OLD MUTUAL

Licensed Financial Services Provider

Protektor Preservation Fund Retirement Claim Form

Call centre 0860 20 30 40 | **Email** ProtektorLiaison@oldmutual.com | **Website** www.oldmutual.co.za

Please print in block letters using black or blue ink.

Protektor Administration, PO Box 1, Mutualpark, Pinelands 7451.

Fund code

Reference number

1. DECLARATION BY MEMBER

The options in terms of the Rules of the Fund have been fully explained to me and I confirm that I fully understand the implications of the choices elected.

Signature

Date D D M M Y Y Y Y

This page contains important information regarding the options available to you once your membership of the Protektor Preservation Fund ceases. Please read the relevant sections carefully before making a decision as to how your benefit should be paid.

When you retire from a Pension Fund, the benefit is normally payable in two parts, being a cash lump sum and an annuity. The cash lump sum may not be more than one-third of the total benefit, and may be subject to tax.

Your Retirement Fund Rules make provision for a number of different options in terms of this application for an annuity subject to tax rulings. Your annuity may be provided by more than one annuity provider or annuity products of an underwriter.

When you retire from a Provident Fund, a full cash benefit is normally payable, all or part of it being tax free. The cash sum provides members with the opportunity to invest the monies in vehicles best suited to their individual needs.

2. MEMBER'S PERSONAL DETAILS

Title

Initials

Surname

Date of birth D D M M Y Y Y Y

Identity number

Tax number

Tax office (to which last tax return was rendered)

Area code and telephone number

Postal address

Postal code

E-mail address

3. BANKING DETAILS (Member's own bank account)

Name of bank

Name of branch

Bank account number

Bank branch code

Type of account: Transmission Current Savings

Do you have any divorce order/s against your benefit in favour of your former spouse/s? Yes ☐ No ☐

If "Yes", please attach an original certified copy/copies of the divorce order/s to this form.

If any period of service was served outside South Africa, please state country and period of such service.

Period from D D M M Y Y Y Y Period to D D M M Y Y Y Y

Country

4. RETIREMENT DETAILS

Type and date of retirement (Please tick)

Normal retirement ☐ D D M M Y Y Y Y

Ill-health/Early retirement ☐ D D M M Y Y Y Y

For ill-health/early retirement you must complete a Protektor Declaration of Disability form.

Benefit options: (NB: Please consult the Rules of your Fund before making your choices)

Before electing your option/s, please read the following section regarding the SuperFund Select Annuity option available to members at retirement:

SUPERFUND SELECT ANNUITY
When electing full or partial purchase of annuities, you have the option of electing the Old Mutual SuperFund Select Annuity, which is a generic best fit for retiring members and is endorsed by the trustees of the SuperFund. The annuity has standard features and is based on a favourable annuity rate basis negotiated by the trustees and limited choice is afforded within set parameters. For further information on the Old Mutual SuperFund Select Annuity, please refer to the fact sheet and quotation application attached to this form.

Do you wish to utilise the Old Mutual SuperFund Select Annuity option? Yes ☐ No ☐

If yes, please complete the attached quotation application form.

PROTEKTOR PRESERVATION PENSION FUND

☐ Full pension – purchase an annuity.

Name of underwriter

(Please attach copy of fully completed and signed application/proposal form)

☐ To commute ☐ (max. one-third) of the pension for a cash lump sum and apply the balance to purchase an annuity.

Name of underwriter

(Please attach copy of fully completed and signed application/proposal form)

PROTEKTOR PRESERVATION PROVIDENT FUND

☐ Pay full benefit in cash.

☐ Purchase an annuity in lieu of the full cash sum from another underwriter.

Name of underwriter

(Please attach copy of fully completed and signed application/proposal form)

☐ Take a portion of the benefit in cash, and purchase an annuity with the balance.

Portion to be taken in cash: R

Annuity to be purchased from:

Name of underwriter

(Please attach copy of fully completed and signed application/proposal form)

Signature of member

Date D D M M Y Y Y Y