



Call centre 0860 20 30 40, E-mail RFAMembers@oldmutual.com, Internet www.oldmutual.co.za <http://www.oldmutual.co.za>

Please print in block letters using black or blue ink.

The Retirement Claim Form must accompany this Declaration.

In terms of the South African Revenue Services Practice Note RF1/98, a member of a preservation, pension or provident fund may retire from such a fund prior to attaining normal retirement age, if:

1.* he/she has been retired from employment due to a disability; **OR**

2.** where the member is unemployed, the trustees of a preservation fund are satisfied that the member is permanently disabled.

* **Where 1. is applicable** – the Protector Fund requires a letter on a company letterhead from your employer stating that you have been retired from service due to your disability. The Protector Fund requires the original letter which you must forward to:
Protector Administration, PO Box 1, Mutualpark, Pinelands 7451.

** **Where 2. is applicable** – the Protector Fund requires a declaration from a recognised General Medical Practitioner. Please see sections 3 and 4 below which must be completed by your medical practitioner.

1. MEMBER DETAILS - this section must be completed whether 1 or 2 applies

Title Surname

First name(s)

Fund code Reference number

Date of birth Identity number

Telephone: (H) Code No. (W) Code No.

Cell

E-mail address

2. DECLARATION BY MEMBER

I, hereby declare that I (please tick the appropriate box)

am currently unemployed and unable to find employment as a result of my disability.

have been retired from my employment due to ill-health.

Signed at on this day of 20

Signature of member

3. MEDICAL PRACTITIONER DETAILS

Full name of doctor

Address

Postal code

Telephone: (H) Code No. (W) Code No.

Cell

4. DECLARATION BY MEDICAL PRACTITIONER

I,

hereby declare that

is in my opinion permanently disabled through infirmity of mind or body and is consequently unable to find employment due to this disability.

Nature of illness

Signed at on this day of 20

Signature of general medical practitioner

Practice stamp