

Please complete in **BLOCK LETTERS** using black or blue ink.

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

SuperFund Claims Department
Old Mutual SuperFund
PO Box 728
Cape Town 8000
Fax: 0860 38 38 48

FUND MEMBER AND BENEFICIARY PRIVACY NOTICE

This notice applies to members and beneficiaries of the Old Mutual SuperFund¹.

Old Mutual SuperFund may collect, use and share personal information for the following purposes:

- To administer a member's membership of the Old Mutual SuperFund;
- To process and pay benefits from the Old Mutual SuperFund;
- To provide members with information about offerings that will support and enhance their retirement benefits;
- To provide products or services to you, to carry out the transaction you requested and to maintain our relationship;
- For underwriting purposes;
- To assess and process claims;
- To conduct credit reference searches or verification;
- To confirm and verify your identity, address or banking details;
- To verify that you are an authorised user for security purposes;
- For maintaining the accuracy of your personal information;
- For operational purposes, and where applicable, credit scoring and assessment and credit management;
- For purposes of claim checks (e.g. the Industry Life and Claims Register);
- For the detection and prevention of fraud, crime, money laundering or other malpractice;
- To trace you where you are uncontactable;
- To conduct market or customer satisfaction research or for statistical analysis;
- For audit and record keeping purposes;
- For social responsibility purposes;
- In connection with legal proceedings;
- To comply with legal and regulatory requirements or industry codes or when otherwise allowed by law;
- Sharing information with a member's employer (its intermediary/broker), your intermediary/broker (when applicable), service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information;
- Sharing information with other insurers, retirement funds and retirement annuity funds to obtain claim related information.

You agree that we may view, search and update your information and you further agree we may, where required, process your special personal information (and share this information with relevant third parties) in order to achieve a purpose set out above.

You warrant that when you give us personal information about third parties, this information is accurate and correct, and you have received their permission to share their personal information with us. You confirm that if you are giving consent for a person under 18 (a minor) you have the required authority to do so.

We may transfer your personal information to another country for processing or storage. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.

You may access the personal information that we hold about you and may also request us to correct any errors or, under certain circumstances request us to delete this information. In certain circumstances, you have the right to object to the processing of your personal information. To do this, simply contact us at the numbers/addresses listed below and specify what information you would like or if you have any questions about this Notice, please contact us at:

Old Mutual SuperFund Service Centre: 0860 20 30 40
Email: superfund@oldmutual.com

You have the right to complain to the Information Regulator, whose contact details are:
infoeregulator.org.za

General enquiries: enquiries@infoeregulator.org.za

Complaints: popiacomplaints@infoeregulator.org.za

You can also view our full Privacy Notice [here](#).

¹In this Notice "Old Mutual SuperFund" refers to the Old Mutual SuperFund Pension and Provident Funds.

TO BE COMPLETED BY THE MEMBER SPOUSE IN THE EVENT OF A DIVORCE SETTLEMENT CLAIM, WHERE THE DIVORCE COURT ORDER FAILS TO NAME THE RETIREMENT SCHEME OR NAME IT CORRECTLY

I, the undersigned, (insert full first names and surname in block letters)

ID number , an active member of the (insert full registered name of Scheme) ("the Scheme"),

hereby agree and authorise the Scheme to endorse the records of the Scheme and effect the pay-out of the attached divorce award to (insert full first names and surname of non-member spouse)

ID number as intended to be specified in the divorce court order dated (insert date of divorce court order) issued in the High Court of South Africa division.

I RESIDE AT

DECLARATION

- The divorce court order mentioned above does not contain the proper name of the Scheme, or does not name the Scheme by its registered name
- I confirm that it was the intention of both parties to the divorce order that the relevant portion of the divorce order should have made proper reference to the Scheme named above and that I have no objection to the endorsement and payment described above

Scheme name	<input style="width: 750px;" type="text"/>		
Scheme code	<input style="width: 300px;" type="text"/>	OFFICIAL STAMP	
Reference number	<input style="width: 300px;" type="text"/>		
Date of birth	<input style="width: 180px;" type="text"/>		
ID number	<input style="width: 300px;" type="text"/>		

MEMBER'S CONTACT DETAILS

Telephone	Code <input style="width: 40px;" type="text"/>	No. <input style="width: 160px;" type="text"/>
Cellphone number	<input style="width: 330px;" type="text"/>	
Email address	<input style="width: 650px;" type="text"/>	

I declare that I fully understand the contents and legal implications of this document and confirm that I signed it voluntarily.

Signed at on this day of 20

Member's signature

TO BE COMPLETED BY A COMMISSIONER OF OATHS

I, (full name)
certify that the deponent has acknowledged that he/she knows and understands the content of the declaration and the deponent uttered the following words: "I swear that the contents of this declaration are true, so help me God" OR "I truly affirm that the contents of this declaration are true". I certify further that the provisions of Government Notice C.N. R1258 published in the Government Gazette of 21 July 1972 (as amended) have been complied with.

Signed and sworn to before me at
on this day of 20

Signature - Commissioner of Oaths

Full name(s)	<input style="width: 790px;" type="text"/>		
Capacity/Designation	<input style="width: 790px;" type="text"/>		
Business Address	<input style="width: 570px;" type="text"/>		Postal code <input style="width: 80px;" type="text"/>

