



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

I, the undersigned, hereby declare under oath and state that –

- I was a member of the Old Mutual Superfund Pension/Provident (delete whichever is not applicable) Fund ('the Fund') administered by Old Mutual.
My employer's scheme code is and my membership number is .
- My residential address is
- I have been fully advised by Old Mutual that I am entitled to a benefit from the Fund to the value of R ('the benefit')
- I do not have a South African bank account and am unable to open one for the following reason
- I hereby appoint,
Full name
RSA ID number of appointed person
as my agent to receive payment of the amount, stated in 3 above (plus interest, less tax (if applicable)), on my behalf and to in turn deal with the benefit in terms of my instructions. I hereby expressly authorize that the said payment be made into my agent's bank account, as follows –
Name of accountholder
Name of bank
Name of branch Branch code
Account number Type of account
- The appointment of my agent to receive the payment of the benefit on my behalf is not an attempt in any way to circumvent the provisions of Section 37A of the Pension Funds Act, No 24 of 1956, which specifically prohibits the alienation of benefits payable from a registered fund.
- In consideration for Old Mutual and the Fund, having agreed that Old Mutual will make payment of the benefit due to me, not into a bank account in my own name, but into the bank account of a third party appointed and authorized by me as my agent for the purpose of receiving payment on my behalf of the benefit due to me by the Fund and in turn dealing with the benefit in terms of my instructions, I indemnify and hold harmless the Fund and Old Mutual from any liability, loss or damage of whatsoever nature and howsoever arising from or incidental to the said payment. I further renounce any legal right(s) including any common law right(s) that I have or may have in future to claim any loss or damage that I may or may have suffered of whatsoever nature and from whatsoever cause as a result of the aforesaid authorization.
- I declare that I fully understand the content and legal implications of this document and confirm that I signed it voluntarily.
Signature of Member/Beneficiary RSA ID Number
 Date

COMMISSIONER OF OATHS

I certify that:

- The deponent acknowledged to me that:
 - He/she knows and understands the content of this declaration;
 - He/she has no objection to taking the prescribed oath;
 - He/she considers the prescribed oath to be binding on his/her conscience.
- The deponent thereafter uttered the words: "I swear that the contents of this declaration are true, so help me God."
- The deponent signed this declaration in my presence at the address set out hereunder on this day of 20 .

Full names
Capacity/designation/office
Area
Business address