

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

**FUND DETAILS**

Old Mutual Superfund Unclaimed Benefits Preservation Provident Fund	<input type="checkbox"/> S000600D	<input type="text" value="Member No."/>	<input type="text" value="Member No."/>	<input type="text" value="Member No."/>
Old Mutual Superfund Unclaimed Benefits Preservation Pension Fund	<input type="checkbox"/> S000601D	<input type="text" value="Member No."/>	<input type="text" value="Member No."/>	<input type="text" value="Member No."/>

**MEMBER'S PERSONAL DETAILS (please complete in full)**

Title: Mr  Ms  Mrs  Other

Surname

First names

RSA ID number  Date of birth

Income tax number  (compulsory where member is a registered taxpayer)

Residential address  Postal code

Postal address  Postal 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 Cell)

Via e-mail  Via postal address  Via Fax

**TYPE OF CLAIM**

Withdrawal  Retirement  Ill health retirement  Death

**CLAIM DATE**

Date of Withdrawal/Retirement/Ill Health Retirement or Death

**Important Notes:**

- Withdrawal – must be the same date as the date on which this claim form is signed.
- Retirement – must be the first of the month following the month in which retirement age is reached. This date cannot be more than 30 days from the date on which this form is signed.
- Ill Health Retirement – must be the date on which the medical practitioner signed the Declaration of Disability Form.
- Death – date of death as per death certificate

**COURT ORDERS**

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

- If "YES", please attach:
- original certified copy/copies of the relevant court order(s); and
  - contact details of your former spouse/s

**BENEFIT PAYMENT OPTIONS – WITHDRAWAL**

- The Fund rules allow for the withdrawal benefit to be:
- Paid in cash (which is taxable in excess of limits as per the Income Tax Act);
  - Transferred to another approved fund subject to the rules of the receiving fund permitting it and provided that:
    - if you are in the UBF Pension Fund, you may only transfer to another approved pension fund, pension preservation fund or retirement annuity fund.
    - if you are in the UBF Provident Fund, you may only transfer to another approved provident fund, pension or provident preservation fund or retirement annuity fund.
  - 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 388873 (Sharecall) or email membersupportservices@oldmutual.com and a member support service consultant will put you in contact with an accredited Financial Adviser.

**BENEFIT PAYMENT OPTIONS – RETIREMENT/ILL HEALTH RETIREMENT**

- For **Ill Health Retirement** a Declaration of Disability form must be completed.
- When you **retire 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 R75 000 or less, the total benefit may be taken in cash.
- When you **retire from a Provident Fund** the following options are available:
  - a full cash benefit is payable
  - purchase a compulsory annuity in lieu of the total benefit due
  - or a combination of the above
- All options elected must be in terms of the Rules of the Fund (which can be obtained from 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. You can obtain assistance from your own Financial Adviser. If you do not have your own Financial Adviser, contact 0860 388873 (Sharecall) or email membersupportservices@oldmutual.com and a member support service consultant will put you in contact with an accredited Financial Adviser.

**IMPORTANT NOTICE – DEATH**

- If death occurred prior to the transfer to the Old Mutual Superfund Unclaimed Benefits Preservation Provident /Pension Fund, the death benefit will be taxed as a withdrawal benefit and paid into the estate bank account, or to the person appointed as the Representative if no Estate.
- If death occurred after the transfer to the Old Mutual Superfund Unclaimed Benefits Preservation Provident /Pension Fund, the payment of Death Benefits is governed by Section 37C of the Pension Funds Act (Section 37C places the responsibility for the distribution of a deceased member’s death benefit on the Fund’s Board of Trustees).

**BENEFIT PAYMENT OPTIONS**

**WITHDRAWALS**

<input type="checkbox"/> <b>PENSION FUND</b> (i) <b>Transfer full benefit to another approved Fund.</b> Attach copy of proposal or application form. <input type="checkbox"/> <b>Protector Pension Preservation Fund</b> <input type="checkbox"/> <b>Other approved Pension/Pension Preservation/Retirement Annuity Fund:</b> Full name of approved fund: <input style="width: 100%;" type="text"/> (ii) <b>Full Cash</b>	<input type="checkbox"/> <b>PROVIDENT FUND</b> (i) <b>Transfer full benefit to another approved Fund.</b> Attach copy of proposal or application form. <input type="checkbox"/> <b>Protector Provident Preservation Fund</b> <input type="checkbox"/> <b>Other approved Provident/Pension or Provident Preservation/Retirement Annuity Fund</b> Full name of approved fund: <input style="width: 100%;" type="text"/> (ii) <b>Full Cash</b>
<b>Please note: Any cash amount will be reduced by any tax payable on it (if applicable).</b>	

**RETIREMENT/ILL HEALTH RETIREMENT**

<input type="checkbox"/> <b>PENSION FUND</b> <b>Please select ONE of the options below:</b> (i) <input type="checkbox"/> Full Compulsory Annuity (ii) <input type="checkbox"/> To commute R <input style="width: 100px;" type="text"/> or <input style="width: 50px;" type="text"/> % (max, one-third) of total available benefit for cash lump sum and the remainder to a compulsory annuity. <b>Please complete the table below and attach copies of application/proposal form(s).</b> Name of annuity product: <input style="width: 100%;" type="text"/> Name of registered insurer: <input style="width: 100%;" type="text"/> Contact name: <input style="width: 100%;" type="text"/> Contact number: ( <input style="width: 50px;" type="text"/> ) <input style="width: 50px;" type="text"/> Address of registered insurer: <input style="width: 100%;" type="text"/> Postal code: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> <b>PROVIDENT FUND</b> <b>Please select ONE of the options below:</b> (i) <input type="checkbox"/> Purchase a Compulsory Annuity in lieu of the total benefit due (ii) <input type="checkbox"/> Cash of <input style="width: 50px;" type="text"/> % or R <input style="width: 100px;" type="text"/> and the remainder to a compulsory annuity. <b>Please complete the table below and attach copies of application/proposal form(s).</b> Name of annuity product: <input style="width: 100%;" type="text"/> Name of registered insurer: <input style="width: 100%;" type="text"/> Contact name: <input style="width: 100%;" type="text"/> Contact number: ( <input style="width: 50px;" type="text"/> ) <input style="width: 50px;" type="text"/> Address of registered insurer: <input style="width: 100%;" type="text"/> Postal code: <input style="width: 100px;" type="text"/>
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**BANK ACCOUNT DETAILS (Must be your bank account, or in the case of death – estate late or appointed representative bank account.)**

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 fund 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

Signature

Date



Old Mutual is a Licensed Financial Services Provider