

CONSENT AND DECLARATION FORM FOR PAYMENT OF A DEATH BENEFIT TO A THIRD PARTY – PPS INSURANCE NAMIBIA



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 Insurance Namibia in this form means PPS Insurance Company (Namibia) Limited.

Deceased policyholder's name:

Member number:

I, the undersigned, (FULL NAME OF THE BENEFICIARY)

ID/Passport number (if no ID):

Hereby declare and undertake that:

- I am the beneficiary of the above deceased policyholder's death benefit (as confirmed by PPS Insurance Namibia).
- In terms of the beneficiary nomination form, I am entitled to receive % of the benefit.
- I hereby provide express consent and authorise PPS Insurance Namibia to pay the said benefit to:

Name of account holder:

Name of bank:

Account number:

Branch code:

Type of account:

NB: Please provide PPS Insurance Namibia with proof of account and certified proof of the account holder's identity. The acceptable proof of account is a bank-stamped verification letter on the bank's letterhead not older than three months. PPS Insurance Namibia cannot make payment to this account without the required proof.

4. Disclaimer:

- Foreign bank accounts:** Please take note that in terms of the PPS Insurance Namibia Provider™ Policy, premiums from the policyholder should be paid from the Namibian bank account and benefits to the policyholder should also be paid into the 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. To ensure compliance with Namibian foreign exchange regulations, policyholders are encouraged to nominate a verified local bank account. Payment into foreign accounts may be declined or delayed pending legal clearance. Policyholders must confirm banking arrangements with PPS Insurance Namibia prior to submission. 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 exchange 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.
- Liability:** PPS Insurance Namibia, its subsidiaries, its officers, employees and associates are hereby generally and specifically indemnified and held harmless, from any and all losses, costs, fees, damages, liability, claims, suits and/or demands whatsoever that it or I may suffer, incur or be under, or that may be made or brought against it or myself by any person whatsoever, by reason of, or in any way arising out of the payment of proceeds as indicated on this "Consent and Declaration Form for Payment of a death benefit to a Third Party".

5. Thus done and signed at this day of 20

Name of the beneficiary:

Signature of beneficiary:

DISCLAIMER:

By submitting this form electronically, you acknowledge that your electronic signature holds the same legal weight as a handwritten signature. For authorised electronic signature details, contact your PPS Insurance Namibia-accredited financial adviser or e-mail namibiaclaims@pps.co.za. You accept responsibility for the legitimacy of the submitted electronic signature. PPS Insurance Namibia will rely on technical audit trails and platform controls to determine responsibility in the event of a signature dispute.