



THE FOLLOWING SECTION MUST BE COMPLETED BY THE EMPLOYER

EVERGREEN ORION EASY BENEFIT PLAN

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

PARTICIPATING EMPLOYER BUSINESS DETAILS

Name of employer	<input type="text"/>		
Contact telephone number	Code	<input type="text"/>	No. <input type="text"/>
Contact cellphone number	<input type="text"/>		
Contact E-mail address	<input type="text"/>		
Company branch	<input type="text"/>		

PARTICIPATING EMPLOYER SCHEME DETAILS

Scheme code	<input type="text"/>
Member Old Mutual reference number	<input type="text"/>

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	<input type="text"/>
Tax office	<input type="text"/>		
Income tax number	<input type="text"/>		
(Compulsory)			
Contact telephone number	<input type="text"/>	Number	<input type="text"/>
<i>(where the member will be contactable after he/she has left this employer)</i>			
<input type="text"/>			
Contact e-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	Postal code		
Residential address	<input type="text"/>		
	<input type="text"/>		
	Postal code		

MEMBER EXIT DETAILS

Date of retirement

Final contributing month

Amount of final contribution:

Employee **Employer**

Type of retirement [indicate the appropriate option with a tick (✓)]

Normal retirement Early retirement Ill-health retirement (*attach approval*) Late retirement

Remuneration details

Final GROSS **annual** pensionable salary at date of retirement **R**

Final GROSS **annual** taxable salary at date of retirement **R**

Offshore Service [indicate the appropriate option with a tick (✓)]

Was any period of service served outside RSA during membership to this Fund? Yes No

If "Yes", complete the table below and attach proof of offshore service.

Country	Period from	Period to

Prior Claim [indicate the appropriate option with a tick (✓)]

Is any Prior Claim payable? Yes No

If "Yes", complete a Prior Claim Form and attach it to this form.

Checklist for required documentation. Indicate with a tick (✓) which documents are attached to this form.

Original Certified means that a Commissioner of Oaths, Justice of the Peace, Postmaster or Police Official, including the rank, name and force number, confirms the certification of a document. The certified document is to be original.

Annuity application form (stating the proposal number) Prior claim form and relevant supporting documentation (if applicable)

Original certified copy of member's identity document Authorised approval from employer for Ill-health early retirement

Original certified copy of spouse's identity document (if applicable)

DECLARATION BY PARTICIPATING EMPLOYER

I,

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

Signed on behalf of Employer

Designation Date

Official
Company
Stamp

THE FOLLOWING SECTION MUST BE COMPLETED BY THE RETIRING MEMBER

RETIREMENT - Some Important Information

- When you retire from a **Pension Fund**, you have the option to elect a maximum of one-third of the available benefit as a cash lump sum, the balance being utilised to purchase a compulsory annuity. However, if your total retirement benefit from your pension fund is R75 000 or less, the total benefit may be taken in cash.
- When you retire from a **Provident Fund**, a full cash benefit is payable. However, please consult the Rules of your Fund for the annuity options available.
- You are able to purchase more than one compulsory annuity if all of the following conditions are met:
 - One of the annuities purchased or insured must at all times during its existence produce an income in excess of the annual equivalent of R150 000
 - None of the annuities purchased or insured may have a capital value of less than R25 000
 - No more than four annuities may be purchased or insured or paid by a retirement fund in respect of a member at retirement
- All options elected must be in terms of the Rules of the Fund and it is advisable to consult a Financial Adviser to assist you in making the right choices best suited to your own personal needs and circumstances. If you do not have your own Financial Adviser, contact 0860 388873 (Sharecall) or e-mail decisionsupportservice@oldmutual.com, and a member support service consultant will put you in contact with an accredited Financial Adviser.

