



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

EVERGREEN       ORION       EASY BENEFIT PLAN

**Please fax or email the completed form and then post the original to us at:**

**Orion**  
Old Mutual SuperFund-Orion  
PO Box 728  
Cape Town 8000  
  
Fax: 021 509 5770/1  
Email: superfunddata@oldmutual.com

**Evergreen**  
Old Mutual SuperFund-Evergreen  
PO Box 167  
Cape Town 8000  
  
Fax: 0860 383 848  
Email: evergreenclaims@oldmutual.com

**Easy Benefit Plan**  
Old Mutual SuperFund-Easy Benefit Plan  
PO Box 167  
Cape Town 8000  
  
Fax: 0860 383 848  
Email: evergreenclaims@oldmutual.com

**PARTICIPATING EMPLOYER DETAILS**

Scheme code

Registered name of business

Billing group/branch name       Company registration number

Business postal address       Postal code

Name and surname of contact person

Telephone number       Cellphone number

Email address

**DIRECT DEBIT AUTHORITY**

Please indicate whether this request is a:

New application (first time request to convert to direct debit)       Reactivation (payments have been made via direct debit in the past)

Notification of change in banking details

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

Name of account holder

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, by signing and stamping this page).

**Note: The signed form must be received no later than the 10th of the month that the first/revised deduction is to be made, i.e. if the deduction is for January, the form must be received by the 10th January.**

**AUTHORISATION**

We, the Participating Employer, hereby authorise Old Mutual Life Assurance Company (South Africa) Limited [hereafter called Old Mutual], to debit any amounts that are due by the Participating Employer in terms of the Rules of the Old Mutual SuperFund Pension/Provident Fund and in terms of the insurance policies against the above bank account. The amounts debited are to be paid to the respective bank accounts of the Old Mutual SuperFund Pension/Provident Fund, in respect of retirement benefits, and to the specified OMLACSA bank account, in respect of risk benefits.

We, the Participating Employer, understand that such debit transfers will be processed on the instruction of Old Mutual. We also understand 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.

We, the Participating Employer, understand that the Old Mutual SuperFund Pension/Provident Fund must receive the contributions by no later than the 7th day of the month following the month for which they are due. Late payment interest will be charged in terms of the Pension Funds 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.

We, the Participating Employer, understand that if we choose to change our banking details, we must inform Old Mutual in writing, within thirty (30) days of such change and we must complete a new Direct Debit Authority Form. We understand that this authority may be cancelled by giving thirty (30) days notice, in writing, to Old Mutual.

**AUTHORISER DETAILS**

Full names

Surname

Capacity       ID/Passport number

Signature       Date