

PROTEKTOR PRESERVATION FUND APPLICATION FORM

For members who are not making use of an intermediary

PLEASE TYPE ONTO THE FORM OR PRINT OUT AND USE BLACK OR BLUE INK.

The application/joining process:

- Indicate your intention to preserve your benefits to your HR representative at your employer, before you leave the company
- Complete the application form below and hand this to your HR representative
- Instructions to the transferor fund (your employer's retirement fund): Your HR representative will provide instructions to the Transferor Fund to transfer your retirement benefit and provide them with your application form (which you have filled out)
- A Recognition of Transfer will be sent to us by the transferor fund, which we will complete and return to them for submission to SARS
- Once the SARS directive is received, the Transferor Fund transfers your retirement benefit into Protektor, completes the applicable section of your application form and returns it to us for processing
- A welcome letter and information about Protektor will then be sent to you by post

This application form contains the following sections, which need to be completed by:

1. The Applicant (as you are applying to become a Protektor member by investing in the fund):

- A) Your Personal Details
- B) Your Beneficiary Nomination
- C) Your Investment Selection
- D) Fees and Charges (for your perusal)
- E) Applicant Declaration

2. The Transferor Fund (this is the Retirement Fund from which your funds will be transferred into Protektor)

- A) Administrator Details
- B) Transferor Fund Details
- C) Transfer Benefit Details
- D) Transaction Details

IMPORTANT NOTES

- Please send the completed form to: Email protektor@oldmutual.com; Fax 021 509 2125
- Failure to complete all information on this application form may result in delays in its processing.
- All alterations to be signed in full by the applicant.
- A certified copy of the applicant's ID must accompany the application form.

PROTEKTOR PI	RESERVATION PENSIO	N FUND				
FSCA number	12/8/17068/1		Tax	approval number	18/20/4/13200	
PROTEKTOR PI	RESERVATION PROVID	ENT FUN	0			
FSCA number	12/8/20362/1		Tax	approval number	18/20/4/21057	
I would like to be	come a member of:	Protekto	Preservation Pension Fund Protekt	tor Preservation Prov	vident Fund	
Please note the f	ollowing:					

- Transfers from a pension or preservation pension fund must be transferred to Protektor Preservation Pension Fund
- Transfers from a provident or preservation provident fund can be transferred to either the Protektor Preservation Pension Fund or Protektor Preservation Provident Fund

I am a retiree preserving my retirement benefit (please tick the applicable box):

If "YES", I understand that the invested benefit will only be payable to me on retirement or death (subject to terms allowed in the Income Tax Act).

SECTION 1 SECTIONS 1A, 1B, 1C, 1D AND 1E TO BE COMPLETED BY THE APPLICANT

1A MEMBER DETA	ILS						
Title	Surna	ame					
First name(s)							
Date of birth	D D M	MYY	YY	Ider	ntity number		
Passport number				(non-Sou	uth African residents)		
Passport expiry date	D D M	ΜΥΥ	YY	Passport country of issue			
Country of birth					Nationality		
Marital status:	Single	Married	Divorced	Widowed		Gender: Male	Female
Marital status: Postal address	Single	Married	Divorced	Widowed		Gender: Male	Female
	Single	Married	Divorced	Widowed		Cender: Male	Female
	Single	Married	Divorced	Widowed Widowed			Female
Postal address	Single	Married	Divorced	Widowed	Cellphone number		Female
Postal address Telephone numbers:	Single	Married		Widowed	Cellphone number		Female
Postal address Telephone numbers: (Home) Code	Single	Married	No.	Widowed	Cellphone number		Female

YES

NO

1B BENEFICIARY NOMINATION

If you die before retirement age, the information that you provide below will assist the Trustees, in terms of Section 37C of the Pension Funds Act, to apportion the death benefit between your dependants and/or nominated beneficiaries (*also see note at the bottom of the page).

IMPORTANT: Your beneficiary nomination is not the same as your last will and testament. By law, the Trustees are required to do the apportionment in accordance with the Pension Funds Act (Section 37c).

