



OLD MUTUAL SUPERFUND PRESERVER AND DEFERRED RETIREMENT CLAIM FORM

Please complete accurately, using CAPITAL/BLOCK LETTERS in blue or black ink. Tick (✓) blocks where appropriate.

FUND DETAILS

Old Mutual SuperFund Pension Fund

Member no.

Old Mutual SuperFund Provident Fund

Member no.

Please send the completed Form to: OLD MUTUAL SUPERFUND - Claims Department
Address PO Box 728, Cape Town 8000
Email superfund@oldmutual.com
Fax 0860 383 848

PROTECTION OF PERSONAL INFORMATION 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. Please sms your ID number to 30994 if you would prefer not to receive such information and/or financial services.

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

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

Website justice.gov.za/inforeg/index.html
Tel 012 406 4818
Fax 086 500 3351
Email inforeg@justice.gov.za

To view our full privacy notice and to exercise your preferences, please visit our website on oldmutual.co.za

MEMBER'S PERSONAL DETAILS (please complete in full)

Title Surname

First names

RSA ID Date of birth

Passport number (complete if not an RSA citizen)

Country of issue (complete if passport number is provided)

Income tax number

Residential address

Unit number Complex name

Street number

Street name

Suburb

City/Town Code

Postal address (complete only if different from residential address)

Code

Telephone numbers

Home: Code No. Work: Code No.

Cellphone number Fax: Code No.

Email address

PREFERRED METHOD OF COMMUNICATION

Telephonic (Please specify the preferred channel: home, work or cellphone)

Via email Via postal address Via fax

TYPE OF CLAIM

Withdrawal Retirement Ill Health Death

Please note that the claim types available to Old Mutual SuperFund Deferred Retirement Members are Retirement and Death only.

Please refer to your Preserver or Old Mutual SuperFund Deferred Retirement Member Guide for:

- a detailed explanation of your options, and
- how tax will affect your benefit payment.

CLAIM DATE

Date of Withdrawal/Retirement/Ill Health/Death

Important Notes:

- Withdrawal – This must be the same date as the date on which this Claim Form is signed.
- Retirement – As a Old Mutual SuperFund Preserver Member, you must be age 55 or older on this date. Also, this date can't be more than 30 days from the date of you signing this Claim Form. Old Mutual SuperFund Deferred Retirement Members can retire from the Fund at any time.
- Ill Health – This date must be the date on which the medical practitioner signed the Declaration of Ill Health Form. Remember: the Old Mutual SuperFund Trustees still have to approve or decline your Ill Health Claim.
- Death – This must be the date of death as per the death certificate.

COURT ORDERS

Do you have any divorce order(s) against your benefit which have not been settled? YES NO

If "YES", please attach:

- original certified copy/copies of the relevant court order(s) and settlement agreement(s); and
- contact details of your former spouse/s.

WITHDRAWAL – BENEFIT PAYMENT OPTIONS (PRESERVER MEMBERS ONLY)

- When taking a Withdrawal Benefit, the entire balance in your Preserver Account must be taken in cash and/or transferred to another retirement fund.
Please consult your Old Mutual SuperFund Preserver Member Guide for your options on Withdrawal.
- The option that you select will have an impact on your retirement savings. It is therefore important to obtain assistance before selecting your option. You can obtain assistance from your own Financial Adviser. If you do not have your own Financial Adviser, contact 0860 388 873 (Sharecall) or email membersupportservices@oldmutual.com and a member support service consultant will put you in contact with an accredited Old Mutual Financial Adviser.

RETIREMENT/ILL HEALTH – BENEFIT PAYMENT OPTIONS

- Your retirement/Ill Health benefit is the total value of your Old Mutual SuperFund Preserver or Deferred Retirement Member Account.
- **Ill Health Benefit:** Attach the Declaration of Ill Health Form to this Claim Form. This can be obtained from oldmutual.co.za/superfund/forms or by phoning the Superfund Service Centre on 0860 203 040. If your disability is approved by the Fund's Trustees, it is paid to you as a retirement benefit. Please therefore read the below points as well.
- Retiring from a **pension fund:** You have the option to elect a maximum of one-third of the available benefit as a cash lump sum, the balance being utilised to purchase a compulsory annuity. However, if your total retirement benefit from your pension fund is R247 500 or less, the total benefit may be taken in cash. You can also elect to transfer your **entire** member account balance to an approved retirement annuity fund or preservation fund.
- Retiring from a **provident fund:**
You have the following options:
 - a full cash benefit; OR
 - purchase a compulsory annuity instead of the cash benefit; OR
 - a combination of the above; OR
 - transfer your **entire** member account balance to an approved retirement annuity fund or preservation fund
- All options elected must be in terms of the Rules of SuperFund (which can be obtained from the Fund). 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. You can obtain assistance from your own Financial Adviser. If you do not have your own Financial Adviser, contact 0860 388 873 (Sharecall) or email membersupportservices@oldmutual.com and a member support service consultant will put you in contact with an accredited Old Mutual Financial Adviser.
- **Please consult the Old Mutual SuperFund Preserver or Deferred Retirement Member Guide for a detailed explanation of your options.**

DEATH – BENEFIT PAYMENT OPTIONS

- Where a SuperFund member dies, a death benefit is payable. Payment of this death benefit is governed by Section 37C of the Pension Funds Act, which places a responsibility on the Trustees of the Fund to allocate the death benefit in a fair manner amongst the deceased member's dependants and/or nominees.
- The Death Claim Form will also need to be completed and submitted to the Fund. This can be obtained from oldmutual.co.za/superfund/forms or by phoning the Superfund Service Centre on 0860 203 040.
- **Please consult the Old Mutual SuperFund Preserver or Deferred Retirement Member Guide for a detailed explanation of how the death benefit is dealt with and the payment options.**

