

THE FOLLOWING SECTION TO BE COMPLETED BY THE EMPLOYER IN THE EVENT OF A WITHDRAWAL BENEFIT CLAIM

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No.	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Old Mutual reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER'S PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>															
Full names	<input type="text"/>																	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Tax office	<input type="text"/>								Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact telephone number	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(where the member will be contactable after he/she has left this employer)</i>																		
Contact cellphone number	<input type="text"/>																	
Contact e-mail address	<input type="text"/>																	
Postal address	<input type="text"/>										Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>										<input type="text"/>							

MEMBER EXIT DETAILS

Date of withdrawal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount of final contribution:	<input type="text"/>										Final contributing month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee	<input type="text"/>										Employer	<input type="text"/>							
R	<input type="text"/>										R	<input type="text"/>							

MEMBER EXIT DETAILS *continued*

Type of Withdrawal (✓)
Note:
 • Be aware of the Rules of your Fund, as the member may already be eligible for retirement benefits.
 • Select the **involuntary retrenchment option ONLY** in the event of a benefit becoming payable due to job losses.

Resignation Voluntary retrenchment Involuntary retrenchment Dismissal Abscondment

Remuneration details
 Final GROSS **annual** pensionable salary at date of exit R
 Final GROSS **annual** taxable salary at date of exit 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.

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 TO BE COMPLETED BY THE WITHDRAWING MEMBER

BENEFIT PAYMENT OPTIONS

Some important information

- Most Fund Rules allow for the withdrawal to be:
 - paid in cash (which is taxable in excess of limits as per the Income Tax Act);
 - transferred to another approved pension, provident, pension preservation, provident preservation or retirement annuity fund; or
 - processed as a combination of the above.

Please note the following in respect of transfers to preservation funds:

- A pension fund benefit can only be transferred to a pension preservation fund.
- A provident fund benefit can only be transferred to a provident preservation fund.

The option that you select will have an impact on your retirement savings. It is therefore important to obtain assistance before selecting your option. You can obtain assistance by discussing the matter with Human Resources or obtain assistance from your own Financial Adviser. 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.

- Please note the following important information with regard to the taxation of withdrawal benefits that became payable on or after 01 March 2009: (i.e. date of resignation, dismissal, retrenchment is on or after 01 March 2009)
 - Any withdrawal benefit taken in cash will be taxed on a cumulative basis
 - Any withdrawal benefit taken in cash will reduce the tax-free amount available on retirement
- NB: In terms of the rules of the Fund, if Old Mutual is unable to complete payment of your benefit due to:
 - (i) an election not having been exercised in terms of the rules of the Fund, OR
 - (ii) the transfer option having been elected, but the Receiving Fund's details not having been supplied,
 within a period of 60 days after Old Mutual has been notified of the exit, your benefit will be transferred to a preservation fund elected by the Fund's Trustees.

BENEFIT PAYMENT OPTIONS *continued*

Benefit options – select one of these options [indicate choice with a tick (✓)]

1. Transfer full benefit to another approved Fund. Attach copy of proposal or application form.	
Protektor Preservation Fund (Guaranteed Option – Absolute Stable Growth):	
Other approved fund:	
Full name of other approved fund:	

2. Part Cash/Part Transfer Insert Cash Amount or percentage required to be encashed, and complete the Method of Payment section. Please note: Any cash amount requested will be reduced by any tax payable on it.	
OR	R %
Transfer the remainder of the benefit to another approved Fund (excluding a Preservation Fund). Attach copy of proposal or application form.	
Full name of approved fund:	

3. Cash Lump Sum. If Cash option elected, complete the Method of Payment section.	
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Conversion Option [if selected by the employer as a benefit option]	
Do you wish to utilise the Conversion Option in respect of your Group Life Cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please contact your financial adviser for further information.	

METHOD OF PAYMENT FOR CASH PORTION OF EITHER PENSION OR PROVIDENT BENEFIT

Electronic Fund Transfer (Must be your own bank account.)	
Name of Account Holder	
Name of Bank	
Name of Branch	
Account Number	
Bank Branch Code	
Type of Account	
Note: We regret that payment by cheque is not allowed.	

DECLARATION BY MEMBER

The options in terms of the Rules of the Fund have been fully explained to me and I confirm that I fully understand the implications of the choices elected. I also certify that all particulars furnished in this form and accompanying documentation are true and correct.	
_____	Date
Member's signature	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>