

Please complete in **BLOCK LETTERS** using black or blue ink.

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Orion

Claims Department
Old Mutual SuperFund-Orion
PO Box 728
Cape Town 8000
Fax: 021 509 5770/1

Evergreen

Claims Department
Old Mutual SuperFund-Evergreen
PO Box 167
Cape Town 8000
Fax: 0860 383 848

Easy Benefit Plan

Claims Department
Old Mutual SuperFund-Easy Benefit Plan
PO Box 167
Cape Town 8000
Fax: 0860 383 848

DECLARATION BY EMPLOYER

I hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

Name in print

Signature

Designation

Date

D	D	M	M	Y	Y	Y	Y
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**Official
Company
Stamp**

NOTE:

The deductions currently allowed from a member's benefit are determined by section 37D of the Pension Funds Act, and this form provides for **ONLY** these deductions.

MEMBER'S PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>								
Full names	<input type="text"/>										
Identity number	<input type="text"/>										
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Fund name	<input type="text"/>										
Fund code	<input type="text"/>										
Employee number	<input type="text"/>										
Old Mutual reference number	<input type="text"/>										

HOUSING LOAN/GUARANTEE

Name of loan provider	<input type="text"/>										
Date debt incurred by employee	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Amount of debt	R	<input type="text"/>									

COMPENSATION FOR DAMAGE CAUSED BY EMPLOYEE

Indicate applicable option with (✓):	Theft	<input type="checkbox"/>	Dishonesty	<input type="checkbox"/>	Fraud	<input type="checkbox"/>	Misconduct	<input type="checkbox"/>								
Attach an original certified copy of:	<ul style="list-style-type: none"> the Old Mutual SuperFund Admission of Liability and Acknowledgement of Debt form - completed by the employee, or court order. 															
Date debt incurred by employee	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y	Amount of debt	R	<input type="text"/>		
D	D	M	M	Y	Y	Y	Y									

OTHER

Indicate applicable option with (✓)	Divorce court order	<input type="checkbox"/>	Maintenance court order	<input type="checkbox"/>
An original certified copy of the Divorce and/or Maintenance Court Order must accompany this form if it has not already been supplied to Old Mutual Corporate Retirement Fund Administration.				

PAYMENT INSTRUCTION 1

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

PAYMENT INSTRUCTION 2

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

PAYMENT INSTRUCTION 3

Payment in favour of

Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	