



INSURANCE FOR
PROFESSIONALS

Beneficiary Nomination Form

Please note that, where the nomination is in respect of a PPS Business Provider™ Policy, the policyholder may not nominate the life insured as beneficiary.

Please note that, where the nomination is in respect of a Conforming PPS Business Provider™ Policy, the nomination of a beneficiary may impact on the tax deductibility of premiums. Please consult your financial adviser before nominating a beneficiary on a Conforming PPS Business Provider™ Policy.

Please complete a separate Beneficiary Nomination Form for each separate policy owned by the policyholder.

Please sign any alterations or deletions on this Beneficiary Nomination Form in full.

Name of Policyholder: _____

Policy Number: _____

To: PPS Insurance

I, the undersigned policyholder, hereby nominate the beneficiaries indicated below to receive the benefits payable in terms of my abovementioned policy upon the death of the life insured, as reflected hereunder. The beneficiaries will receive a percentage of the benefits as indicated hereunder. Where no beneficiaries are nominated with respect to a benefit or a percentage of a benefit, such benefit will be paid to the policyholder or his estate.

Beneficiary(ies) for cash benefits from the Surplus Rebate Account on the death of the life insured. (Please note that this is not applicable in respect of a PPS Business Provider™ Policy)

Full name of beneficiary	Title	ID number	Relationship to Policyholder	Percentage Share /100%

Beneficiary(ies) for proceeds from Whole Life Cover on the death of the life insured

Product number (if applicable): _____

Full name of beneficiary	Title	ID number	Relationship to Policyholder	Percentage Share /100%

Beneficiary(ies) for proceeds from Term Life Cover to age 66 on the death of the life insured

Product number (if applicable): _____

Full name of beneficiary	Title	ID number	Relationship to Policyholder	Percentage Share /100%

Beneficiary(ies) for proceeds from Fixed Term Life Cover on the death of the life insured

Product number (if applicable): _____

Full name of beneficiary	Title	ID number	Relationship to Policyholder	Percentage Share /100%

Beneficiaries for the proceeds from the PPS LIFE AND DISABILITY ASSURANCE SCHEME:

Full name of beneficiary	Title	ID number	Relationship to Policyholder	Percentage Share /100%

Please indicate by using a (✓)

Should the PPS Beneficiaries Trust (IT4876/01) be utilised when effecting payment to minors?

Yes No

I, the undersigned Policyholder agree and declare that:

1. I am not an unrehabilitated insolvent, nor has my estate been assigned, nor is same under any administration or controlled by any other person. There are also currently no sequestration proceedings pending against me.
2. I acknowledge that it is my duty to complete this form in full before signing it and not to require, permit or allow any other person to fill in further information on this form after I have signed it.
3. I know that I can revoke beneficiary nominations and appoint new beneficiaries. A revocation or beneficiary nomination will however only be valid if a **PPS Insurance Beneficiary Nomination Form** is duly completed, signed by the Policyholder, and reached the head office of PPS Insurance before the insured event occurred.

4. I hereby revoke all previous beneficiary nominations in terms of all benefits with respect to the abovementioned policy(ies).
5. I authorise PPS Insurance to give full effect to my instructions and to pay the nominated beneficiaries.
6. I confirm that the terms, policy and practice of PPS Insurance for beneficiary claims are applicable to this beneficiary nomination.
7. I indemnify PPS Insurance, its subsidiaries, its officers, employees, associates, and assigns and hold it harmless, generally and specifically, from any and all losses, costs, fees, damages, liability, claims, suits, and / or demands whatsoever that it may suffer, incur or be under, or that may be made or brought against it by any person whatsoever, by reason of, or in any way arising out of the payment of proceeds as indicated on this Beneficiary Nomination Form.
8. If the Beneficiary Nomination Form is signed on behalf of the Policyholder, the signatory warrants that he/she has full legal capacity to sign this form on behalf of the Policyholder.

If this Beneficiary Nomination Form is completed by anyone other than the Policyholder, the applicable proof of authorisation to sign the Beneficiary Nomination Form must be attached to the Beneficiary Nomination Form. (Example: company owned policies)

Signature of the Policyholder

Signed at _____ this _____ day

of _____ 200_____

Witnessed by (name) _____ at the time of signing.

Signature of witness _____

Signature of Spouse (Only where Policyholder is married in community of property)

Signed at _____ this _____ day

of _____ 200_____

Witnessed by (name) _____ at the time of signing.

