



# PROTEKTOR PRESERVATION FUND APPLICATION FORM

For members 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:** Before leaving your employer (whether you resign, are retrenched or dismissed), after having liaised with your intermediary, you need to indicate your intention to transfer your retirement benefit into Protektor, to your HR representative at your employer
- Once you have indicated this to your HR representative, your intermediary will assist you with the completion of the documents, including the Protektor application form and take responsibility for the transfer of your retirement benefit into Protektor on your behalf
- You can expect to receive a welcome letter and some information about Protektor in the post within 10 working days after Protektor has received the completed application, copy of your ID and proof of deposit
- The **Effective Annual Cost (EAC)** is a measure which has been introduced to allow you to compare the estimated impact of charges on investment returns when you invest in different Financial Products. (Visit [oldmutual.co.za/protektor](http://oldmutual.co.za/protektor) for more information and to access the sample EAC disclosure). Your investment EAC will be confirmed in writing once your investment has been processed

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

- The Applicant** (as you are applying to become a Protektor member by investing in the fund):
  - Your Personal Details
  - Your Beneficiary Nomination
  - Your Investment Selection
  - Fees and Charges (for your perusal)
  - Applicant Declaration
- The Transferor Fund** (this is the Retirement Fund from which your funds will be transferred into Protektor)
  - Administrator Details
  - Transferor Fund Details
  - Transfer Benefit Details
  - Transaction Details
- The Intermediary**
  - Intermediary Details
  - FAIS Act (only if a financial adviser/broker was utilised)

### IMPORTANT NOTES

- Please email the completed form to [protektor@oldmutual.com](mailto:protektor@oldmutual.com) or fax +27 021 509 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 PRESERVATION PENSION FUND

FSCA number

Tax approval number

### PROTEKTOR PRESERVATION PROVIDENT FUND

FSCA number

Tax approval number

I would like to become a member of: Protektor Preservation Pension Fund  Protektor Preservation Provident Fund

Please note the following:

- 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): YES  NO

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 DETAILS

Title  Surname

First name(s)

Date of birth  Identity number

Passport number  (non-South African residents)

Passport expiry date  Passport country of issue

Country of birth  Nationality

Marital status: Single  Married  Divorced  Widowed  Gender: Male  Female

Postal address  Postal code

Telephone numbers: (Home) Code  No.  Cellphone number

(Work) Code  No.

Email address

## 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/protector 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, 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	<input type="text"/>	First name(s)	<input type="text"/>	
Surname	<input type="text"/>			
Date of birth	<input type="text"/>	Identity number	<input type="text"/>	
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Relationship	<input type="text"/>		Benefit share	<input type="text"/> %
Telephone number	<input type="text"/>		Cellphone number	<input type="text"/>
Passport number	<input type="text"/>		(non-South African residents)	

Title	<input type="text"/>	First name(s)	<input type="text"/>	
Surname	<input type="text"/>			
Date of birth	<input type="text"/>	Identity number	<input type="text"/>	
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Relationship	<input type="text"/>		Benefit share	<input type="text"/> %
Telephone number	<input type="text"/>		Cellphone number	<input type="text"/>
Passport number	<input type="text"/>		(non-South African residents)	

Title	<input type="text"/>	First name(s)	<input type="text"/>	
Surname	<input type="text"/>			
Date of birth	<input type="text"/>	Identity number	<input type="text"/>	
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Relationship	<input type="text"/>		Benefit share	<input type="text"/> %
Telephone number	<input type="text"/>		Cellphone number	<input type="text"/>
Passport number	<input type="text"/>		(non-South African residents)	

Title	<input type="text"/>	First name(s)	<input type="text"/>	
Surname	<input type="text"/>			
Date of birth	<input type="text"/>	Identity number	<input type="text"/>	
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Relationship	<input type="text"/>		Benefit share	<input type="text"/> %
Telephone number	<input type="text"/>		Cellphone number	<input type="text"/>
Passport number	<input type="text"/>		(non-South African residents)	

State other information you wish to bring to the Trustees' attention.

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**\*Please note:** The Trustees have a duty in terms of section 37C of the Pension Funds Act to distribute the death benefits between your dependants and/or nominees on an equitable basis, taking into account the extent of their financial dependency on the deceased. Dependants are defined according to specific criteria in the Act and may be either legal or factual dependants. Your nomination is not final but will assist the Trustees 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:

- **Once-off Brokerage Fees** - (commonly known as commission) The fee is only applicable when you make use of a financial adviser or broker. The amount is deducted from your initial investment amount and the balance invested
- **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
Once-off Brokerage Fees	A maximum of 1.5% (+VAT if applicable) of the gross investment amount. The amount is agreed between you and your adviser or broker.
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 have elected to consult an adviser or broker, the details are recorded in section 3
- 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

Signature

Date

**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  Postal code

Telephone: Code  No.

Fax: Code  No.

Fund reference number

Membership reference number

**2B TRANSFEROR FUND DETAILS**

Registered name of transferring fund

Pension FSCA no. 12/8

OR

Provident FSCA no. 12/8

**2C BENEFIT DETAILS**

Member's ID number

Is the transferring Fund a Public Sector Fund? YES  NO

If "YES", date of entry into transferring fund

Total withdrawal/retranchment/termination benefit payable by the transferring fund

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:

Protector Pension Fund

Protector Provident Fund

On transfer to Protector, the following amounts, if any, were:  Transferred to a retirement annuity

**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.**

Protector bank account details	For Government Employees 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 Protector is not permitted to be paid as a withdrawal benefit from Protector prior to retirement (in terms of the rules of the transferring fund or in terms of any agreement reached with the applicant) please state:

(a) the portion of the amount to be retained in Protector 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

Name of signatory

Fund address



**SECTION 3 3A AND B TO BE COMPLETED BY THE INTERMEDIARY**

Please note: no commission payable on Section 14 Transfers into the Fund.

**3A OLD MUTUAL INTERMEDIARY**

Old Mutual Intermediary Name	Sales Centre	Intermediary code	Commission %			
			0.5%	1%	1.5%	Other

Old Mutual branch name

Intermediary signature

Date

Branch contact number Code  No.

Branch email address

**OR**

**3B BROKER**

Name of Broker	Address	Commission % (excl. VAT)			
		0.5%	1%	1.5%	Other

Are you a VAT registered Broker? YES  NO

If "YES", please supply VAT registration number

Broker's bank account no.  Branch code

Bank name

Type of account

Broker's signature

Date

Broker contact number Code  No.

Cellphone number

Email address

**Commissions are only payable by Old Mutual and certificate issued on provision of a correct and complete application form.**

If an Old Mutual Consultant is involved in the above broker case, please indicate the following:

Old Mutual branch

Sales centre  Intermediary code

Telephone number Code  No.

Email address

**3C FAIS ACT**

**Declaration by the intermediary and member - to be completed by the intermediary and the member.**

I declare that as at the date of this application I am authorised in terms of the FAIS Act to furnish advice and provide intermediary services in respect of the categories of product applied for. I confirm that I have made such disclosures as are required in terms of the FAIS Act and by Old Mutual to allow the applicant to make an informed decision in respect of this application.

Name

Signature of intermediary

Date

Signature of applicant

Date