If your beneficiary nomination should change, please ensure that you update this by completing and submitting a Beneficiary nomination form, available at oldmutual.co.za/protektor under the tab "Forms and downloads". In this way, you can assist the trustees so that your dependents and nominated beneficiaries do not suffer any further undue hardships as a result of delayed payments.

What is the difference between a dependant and a nominated beneficiary?

The people who will receive part of your death benefit, should you pass away, are usually called beneficiaries. There are two kinds of beneficiaries, namely dependants and nominated beneficiaries or nominees.

A dependant is:

A spouse to whom the member was married in accordance with a civil ceremony or a customary union;

- Children, whether over the age of 18 or not;
 Parents whom the member may have been supporting.
- Parents, whom the member may have been supporting, or
- Any other person to whom the member provided financial support, e.g. a person living with the deceased, a stepchild, a foster child or a friend
- A nominated beneficiary is:

a person who is not dependent on the member, but whom the member nominated to receive a portion of the death benefit

When distributing lump sum benefits, financial dependency is the overriding factor.

Should you wish to nominate any person/s, other than your dependants (see above), to receive a portion of the benefits payable on your death, please fill in their details below.

Remember that the percentage which you allocate below should add up to 100% although these allocations are suggestions only and are subject to discretion of the Trustees.

Title	First name(s)					
Surname						
Date of birth			Identity number			
Gender: Male	Female R	elationship			Benefit share	%
Telephone number			Cellphone numb	er		
Passport number			(non-South African resider	nts)		
Title	First name(s)					
Surname						
Date of birth			Identity number			
Gender: Male	Female	elationship			Benefit share	%
Telephone number			Cellphone numb	er		
Passport number			(non-South African resider	nts)		
Title	First name(s)					
Surname						
Date of birth			Identity number			
Gender: Male	Female R	elationship			Benefit share	%
Telephone number			Cellphone numb	er		
Passport number			(non-South African resider	nts)		
Title	First name(s)					
Surname						
Date of birth			Identity number			
Gender: Male	Female R	elationship			Benefit share	%
Telephone number			Cellphone numb	er		
Passport number			(non-South African resider	nts)		
State other informatio	n you wish to bring to the Trustee	s' attention.				
*Diana mata The Two	the second s		aine Frank Anthe alteration			1
nominees on an equit		e extent of their fina	ancial dependency on the c	deceased. Dep	penefits between your dependants and pendants are defined according to spec es in making these decisions.	

As your circumstances may change, it is recommended that you review your nomination periodically. You may alter your nomination at any time by notifying the Fund in writing or completing a Beneficiary Nomination Form. For a full explanation of section 37C contact your financial adviser.

1C INVESTMENT ALLOCATION

Note: The investment allocation is subject to the Rules of the Fund.

Old Mutual Absolute Stable Growth Portfolio - 100%

1D FEES AND CHARGES

The following fees apply:

- Management and administration fee this fee is levied by Old Mutual to cover the cost of managing the fund and administering your account
- Investment fees these fees are levied by the investment managers for the management of your investments

Fee detail:

Old Mutual Absolute Stable Growth Portfolio	Detail
Management and administration fee	0.5% per annum of your investment balance
Investment Fees	0.65 % investment administration and asset management
Capital Charge	0.70% per annum

Investment Fees:

- 1) All fees are shown as a per annum percentage of your investment balance
- 2) VAT is included in the fees.
- 3) The capital charges are deducted prior to the bonus declaration. As such the performance for these investments is shown including the effect of the capital charges

