

PPS PROFESSIONAL LIFE PROVIDER™ PRODUCT (PLP)/PPS ACCIDENTAL DEATH BENEFIT/LIFE ASSURANCE (LA)/PPS PROFIT-SHARE ACCOUNT (TRUST BANKING PARTICULARS FORM)



The Professional Provident Society Insurance Company (Namibia) Limited Reg. No 2003/122 is a registered long-term insurance provider regulated by the Namibia Financial Institutions Supervisory Authority. Any reference to PPS in this form means PPS Insurance (Namibia)

PPS Insurance (Namibia) Claims:

Email: namibiaclaims@pps.co.za

Fax: +264 (0) 61 411 330

Queries: namibiaclaims@pps.co.za

Phone: +264 (0) 61 411 300 Monday to Friday 07:30 to 16:30

Fax: +264 (0) 61 411 330

Estate Name:

Member 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.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

PART B: PAYMENT INSTRUCTIONS OF PROCEEDS DUE TO TRUST

IMPORTANT: Please take note that in terms of the PPS Insurance (Namibia) Provider™ Policy, premiums from the policyholder should be paid from a Namibian bank account and benefits to the policyholder should also be paid into a Namibian bank account, in Namibian currency. Accordingly, PPS Insurance (Namibia) 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 (Namibia) involving a foreign bank shall be at the sole discretion of PPS Insurance (Namibia) and subject to the Namibian exchanges regulations and other relevant legislation as amended from time to time. PPS Insurance (Namibia) 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

PPS Insurance (Namibia) to make an electronic payment in the following Trust account

Account in the name of:

Account type:

Account number:

Name of bank:

Branch code:

Branch:

PLEASE PROVIDE

PPS Insurance (Namibia) with a proof of account and certified proof of the account holder's identity. The accepted proof of account is a bank-stamped letter on the bank's letterhead not older than three months. In addition, please provide PPS Insurance (Namibia) with certified copies of the ID documents of the appointed trustees.

INDEMNITY

PLEASE NOTE

PPS Insurance (Namibia) will not be held liable for any incorrect payments, if the information provided on this form is not correct in all respects. I certify that the above information is correct.

Signed at this day of 20

Full Name of the Trustee/Executor:

Signature: