

OLD MUTUAL SUPERFUND RETIREMENT BENEFIT CLAIM FORM

You have come to an exciting point in your life, where you have to make important decisions about your future, including how you will be investing your retirement savings.

To ensure that you are fully equipped to make the important decision associated with this life-changing event, please familiarise yourself with the following:

- Read the step-by-step Old Mutual SuperFund Retirement Guide which highlights the options that are available to you at retirement from your employer – visit www.oldmutual.co.za/SuperFund/RetiringMembers
- Read about the benefits of the Old Mutual Fund Select Annuity offered by Old Mutual SuperFund on preferential terms to all retiring members (refer to the member guides) and obtain a quotation by:
 - 1) consulting with your financial adviser (if you make use of one)
 - 2) calling 0860 388 873 or emailing fundselect@oldmutual.com
 - 3) by completing the quotation request form available at www.oldmutual.co.za/SuperFund/RetiringMembers.

COUNTDOWN TO RETIREMENT

Now that you are well informed about your options at retirement, you can start counting down to your retirement.

| Six months to retirement | Three months to retirement | Six weeks to retirement |
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| <p>You should:</p> <ul style="list-style-type: none"> • Notify your Employer and Old Mutual SuperFund of your approaching retirement and request your latest retirement benefit value by calling 0860 20 30 40. Note that your retirement benefit value can also be accessed via the secure member website and on the mobile site | <p>You should:</p> <ul style="list-style-type: none"> • Find out more about Deferred Retirement and Fund Select Annuity which are offered by Old Mutual SuperFund • Speak to a qualified financial adviser about your options at retirement | <p>You should ensure that:</p> <ul style="list-style-type: none"> • Your Employer has forwarded your exit documents, or your election to defer retirement to Old Mutual • Old Mutual has your tax registration number • You select the type of annuity (or combination of annuities) that best suits your needs |
| One month to retirement | Retirement! Your big day! | |
| <p>You should by now:</p> <ul style="list-style-type: none"> • Have made an election to defer retirement from Old Mutual SuperFund, <p>OR</p> <p>If you choose to annuitise;</p> <ul style="list-style-type: none"> • Have requested your final quotation • Have arranged for the purchase of your annuity and • Have completed and signed the application form for your preferred annuity product (or combination of annuities) | <ul style="list-style-type: none"> • If you choose to defer your retirement, you will remain invested and your savings will keep growing. You will receive a welcome letter shortly after, confirming your membership in Old Mutual SuperFund Deferred Retirement, with further information on your investment and benefits. <p>OR</p> <p>If you chose to annuitise you should receive your:</p> <ul style="list-style-type: none"> • Cash lump sum, if you have selected one (subject to the required tax clearance being obtained from the Receiver of Revenue) and; • First pension payout* from the annuity product you have selected, unless you took 100% of the benefit as a cash lump sum (Provident Fund only). <p><small>* Provided all the required information and documents have been given to the insurer.</small></p> | |



CORPORATE

DO GREAT THINGS EVERY DAY

Please complete accurately, using capital letters in blue or black ink. Tick (✓) blocks where appropriate.

Please email or fax the completed form and supporting documents to:

Claims Department
Old Mutual SuperFund
PO Box 728
Cape Town 8000
Fax 0860 383 848
Email SuperFund@oldmutual.com

THE FOLLOWING SECTION MUST BE COMPLETED BY THE EMPLOYER.

PARTICIPATING EMPLOYER BUSINESS DETAILS

Contact person's details

Name of employer

Telephone number Code No.

Cellphone number

Email address

Contact branch

PARTICIPATING EMPLOYER SCHEME DETAILS

Scheme code

Member's Old Mutual reference number

MEMBER'S PERSONAL DETAILS

Title Surname

First names

Identity number Date of birth

Income tax number (compulsory where member has worked in South Africa)

Passport number (where no South African ID number is available)

Country of issue of passport

Telephone number* Code No. Cellphone number

Email address*

Residential address

Unit number Complex name

Street number

Street name

Suburb

City/Town Code

Postal address (complete only if different from residential address)

Code

* Insert the details where the member will be contactable after leaving this employer.

MEMBER EXIT DETAILS

Date of retirement DDMMYYYY

Final contributing month DDMMYY

Amount of final contribution: Employee R

Employer R

TYPE OF RETIREMENT [indicate the appropriate option with a tick (✓)]

- Normal retirement Early retirement Ill-health retirement (attach approval) Late retirement

REMUNERATION DETAILS

Final GROSS annual pensionable salary at date of retirement R

Final GROSS annual taxable salary at date of retirement R

PRIOR CLAIM [indicate the appropriate option with a tick (✓)]

Is any Prior Claim payable? YES NO

If "YES", complete a Prior Claim Form and attach it to this form.

CHECKLIST FOR REQUIRED DOCUMENTATION [indicate with a tick (✓) which documents are attached to this form]

Original Certified means that a Commissioner of Oaths, Justice of the Peace, Postmaster or Police Official, including the rank, name and force number, confirms the certification of a document. The certified document is to be original.

- Annuity application form (stating the proposal number) Prior claim form and relevant supporting documentation (if applicable)
Original certified copy of member's identity document Authorised approval from employer for Ill-health early retirement
Original certified copy of spouse's identity document (if applicable)

DECLARATION BY PARTICIPATING EMPLOYER

I, the undersigned, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

Signed on behalf of employer

Designation

Date DDMMYYYY



THE FOLLOWING SECTION MUST BE COMPLETED BY THE RETIRING MEMBER.

WHAT ARE MY OPTIONS AT RETIREMENT FROM EMPLOYMENT?

Postpone payment of retirement benefit by porting to Old Mutual SuperFund Deferred Retirement.

- You can postpone your retirement from SuperFund and remain invested until a date of your choosing
- Your savings will continue growing in a cost effective solution that gives you investment choice and flexibility
- If you were invested in the Old Mutual SuperFund Customised Option you will have 60 days from the date you start your Preserver membership to submit an Investment Change Form, informing us of your investment choice. If you don't do this, your retirement savings will be switched to the Trustee elected default investment fund. You can always switch out of this at a later stage. Download the Investment Change Form at oldmutual.co.za/SuperFundForms

Claim your retirement benefit and retire from Old Mutual SuperFund

Pension Fund

- You can take a maximum of one-third of your Member Account Balance in cash and use the remainder to purchase an annuity from a registered insurer; or
- You can purchase an annuity from a registered insurer using your full Member Account Balance. (if your total retirement benefit is R247 500 or less, the total benefit may be taken in cash); or
- You can transfer your entire Member Account Balance to an approved pension preservation fund or retirement annuity fund

Provident Fund

- You can take your full Member Account Balance in cash; or
- You can take any portion of your Member Account Balance in cash and use the remainder to purchase an annuity from a registered insurer; or
- You can purchase an annuity from a registered insurer using your full Member Account Balance; or
- You can transfer your entire Member Account Balance to an approved pension preservation fund, provident preservation fund or retirement annuity fund

Some important information

- The decision whether to claim or to postpone the payment your retirement benefit should not be taken lightly, as you need to ensure that your provide for your financial security during retirement
- All options elected must be in terms of the Rules of the Fund and it is advisable to consult a Financial Adviser to assist you in making the right choices best suited to your own personal needs and circumstances. If you do not have your own Financial Adviser, contact 0860 388 873 (Sharecall) or email superfundannuity@oldmutual.com, and a member support service consultant will put you in contact with an accredited financial adviser

BENEFIT PAYMENT OPTIONS (Options must be elected in terms of the rules of the Fund)

Please complete the relevant section pertaining to the Fund that you are retiring from.

SUPERFUND DEFERRED RETIREMENT - When electing to defer the payment of your benefit, your retirement savings remain invested and will continue growing in a cost effective solution. You have the freedom to choose when you want to receive your benefit, all you need to do is inform Old Mutual that you want to retire from Old Mutual SuperFund.

OLD MUTUAL FUND SELECT ANNUITY - When electing full or partial purchase of annuities, you have the option of electing the Old Mutual Fund Select Annuity, which has been endorsed by the trustees of the Old Mutual SuperFund and designed to meet the investment and income needs of the majority of members when they retire. It provides a pension for life with increases related to the rising cost of living and will be at corporate rates not usually available to retiring individuals.

For more information on Old Mutual SuperFund Deferred Retirement and Fund Select Annuity, please refer to the Old Mutual SuperFund Retirement Guide and the member guides which are found at www.oldmutual.co.za/SuperFund/RetiringMembers.

Benefit Payment Option (select ONE only)

Full Annuity Defer my retirement from the Fund

Cash of % or R (max. one-third in respect of Pension Fund) of the total available benefit and the balance to an annuity

Transfer my entire Member Account balance to a Retirement Annuity Fund

Name of Retirement Annuity Fund

FSCA registration number 12 / 8 /

Name of administrator

| Contact name | Contact number | Address |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Annuity to be purchased from: (can select more than one)

Old Mutual Fund Select Annuity (If you want a quotation, please call 0860 388 873) Other Annuity Provider(s)

Full Annuity or Balance Annuity to be purchased from a Registered Insurer (please complete the table below and **attach copies of the application/proposal form(s)**).

If other annuity providers, please complete the following:

Name of annuity product

Type of annuity product Compulsory

Percentage of Benefit to be applied to this product %

Name of Registered Insurer

| Contact name | Contact number | Address |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Conversion Option (if selected by the employer as a benefit option)

Do you wish to utilise the Conversion Option in respect of your Group Life Cover? YES NO

Please contact your financial adviser for further information.

COURT ORDERS - COMPULSORY TO COMPLETE

Do you have any divorce order(s) and/or maintenance court order(s) against your benefit? YES NO

If "Yes", please attach: - original certified copy/copies of the relevant court order(s); and
- in the case of divorce court order(s), contact details of your former spouse/s (if not already supplied to Old Mutual).

BANK ACCOUNT DETAIL FOR CASH PORTION OF EITHER PENSION OR PROVIDENT BENEFIT

NB! Please note that any interest that is added to your benefit between the date on which we receive a tax directive and actual date of payment, will also be paid in cash. (Must be your own bank account.)

Name of account holder

Name of bank Name of branch

Account number Bank branch code

Type of account Cheque Savings



Old Mutual is a Licensed Financial Services Provider

PPI DISCLOSURE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs.

Tick the box if you do not want to receive such information and financial services.

We may use your information or obtain information about you for the following purposes:

- Assessment and processing of claims
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf.

You may access the personal information that we hold and request us to correct any errors or to delete this information. **To view our full privacy notice and to exercise preferences, visit our website at www.oldmutual.co.za.**

DECLARATION BY MEMBER

The options in terms of the Rules of the Old Mutual SuperFund have been fully explained to me and I confirm that I fully understand the implications of the choices elected. I also certify that all particulars furnished in this form and accompanying documentation are true and correct.

Member's signature

Date

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