1E DECLARATION BY APPLICANT

- I accept and bind myself to the terms and conditions of the registered rules of the Protektor Preservation Pension/Provident Fund ("The Fund")
- I understand and agree that the amount that is available to me on withdrawal prior to retirement may be restricted in terms of conditions imposed by the Rules of the transferring fund
- I understand and agree that, subject to restrictions from the transferring fund, I may not make more than one withdrawal after transfer, prior to retirement. Any remaining invested benefit will only be payable to me on retirement, death or disability in terms of the Rules of the Fund; or on emigration (subject to the terms allowed in the Income Tax Act)
- I understand and agree that there are administration, advisory, management and investment fees applicable to this investment (see Section 1D above)
- I understand and agree that all income distributions by unitised portfolios, all bonuses, dividends and income earned will be reinvested
- I understand and agree that my transfer amount will earn interest until it is invested
- I understand and agree that membership in the Fund will not come into effect until the Fund has received the benefit from the previous fund
- I understand and agree that no representation or warranty is made by the Fund/Old Mutual as to the performance or investment returns of the underlying investment options selected by me
- I confirm that I have elected not to consult an adviser or broker and I accept full accountability for my investment choices and allocations
- I understand and agree that Old Mutual/the Fund cannot be held liable for any losses suffered as a result of my failure to:
 - Read and understand the information provided to me regarding this investment
 - · Acquaint myself with all administration, advisory, management and investment fees in respect of this investment
 - Obtain appropriate advice concerning the suitability of the investment to my financial circumstances
- I understand and agree that my investment is subject to the rules of the Fund and the powers of the Trustees to change any investment in certain circumstances
 I understand and agree all the terms and conditions contained in this application and this declaration as empowered by the rules and the investment policy statement which is available on request

Name																				
	Г		 	 	 	 	 													
Signature	e												D	ate	D	D	М	Y	Y	Y

SECTION 2 SECTIONS 2A, 2B, 2C AND 2D TO BE COMPLETED BY THE TRANSFEROR FUND

2A ADMINISTRATOR DETAILS

Name of transferring fund administrator																		
Administrator address details																		
												F	Posta	al co	de			
Telephone: Code					No.													
Fax: Code					No.													
Fund reference number																		
Membership reference number																		
2B TRANSFEROR	FUND	DETA	ILS															

Pension FSCA No. 12/8 OR Provident FSCA No. 12/8	
Provident FSCA No. 12/8 2C BENEFIT DETAILS Member's ID number Is the transferring Fund a Public Sector Fund? YES Net YES", date of entry into transferring fund D M YES Net YES"	
2C BENEFIT DETAILS Member's ID number Is the transferring Fund a Public Sector Fund? YES If "YES", date of entry into transferring fund D M M Y	
Member's ID number Image: Constraint of the sector of	
Is the transferring Fund a Public Sector Fund? YES No If "YES", date of entry into transferring fund D D M M Y Y Y Y	
If "YES", date of entry into transferring fund D D M M Y Y Y Y	
	2
Total withdrawal/retrenchment/termination benefit payable by the transferring fund R	
Value of contributions not previously allowed as tax concession e.g. member's own contributions excluding interest to a provident fund	
Gross amount to be transferred to the: Protektor Pension Fund R	
Protektor Provident Fund R	
On transfer to Protektor, the following amounts, if any, were:	

2D TRANSACTION DETAILS - To be completed, signed and stamped by the transferor fund administrator.

Transfer values to be banked into the following accounts - please quote your name on deposit/transfer slip.											
Protektor bank accour	nt details	For Government Emp	loyees Pension Fund (GEPF) transfers only								
Bank:	Nedbank	Bank:	Standard Bank								
Branch:	Maitland, Cape Town	Branch:	Cape Town								
Branch code:	10730904	Branch code:	020009								
Account type:	Current	Account type:	Current								
Account number:	1073279782	Account number:	070244162								

If the full amount transferred to Protektor is not permitted to be paid as a withdrawal benefit from Protektor prior to retirement (in terms of the rules of the transferring fund or in terms of any agreement reached with the applicant) please state:

R

(a) the portion of the amount to be retained in Protektor until retirement

(b) any other conditions

Any dispute arising from information contained above must be resolved between the applicant and the transferring fund.

Signature (Duly authorised representative of Administrator)		
	Capacity	
	Date D D M M Y Y Y Y	
Name of signatory		
Fund address		OFFICIAL FUND STAMP
OLDMUTUAL		

Old Mutual is a Licensed Financial Services Provider