Signature of witness _____

Nominee Form

(For use by members of the PPS Retirement Annuity Fund)

Sign any alterations or deletions on this Nominee Form in full.

Please note that, in terms of section 37C of the Pension Funds Act No 24 of 1956, notwithstanding anything to the contrary contained in any law or in the rules of a registered fund, any benefit payable by the fund in respect of a deceased member does not, subject to a pledge of the benefits as security for a loan by the fund to the member and subject to the provisions relating to reducing or obtaining settlement of a debt as provided in the Pension Funds Act, form part of the assets in the estate of the member, but must be dealt with as follows:

- ✓ *If the fund within 12 months of a member's death becomes aware of or traces a dependant or dependants of the member, the benefit must be paid to such dependant or, as may be deemed equitable by the board, to one of such dependants or in proportions to some of or all such dependants.*
- ✓ *If the fund does not become aware of or cannot trace any dependant of the member within 12 months of his death, and he had designated in writing to the fund a nominee who is not his dependant, to receive the benefit or such portion of the benefit as is specified by the member, the benefit or such portion of the benefit must be paid to the nominee. When the aggregate amount of the debts in the member's estate exceeds the aggregate amount of the assets in his estate, so much of the benefit as is equal to the difference between the aggregate amount of debts and the aggregate amount of assets must be paid into the estate and the balance of the benefit or the balance of such portion of the benefit as was specified in writing by the member must be paid to the nominee.*
- ✓ *If a member has a dependant and the member has also designated in writing to the fund a nominee to receive the benefit or such portion of the benefit as is specified by the member in writing to the fund, the fund must within 12 months of the death of such member pay the benefit or such portion of the benefit to such dependant or nominee in such proportions as may be deemed equitable by the board. The fund is not prohibited from paying the benefit, either to a dependant or nominee or, if there is more than one such dependant or nominee, in proportions to any or all of those dependants and nominees.*
- ✓ *If the fund does not become aware of or cannot trace any dependant of the member within 12 months of his death and if he had not designated a nominee or if he had designated a nominee to receive a portion of the benefit in writing to the fund, the benefit or the remaining portion of the benefit after payment to the designated nominee, must be paid into the estate of the member or, if no inventory in respect of the member has been received by the Master of the High Court in terms of the Estates Act, into the Guardian's Fund.*
- ✓ *A dependant in relation to a member, means*
 - *a person in respect of whom the member is legally liable for maintenance;*
 - *a person in respect of whom the member is not legally liable for maintenance, if such person—*
 - *was, in the opinion of the board, upon the death of the member in fact dependent on the member for maintenance;*
 - *is the spouse of the member, including a party to a customary union according to Black law and custom or to a union recognized as a marriage under the tenets of any Asiatic religion;*
 - *is a child of the member, including a posthumous child, an adopted child and an illegitimate child;*
 - *a person in respect of whom the member would have become legally liable for maintenance, had the member not died*

Name of Member: _____

Retirement Annuity Number: _____

To: The Board of the PPS Retirement Annuity Fund

I, the undersigned member, hereby nominate the nominees mentioned below to receive the benefits payable in terms of my abovementioned retirement annuity upon my death.

Full name of Nominee	Title	ID number	Relationship to Member	Percentage Share /100%

Please indicate by using a (✓)

Should the PPS Beneficiaries Trust (IT4876/01) be utilised when effecting payment to minors?

Yes No

I, the undersigned Member agree and declare that:

1. I am not an unrehabilitated insolvent, nor has my estate been assigned, nor is same under any administration or controlled by any other person. There are also currently no sequestration proceedings pending against me.
2. I acknowledge that it is my duty to complete this form in full before signing it and not to require, permit or allow any other person to fill in further information on this form after I have signed it.
3. I know that I can revoke the nominees and appoint new nominees. A revocation or new nominee will however only be valid if a **Nominee Form** is duly completed, signed by me, and reached the head office of PPS Insurance before my death.
4. I hereby revoke all previous nominations with respect to the abovementioned retirement annuity.
5. If the Nominee Form is signed on behalf of the Member, the signatory warrants that he/she has full legal capacity to sign this form on behalf of the Member.

If this Nominee Form is completed by anyone other than the Member, the applicable proof of authorisation to sign the Nominee Form must be attached to the Nominee Form.

Signature of the Member

Signed at _____ this _____ day

of _____ 200_____

Witnessed by (name) _____ at the time of signing.

Signature of witness _____

Witnessed by (name) _____ at the time of signing.

Signature of witness _____