

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

TO BE COMPLETED BY THE NON-MEMBER SPOUSE IN THE EVENT OF A DIVORCE SETTLEMENT CLAIM

Note:

An application by the non-member spouse for the settlement of a divorce award will only be deemed to have been received once all the required documents and information are in the possession of this office.

The following documents must accompany this application (please tick appropriate box):

	Already supplied	Attached	N/A
■ Original certified copy of non-member spouse identity document	<input type="checkbox"/>	<input type="checkbox"/>	
■ Original certified copy of the Divorce Court Order	<input type="checkbox"/>	<input type="checkbox"/>	
■ Application forms for transfer to another approved fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1 - DETAILS OF MEMBER

1. Scheme name

2. Scheme code

3. Reference number

4. Member full names and surname

5. Date of birth

D	D	M	M	Y	Y	Y	Y
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 6. ID number

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7. Tax number

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If no tax number is provided, please state reason

8. Contact details of member

Work telephone number Code

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 No.

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 Cell number

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E-mail

SECTION 2 - DETAILS OF NON-MEMBER SPOUSE

1. Title

2. Full names and surname

3. ID number

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4. Date of marriage

D	D	M	M	Y	Y	Y	Y
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 5. Date of divorce

D	D	M	M	Y	Y	Y	Y
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6. Postal address Postal code

7. Residential address Postal code

8. Contact details

Work telephone number Code

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 No.

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Fax number Code

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 No.

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Cell number

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E-mail

SECTION 3 - PAYMENT OPTIONS

The divorce award may be taken in cash, or transferred to another approved pension, provident or retirement annuity fund.
Please indicate your payment option below and provide all relevant details.

Full cash payment Full transfer to another approved fund

Non-member Spouse's Bank Account Details (for cash payments) (This must be your own bank account.)

Name of account holder
Bank
Branch name
Account number
Branch code
Type of account (✓) Cheque Savings Transmission

Transfer Scheme Details

Full name of approved Scheme
Type of approved Scheme: Pension Scheme Provident Scheme Retirement Annuity Scheme

Transfer Scheme Contact Person Details

Name and surname
Telephone number Code No.
Fax number Code No.
E-mail

Transfer Scheme Bank Account Details

Name of account holder
Bank
Branch name
Account number
Branch code
Type of account (✓) Cheque Savings Transmission

Signature of non-member spouse

Date

D	D	M	M	Y	Y	Y	Y
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