



Please print in block letters using black or blue ink.

Please fax the completed request to : 0860 639 287

To Whom It May Concern

I hereby request the transfer values for the following policies held with Old Mutual:

Contract Number	Plan Number e.g. COMMITINV/1 (if applicable)

These values should be sent to the contact details listed below:

Contact person

Contact number

E-mail

If these contact details belong to a third party, I hereby provide authorization for the respondent to receive these values on my behalf.

Yours sincerely

Signature of Member

Date

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Name of member

Surname of member

ID number of Member