



Please complete all sections accurately, using **CAPITAL/BLOCK LETTERS** in blue or black ink.

Fax this completed Employer Application Form, and supporting documents, to 021 509 0332, OR scan all the documents and email to easybenefitplan@oldmutual.com (must reach Old Mutual before the commencement date).

Participation commencement date

(must be the 1st of the month and a future date)

D	D	M	M	Y	Y	Y	Y
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Checklist – tick each block below to indicate your agreement with the statement alongside (if any blocks are not ticked, the application will be declined)

- The Payroll servicer and Payroll authoriser have registered on the Old Mutual Secure Services website
- The Payroll servicer has access to Microsoft Excel
- Proof of banking details has been provided, cancelled cheque or copy of bank statement or this form is stamped by your bank
- At least 80% of all EXISTING eligible employees (**MINIMUM OF 5 EMPLOYEES**) will participate in this Plan
- 100% of all NEW eligible employees will participate in this Plan

Sectoral Determination (tick the applicable block below)

Is there a sectoral determination in place for the employer requiring its employees to join a specific fund established for employees in this specific sector?

Yes No If YES, the employer has obtained the relevant exemption and a copy of the exemption certificate is attached.

Application for participation in the Old Mutual Superfund Provident Fund, the issuing of a group family funeral policy, and the issuing of a group temporary disability income policy.

Participating Employer Provident Fund no. _____ *(Office use – Old Mutual will insert after receipt)*

SECTION 1 - Participating Employer Details

This section is compulsory and must be completed in full.

Participating Employer

Registered business name _____

Business registration number _____
(if your business does not have an official registration number, indicate reason for no number)

VAT number _____

Total number of employees _____

Business: Street address _____
Postal code _____

Business: Postal address _____
Postal code _____

Employer Contact Person

Title _____ First name _____

Initials _____ Surname _____

Designation _____

Telephone number _____ Fax number _____

Cellphone number _____

Email address _____

Old Mutual Easy Benefit Plan Helpline 0860 20 30 40

SECTION 2 - Benefits and Contributions

Fund Details

Fund name **Old Mutual SuperFund Provident Fund**

Contact Details

Telephone number	0860 20 30 40	Postal address	Old Mutual Easy Benefit Plan Mutualpark, Jan Smuts Drive, Pinelands 7405. PO Box 167, Cape Town 8000.
Fax number	0860 38 38 48	Email	easybenefitplan@oldmutual.com
Servicing hours	08h00 to 17h00, Monday to Friday		

Participating Employer contribution rates

Retirement savings fee	5.2% of participating employees' retirement funding income
Scheme expenses fee	0.8% of participating employees' retirement funding income
Insured benefits provided within/by the fund	1.87% of participating employees' retirement funding income
Insured benefits provided via separate policies of insurance	0.63% of participating employees' retirement funding income
TOTAL	8.5% of participating employees retirement funding income

In addition to the Scheme expenses fee of 0.8% of retirement funding income stated above, an administration fee of R20 (R21 from 1 March 2012), per member, inclusive of VAT, is also levied monthly against each member's savings account.

- The employer and/or employees may make voluntary contributions to the fund.
- Participation requirements: 80% of eligible employees upfront (**MINIMUM OF 5 MUST PARTICIPATE AT COMMENCEMENT**).
- Compulsory for all new eligible employees.
- The cost of the insured benefits and all the fees are reviewed annually effective 1 March (1 January from 2013).
- Members who continue in employment and their membership beyond age 65
 - Aged 65 to 69 - covered for insured death benefits, but not covered for insured disability benefits.
 - Aged 70 or older - not covered for insured death or disability benefits.

The contribution rates and allocation thereof, as detailed above, applies to all members, including members in the above age categories.

- Investment portfolio: Old Mutual Absolute Stable Growth Portfolio (Trustee declared bonuses monthly in advance net of all fees; 80% guarantee level on capital; Capital Guarantee charge of 0,7% p.a.; investment management and administration fee of 0,65% p.a.).
- Annual retirement funding income below is defined as the sum of the monthly salaries upon which contributions have been based over the 12-month period immediately preceding the event giving rise to the claim. Where membership is less than 12 months, retirement funding income below is defined as the sum of monthly salaries upon which contributions have been based, annualised. Note that the maximum annual retirement funding income for purposes of determining the insured benefits is R180 000.

INSURED BENEFITS	BENEFIT TYPE	COVER	WAITING PERIODS	SPECIAL CONDITIONS
Injury & illness	Temporary Disability Income benefit (monthly)	Monthly benefit of one-twelfth of 75% of annual retirement funding income payable for a maximum period of 5 months in any 24-month period.	1 month	Pre-existing medical conditions prevalent in the 6 months before cover commences will not be covered for 12 months after cover commences. Maximum monthly benefit is R11 250. Definition of occupational disablement is Any Occupation with Any employer for a driver, pilot, security guard or sea-going fisherman, and Own Occupation with Own Employer for others. Waiver of Employer contribution whilst in receipt of Temporary Disability Income benefit: N/A Conversion option: N/A
	Lump Sum Disability benefit	Younger than age 50: 1.2 times annual retirement funding income (maximum benefit is R216 000) Age 50 or older: 0.8 times annual retirement funding income (maximum benefit is R144 000)	6 months 6 months	Pre-existing medical conditions in the 24 months before cover commences will not be covered for 24 months after cover commences. Lump Sum Disability benefit for members older than 60 years is reduced by one-sixtieth per month in the five years prior to age 65, after the application of the maximum benefits. Definition of occupational disablement is Any Occupation for a driver, pilot, security guard or sea-going fisherman, and Own or Any Alternate Occupation with Any Employer for others. Conversion option: N/A
Death	Group Life Assurance benefit for the employee	Younger than age 50: 1.2 times annual retirement funding income (maximum benefit is R216 000) Age 50 or older: 0.8 times annual retirement funding income (maximum benefit is R144 000)		Death due to natural causes will not be covered in the first 6 months of membership. Cover continues whilst in receipt of the Temporary Disability Income benefit. Conversion option: N/A
	Family Funeral benefit for immediate family	R5 000: Member R5 000: Spouse R5 000: Child aged 14-20 years R2 500: Child aged 6-13 years R1 000: Child aged less than 6 years (includes stillborn)		Death due to natural causes will not be covered in the first 6 months of membership. Cover continues whilst in receipt of the Temporary Disability Income benefit. Conversion option: N/A

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SECTION 3 - Payroll Details

THE PAYROLL SERVICER AND PAYROLL AUTHORISER MUST HAVE REGISTERED ON THE OLD MUTUAL SECURE SERVICE WEBSITE AND APPLIED FOR THESE ROLES FOR THE EASY BENEFIT PLAN. REFER REGISTRATION GUIDE FOR FULL DETAILS.

3.1 Payroll Servicer

Title _____ First name _____

Initials _____ Surname _____

Designation _____

Telephone number _____ Fax number _____

Cellphone number _____

Email address _____

Date of birth

D	D	M	M	Y	Y	Y	Y
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 Old Mutual Secure Services User number _____

RSA ID number/Passport number

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3.2 Payroll Authoriser (Can be the same person as Payroll Servicer)

Title _____ First name _____

Initials _____ Surname _____

Designation _____

Telephone number _____ Fax number _____

Cellphone number _____

Email address _____

Date of birth

D	D	M	M	Y	Y	Y	Y
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 Old Mutual Secure Services User number _____

RSA ID number/Passport number

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3.3 Debit Transfer Authority

The details of the bank account of the Participating Employer for purposes of this Debit Transfer Authority are as follows:

Name of bank _____

Branch name _____

Branch code _____

Account number _____

Type of account Current Savings Transmission

Kindly provide proof of banking details (cancelled cheque OR copy of bank statement OR arrange for your bank to verify the account details, sign and stamp this page). This is compulsory.

The Participating Employer hereby authorises Old Mutual Life Assurance Company (South Africa) Limited [hereafter called Old Mutual], the Administrator of the Old Mutual Superfund Provident Fund and issuer of the group funeral benefit policy and the group temporary disability income policy, to debit any amounts that are due by the Participating Employer in terms of the Rules of the Old Mutual Superfund Provident Fund and terms of the insurance policies against the above bank account. The amounts debited are to be paid to the bank accounts of the Old Mutual Superfund Provident Fund and the insurer from the bank account detailed above.

The Participating Employer understands that such debit transfers will be processed on the instruction of Old Mutual. The Participating Employer also understands that no debit advice will be provided, but that details of each debit transfer will be printed on the bank statement of the Participating Employer.

The Participating Employer understands that the Old Mutual Superfund Provident Fund must receive the contributions by no later than the 7th day of the month following the month for which it is due. Late payment interest will be charged in terms of the Pensions Fund Act for contributions received after this date. The Participating Employer will ensure that sufficient funds are available in the bank account, upon authorisation of the monthly bill. The Participating Employer understands that if it chooses to change its banking details, it must inform Old Mutual in writing, within thirty (30) days of such change and it must complete a new Debit Transfer Authority.

The Participating Employer understands that this authority may be cancelled by giving thirty (30) days notice, in writing, to Old Mutual.

SECTION 4 - Intermediary/OM Corporate Distribution/OM Broker Distribution Details

4.1 FAIS Accredited Intermediary

Did you appoint an intermediary to advise you on your participation in the Easy Benefit Plan? Yes No

If yes, the appointed intermediary details below need to be completed in full.

(Please take down the details of the Call Centre Agent(s) if you activate this plan telephonically)

Date

D	D	M	M	Y	Y	Y	Y
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First name

Surname

Registered business name

Old Mutual Corporate sales code

Branch name

Telephone number

Cellphone number

Email address

FSP Licence number

I declare that as at the date of this application I am accredited and mandated in terms of the FAIS Act to provide intermediary services in respect of the categories of product applied for. I confirm that I have made such disclosures as are required in terms of the FAIS Act and by Old Mutual to allow the Participating Employer to make informed decisions in respect of this application.

Signature of intermediary

4.2 Old Mutual Corporate Distribution/Old Mutual Broker Distribution

Name of consultant

Corporate Distribution/Broker Distribution

Telephone number

Cellphone number

Email address

SECTION 5 - Transfer of benefits

5.1 Transfer from another registered provident fund

Complete this section only if

- There will be a transfer of benefits from another registered provident fund or product (accumulated retirement savings will be transferred over in full, as one lump sum, on approval of the transfer by the FSB, where applicable) AND
- All the requirements for transfer into Easy Benefit Plan have been complied with AND
- Copies of the member information pack/presentation/acceptance letters are attached to this application form.

Previous administrator

Contact person

Telephone number

Email address

Registered name of transferring provident fund

FSB registration number of transferring provident fund

SARS tax approval number of transferring fund

TRANSFERS WILL NOT BE ALLOWED IF ALL THE TRANSFER REQUIREMENTS ARE NOT MET

5.2 Insured benefits payable on death (Group Life Assurance and Family Funeral benefits)

The 6 months exclusion period for death due to natural causes will only be waived for EACH TRANSFERRING MEMBER that satisfies the following conditions:

- The previous insurance scheme was in place for the complete duration of the **6-month period** immediately prior to the commencement date of participation of this employer in Easy Benefit Plan AND
- Previous insurance cover was equivalent to **at least 1 times annual salary** (this is **actual cover** taking into account any maxima or restrictions resulting from underwriting or otherwise) AND
- **Proof** of previous insurance cover is **included with this application form** AND
- This proof is an **official document from the previous insurer** AND
- This proof **shows the actual insured death cover** (as well as any health loadings and/or exclusions) that each transferring member enjoyed previously.

5.3 Insured benefits payable on disability (Temporary Disability Income and Lump Sum Disability benefits)

The pre-existing conditions will continue to apply without change, regardless of the type or amount of previous insured disability cover enjoyed.

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SECTION 6 - Application

I, the duly authorised signatory, make application on behalf of the Participating Employer, to the Trustees for participation in the Old Mutual Superfund Provident Fund and to the insurer for the issue of (a) a group funeral benefit policy and (b) a group temporary disability income replacement policy. I understand and agree to undertake and to discharge all the obligations and duties of the plan as specified in the Rules of the Old Mutual Superfund Provident Fund and the terms of the insurance policies.

I declare that, in respect of this new policy, the intermediary concerned has disclosed to me/us an explanation that in the event of it being purchased to replace another policy, this has various potentially detrimental consequences. I further understand that Old Mutual has the right to decline this application.

I understand that participation in the Old Mutual Superfund Provident Fund is governed by the Fund's Master Rules and the Special Rules will be registered by the Financial Services Board.

I understand that Old Mutual's acceptance of this application to participate is subject to the receipt by Old Mutual of the first month's member data in the correct format and matching contributions.

I understand that it is compulsory for all NEW eligible employees to participate from the 1st of the month coinciding with or next following date of employment.

I understand that it is a criminal offence to fail to pay contributions in accordance with the Pension Funds Act.

I understand that termination of participation is subject to 30 days written notice from the participating employer.

The benefits and basis upon which the Plan will operate are taken from information set out in this application form.

I confirm that the intermediary whose details are recorded above has made such disclosures as are required in terms of the FAIS Act and by Old Mutual to allow the Participating Employer to make informed decisions in respect of this application.

I confirm that the information contained in this application form is, to the best of my knowledge, true and correct.

Authorised Signatory for the Participating Employer

Title _____ First name _____

Initials _____ Surname _____

Designation _____

Telephone number _____ Fax number _____

Cellphone number _____

Email address _____

Signed at _____ this _____ day of _____ 20 _____

Signature

Every effort has been made to ensure that this document and the products referred to meet the statutory and regulatory requirements pertaining to the manner and format in which information regarding financial products is presented. However, should you become aware of any breach of such statutory and regulatory requirements, please address the matter in writing to:

The Compliance Officer
Old Mutual Corporate
PO Box 1014, Cape Town 8000, South Africa
Email UmbrellaFundsCompliance@oldmutual.com

Old Mutual Corporate
Mutualpark, Jan Smuts Drive, Pinelands 7405, South Africa

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