BENEFIT PAYMENT OPTIONS

WITHDRAWAL

PENSION FUND OPTIONS	PROVIDENT FUND OPTIONS
<p>Please select ONLY ONE option below.</p> <p><input type="checkbox"/> (i) Transfer full benefit to another approved fund. *Attach copy of proposal or application form. <input checked="" type="checkbox"/> Protektor Pension Preservation Fund <input type="checkbox"/> <input checked="" type="checkbox"/> Other approved fund: <input type="checkbox"/> Full name of approved fund: <input style="width:100%;" type="text"/></p> <p><input type="checkbox"/> (ii) Full Cash</p> <p><input type="checkbox"/> (iii) Part Cash/Part Transfer Insert cash amount or percentage required to be encashed. R <input style="width:100px;" type="text"/> OR <input style="width:100px;" type="text"/> % Transfer the remainder of the benefit to another approved fund (including a Preservation Fund). Attach copy of proposal or application form. Full name of approved fund: <input style="width:100%;" type="text"/></p>	<p>Please select ONLY ONE option below.</p> <p><input type="checkbox"/> (i) Transfer full benefit to another approved fund. *Attach copy of proposal or application form. <input checked="" type="checkbox"/> Protektor Provident Preservation Fund <input type="checkbox"/> <input checked="" type="checkbox"/> Protektor Pension Preservation Fund <input type="checkbox"/> <input checked="" type="checkbox"/> Other approved fund: <input type="checkbox"/> Full name of approved fund: <input style="width:100%;" type="text"/></p> <p><input type="checkbox"/> (ii) Full Cash</p> <p><input type="checkbox"/> (iii) Part Cash/Part Transfer Insert cash amount or percentage required to be encashed. R <input style="width:100px;" type="text"/> OR <input style="width:100px;" type="text"/> % Transfer the remainder of the benefit to another approved fund (including a Preservation Fund). Attach copy of proposal or application form. Full name of approved fund: <input style="width:100%;" type="text"/></p>
<p>Please note: Any cash amount will be reduced by any tax payable on it (if applicable).</p>	

RETIREMENT/ILL HEALTH

<p>If you're in Old Mutual SuperFund Pension Fund.</p> <p>Please select ONE of the options below:</p> <p>(i) <input type="checkbox"/> Full Compulsory Annuity</p> <p>(ii) <input type="checkbox"/> Cash of R <input style="width:100px;" type="text"/> OR <input style="width:100px;" type="text"/> % Maximum cash = one-third of total benefit, with remainder to a compulsory annuity. If total benefit is R247 500 or less, the total benefit may be taken in cash.</p> <p>Please complete the table below and attach copies of application/proposal form(s).</p> <p>Name of annuity product: <input style="width:100%;" type="text"/></p> <p>Name of registered insurer: <input style="width:100%;" type="text"/></p> <p>Contact name: <input style="width:100%;" type="text"/></p> <p>Contact number: (<input style="width:50px;" type="text"/>) <input style="width:50px;" type="text"/></p> <p>Address of registered insurer: <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> Postal code <input style="width:100px;" type="text"/></p> <p>(iii) <input type="checkbox"/> Transfer full benefit to a Retirement Annuity Fund</p> <p>(iv) <input type="checkbox"/> Transfer full benefit to a Preservation Fund</p> <p>Please attach copies of the application forms.</p>	<p>If you're in Old Mutual SuperFund Provident Fund.</p> <p>Please select ONE of the options below:</p> <p>(i) <input type="checkbox"/> Full Compulsory Annuity</p> <p>(ii) <input type="checkbox"/> Cash of R <input style="width:100px;" type="text"/> OR <input style="width:100px;" type="text"/> % and the remainder to a compulsory annuity.</p> <p>(iii) <input type="checkbox"/> Full Cash</p> <p>Please complete the table below and attach copies of application/proposal form(s).</p> <p>Name of annuity product: <input style="width:100%;" type="text"/></p> <p>Name of registered insurer: <input style="width:100%;" type="text"/></p> <p>Contact name: <input style="width:100%;" type="text"/></p> <p>Contact number: (<input style="width:50px;" type="text"/>) <input style="width:50px;" type="text"/></p> <p>Address of registered insurer: <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> Postal code <input style="width:100px;" type="text"/></p> <p>(iv) <input type="checkbox"/> Transfer full benefit to a Retirement Annuity Fund</p> <p>(v) <input type="checkbox"/> Transfer full benefit to a Preservation Fund</p> <p>Please attach copies of the application forms.</p>
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BANK ACCOUNT DETAILS (Only complete for claims relating to Withdrawal, Retirement or Ill Health)

Name of account holder

Name of bank Name of branch

Account number Bank branch code

Type of account: Cheque Savings

DECLARATION BY MEMBER/BENEFICIARY/EXECUTOR/REPRESENTATIVE OF ESTATE

I confirm that I fully understand the options in terms of the Rules of the Old Mutual SuperFund Pension and/or Provident Fund and I confirm that I fully understand the implications of the choices elected. I also certify that all particulars furnished in this Claim Form and accompanying documentation are true and correct.

Signature

Date



Old Mutual is a Licensed Financial Services Provider