

Please complete in **BLOCK LETTERS** using black or blue ink.

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Claims Department
Old Mutual SuperFund
PO Box 728
Cape Town 8000
Fax: 0860 383 848

DECLARATION BY EMPLOYER

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

Name in print

Signature

Designation

Date

D	D	M	M	Y	Y	Y	Y
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Official
Company
Stamp

NOTE:

The deductions currently allowed from a member's benefit are determined by section 37D of the Pension Funds Act, and this form provides for **ONLY** these deductions.

MEMBER'S PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>																				
Full names	<input type="text"/>																						
Identity number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						
Date of birth	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y																
Fund name	<input type="text"/>																						
Fund code	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						
Employee number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						
Old Mutual reference number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						

HOUSING LOAN/GUARANTEE

Name of loan provider	<input type="text"/>									
Date debt incurred by employee	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Amount of debt R <input style="width: 100px;" type="text"/>
D	D	M	M	Y	Y	Y	Y			

COMPENSATION FOR DAMAGE CAUSED BY EMPLOYEE

Indicate applicable option with (✓):											
Theft <input type="checkbox"/>	Dishonesty <input type="checkbox"/>	Fraud <input type="checkbox"/>	Misconduct <input type="checkbox"/>								
Attach an original certified copy of:											
– the Old Mutual SuperFund Admission of Liability and Acknowledgement of Debt form - completed by the employee, or											
– court order.											
Date debt incurred by employee	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Amount of debt R <input style="width: 100px;" type="text"/>	
D	D	M	M	Y	Y	Y	Y				

OTHER

Indicate applicable option with (✓)	
Divorce court order <input type="checkbox"/>	Maintenance court order <input type="checkbox"/>
An original certified copy of the Divorce and/or Maintenance Court Order must accompany this form if it has not already been supplied to Old Mutual SuperFund.	

PAYMENT INSTRUCTION 1

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

PAYMENT INSTRUCTION 2

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

PAYMENT INSTRUCTION 3

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	



Old Mutual is a Licensed Financial Services Provider