

**Note:** Attach this Declaration to your Protektor Member Claim Form

Please complete accurately, using CAPITAL/BLOCK LETTERS in blue or black ink. Tick blocks where appropriate.

<b>FUND DETAILS</b>	<b>Protektor Preservation Pension Fund</b>	<b>Protektor Preservation Provident Fund</b>
Reference number	<input type="text"/>	Reference number <input type="text"/>

**PLEASE SEND THE COMPLETED FORM TO: Email** protektor@oldmutual.com **Fax** +27 (0)21 509 2125

As a Protektor Member you may apply for a ill-health benefit prior to age 55 if you are permanently disabled. Therefore if:

- you are unemployed and unable to find employment due to your ill-health, or
- you have been retired from employment due to a ill-health,
  - you must provide proof to the Trustees that you are permanently disabled.

**If 1 above applies to you** – the Fund requires a declaration from a recognised medical practitioner. Please see sections 3 and 4 below which **MUST** be completed by your medical practitioner.

**If 2 above applies to you** – the Fund requires a letter, from your employer, on a company letterhead stating that you have been retired from service due to ill-health. The Fund requires the original letter, which you must email to protektor@oldmutual.com or fax it to +27 021 509 2125 .

**SECTION 1 MEMBER DETAILS**

Title  Surname

First names

Date of birth           Identity number

Telephone numbers  
(H) Code  No.  (W) Code  No.

Cellphone number

Email address

**SECTION 2 DECLARATION BY MEMBER**

I,  hereby declare that I (please tick the appropriate box)

am currently unemployed and unable to find employment as a result of my ill-health.

have been retired from my employment due to ill-health.

Signed at  on this  day of  20

Signature of member

**SECTION 3 MEDICAL PRACTITIONER'S DETAILS**

Full name of doctor

Address

Postal code

Telephone (W) Code  No.  Cellphone number

Email address  Practice no.

**SECTION 4 DECLARATION BY MEDICAL PRACTITIONER**

I,  hereby declare that I

is in my opinion permanently disabled through sickness, accident, injury or infirmity of mind or body and is consequently unable to find employment due to ill-health.

Nature of sickness, accident, injury or infirmity

Signed at  on this  day of  20

Signature of medical practitioner

**PRACTICE STAMP**