

Please complete this form, using **CAPITAL/BLOCK LETTERS** in blue or black ink.

Please complete this form to indicate your choice of **HORIZON** investment portfolio/s.

Old Mutual Multi-Managers ForLife members will be defaulted to the sub fund or Trustee Default Horizon Portfolio if the form is not returned by the date stipulated in the cover letter to this form.

EMPLOYEE DETAILS

Sub Fund name

Member number

PERSONAL DETAILS

Surname

Full names

Identity number

Passport number

 (If not a South African citizen)

Telephone number Code

 No.

Fax number Code

 No.

Cellphone number*

Email address*

* A cellphone number OR email address is compulsory. This detail is required in order for us to confirm your switch instruction. If you provide a cell number we will provide confirmation of the switch via SMS.

OLD MUTUAL MULTI-MANAGERS FORLIFE SELECTION

You are invested in **one or more of the Old Mutual Multi-Managers ForLife Pre-Horizon Investment Portfolios** below and have either reached or are approaching the time (just before your Horizon Trigger Age) to make your **Old Mutual Multi-Managers ForLife Horizon Investment Portfolio** selection.

Old Mutual Multi-Managers ForLife PRE-Horizon Investment Portfolios	Horizon Trigger Age (years prior to normal retirement age)
Old Mutual Multi-Managers Aggressive Fund	7 years to NRA
Old Mutual Multi-Managers Absolute Balanced Fund	5 years to NRA
Old Mutual Multi-Managers Absolute Defensive Fund	3 years to NRA

The same election will be applied if you are invested in more than one **Old Mutual Multi-Managers ForLife Pre-Horizon Investment Portfolios**:

Please complete EITHER section A or section B.

SECTION A

Horizon Investment Portfolio	Allocated percentage
With Profit Annuity	
Living Annuity	
Bond	
Cash	
	100%

SECTION B

I do not wish to migrate to a Horizon Fund and want to be switched to the equivalent Old Mutual Multi-Managers investment portfolio.

Note: If you elect this option you will be invested in the equivalent **Old Mutual Multi-Managers investment portfolio**. You will then be able to switch to any other investment portfolio available to you as a member, should you wish to do so.

Notes:

1. The Fund encourages members to obtain financial advice to assist them with their investment decisions.
2. If you would like to be contacted by an accredited Old Mutual financial adviser, please call **0860 38 88 73**.
3. You will receive a switch certificate from Old Mutual confirming that your change was implemented within **5 working days** from the processing date. If you do not receive a certificate or you have any queries, please contact Old Mutual SuperFund Call Centre on **0860 20 30 40** or email **superfund@oldmutual.com**.

DECLARATION

- I understand the risks associated with choosing my own Investment Portfolios.
- I understand that the investment risk is borne by me and that the Old Mutual SuperFund Pension/Provident Fund, the Trustees and the Administrator of the Old Mutual SuperFund Pension/Provident Fund shall not be liable for any losses incurred by me as a result of the choices that I make.
- I understand that the onus is on me to ensure that the switch instruction is received by Old Mutual. Therefore, if Old Mutual does not acknowledge receipt of my switch instruction within five working days, then the switch may not have taken place.
- I am aware that no switching administrative fee will be applied to any switching instruction.
- I understand that should this form be incomplete or inaccurately completed, the switching instruction may not be actioned by Old Mutual. Old Mutual and the Fund will not be liable for any losses should an incorrect or no transaction take place and I do not notify the Fund or Old Mutual within 1 month from the date of the switch.
- I declare that I understand the risk profile of the investment portfolio(s) of my choice and that I have obtained advice where appropriate.
- I indemnify the Fund, the Trustees, the Principal Officer of the Fund, and Old Mutual against any claims whatsoever arising from my investment portfolio choice.

Tick the applicable box below.

I am aware that financial advice is available from an accredited Old Mutual financial adviser, but I have elected not to make use of this service in making my decision.

I received financial advice from a licensed financial adviser before making this decision.

Member's name

Member's surname

Member's signature

Date



Old Mutual is a Licensed Financial Services Provider