



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.

Please fax this Protector Full Withdrawal Advice Form to +27 (0)21 504 9384

Protector Preservation Pension Fund Protector Preservation Provident Fund

I hereby wish to withdraw the full amount of my investment in terms of the Rules of the Protector Pension/Provident Fund.

1. MEMBER DETAILS

Fund code Reference number

Full name

Address

Postcode

Telephone: Code No.

E-mail address

Identity number

Please enclose an original certified copy of your identity document.

Current monthly gross salary R

If unemployed, please note: an affidavit confirming period unemployed must be attached to the application.

2. YOUR INCOME TAX DETAILS

Tax office Tax number

3. YOUR BANK ACCOUNT DETAILS

Bank Branch name

Account number Branch code

Type of account: Cheque Savings Transmission

I understand that Old Mutual will deposit my benefit into the above account upon receipt of the necessary tax clearance from the South African Revenue Service.

I understand that payment of my full investment amount in terms of the Rules of the Protector Pension Fund/Provident Fund as requested above shall be in full and final settlement of the aforesaid Fund's liability towards me in respect of my investment therein.

I understand that other deductions may be made from the withdrawal benefit in terms of Section 37D of the Pension Funds Act, the Maintenance Act and/ or the Divorce Act, prior to the payment of the withdrawal benefit to me.

I shall therefore have no further claim against the Protector Preservation Pension Fund/Provident Fund in respect of my initial investment therein.

Signature

Date