
I hereby instruct the management co Investments.	ompany(ies) specified below to transfer	the Investment Option(s) held in my nar	ne to an account held by PPS				
Management company	Name of Investment Option	Investment number at relevant management company	% of investment to be transferred				
Investment Option(s) must be swi (If no selection is made, the funds w	tched after transfer ill remain in the transferred Investment	Option(s))					
Yes, switch according to the Inve	estment Option(s) selected in Section J						
No							
I hereby instruct PPS Investments to not been sequestrated.	o make the necessary arrangements to	effect this transfer. I further declare that	my estate is not insolvent and has				
Signature of transferor Signature of guardian (if applicable)							
		3 1 1 1 1 3 1 m m m	· · · · ·				
Date							
II INVESTMENT OPTION	W(S)						
J INVESTMENT OPTION	v(3)						

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%.

L 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 due to emigration 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 administered by Old Mutual Investment Administrators Proprietary Limited ("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.

M	CLIENT DECLARATION				
	nereby confirm that I,	, have			
read	nd understood:				
 The General Terms, Conditions and Declarations; The Minimum Disclosure Documents of the chosen funds applicable to my investment available on the PPS Investments website www.ppsinvestments.co.za. 					
Sigr	ture of investor				
Date					

N INTERMEDIA	RY FEES					
I acknowledge that I did not receive any financial advice. I will be noted as a PPS Investments "No Financial Intermediary" investor.						
I acknowledge that I have received financial advice from the financial intermediary whose details are completed in the section below. This is my appointed financial intermediary and I agree to the payment of advice fees as follows:						
Initial lump sum fee	. 3% (excl. VAT)	Initial debit order fee	Max. 3% (excl. VAT)	Ongo	ing fees per annum	Max. 1% (excl. VAT)
	•	an Intra-fund conversion	•			Max. 1/6 (excl. VAI)
Fees must be paid from			ŕ			
A specific Investmen						
Please note that this	selection will apply to a		have an investment for which this	s Inves	tment Option has not l	peen chosen,
All Investment Optio	all Investment Option(s	s) proportionally.				
The Administrator will pay	v ongoing advice fees	to your financial intermedi	ary on your behalf and will reco	ver the	ese fees from your in	vestment. These
Investments' fee structure	to the Administrator a ક.	as an additional fee over a	nd above the administration fee	applic	able to your investme	ent in terms of PPS
O INTERMEDIA	RY DETAIL AND	DECLARATION				
Intermediary name						
Intermediary institution						
Intermediary code			Contact number			
FSP licence number						
VAT status	Registered	Not registered	VAT number			
 I declare that I am a Control Act, No. 45 of 	licensed Financial Se of 2002; the Financial	rvices Provider and have r Advisory and Intermediary	made the disclosures required in Services Act, No. 37 of 2002; a	n term: and all	s of the Collective Inv subordinate legislation	restment Schemes on to the investor.
institution). I have es	stablished and verified	I the identity of the investor	intable institution (with the Adm r in accordance with section 21 g to the provisions of section 22	of the	Financial Intelligence	ary accountable Act, 2001 ("the Act")
I warrant that I have her authority for the	explained all fees tha payment of advice fee	t relate to this investment t es in writing to PPS Investr	to the investor and I understand nents.	l and a	ccept that the investo	or may withdraw his /
a						
Signature of intermedia	ry					
			ι	Date		

DETAILS OF THE FUND AND SUPPORTING DOCUMENTATION

PPS Personal Pension Retirement Annuity Fund bank account details

PPS Personal Pension Retirement Annuity Fund Account name

Bank **FNB**

RMB Corporate Banking - Cape Town Branch

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

Fund name PPS Personal Pension Retirement Annuity Fund

FSB number 12/8/37739 SARS number 18/20/4/041988

Compliance department

PPS Investments Tel: 0860 468 777 (0860 INV PPS)

Ground Floor, Travers House Fax: 021 680 3680

Boundary Terraces Website: www.ppsinvestments.co.za

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

PPS Personal Pension Retirement Annuity Fund Tel: 0860 468 777 (0860 INV PPS)

PO Box 1089 Fax: 021 680 3680

Website: www.ppsinvestments.co.za Houghton compliance@ppsinvestments.co.za Email:

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 P O Box 580 086 693 74 72 Fax: Menlyn Website: www.pfa.org.za 0063 enquiries@pfa.org.za Email:

If you have a complaint about the advice given by your financial intermediary, you have the right to address your complaint in writing to the Ombud for Financial Services Providers.

The Ombud for Financial Services Providers

The Ombud for Financial Services Providers PO Box 7451 Lynwood Ridge 0040

Email: info@faisombud.co.za

The Ombud is legally empowered to investigate and adjudicate complaints in a procedurally fair, economical and expeditious manner.

PPS Investments (39270) and Professional Provident Society Multi-Managers Proprietary Limited (28733) are licensed financial services providers.

Ground Floor, Travers House, Boundary Terraces, 1 Mariendahl Lane, Newlands, 7700 Website: www.ppsinvestments.co.za Email: admin@ppsinvestments.co.za



INVESTMENTS **PAGE** 9 OF 9