



# OLD MUTUAL SUPERFUND AFFIDAVIT FOR UNCLAIMED BENEFITS FUND

Please complete the form using CAPITAL/BLOCK LETTERS in blue or black ink.

## FUND MEMBER AND BENEFICIARY PRIVACY NOTICE

This notice applies to members and beneficiaries of Old Mutual SuperFund Unclaimed Benefit Preservation Fund.

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

- To administer a member's membership of the Old Mutual SuperFund Unclaimed Benefit Preservation Fund;
- To process and pay benefits from the Old Mutual SuperFund Unclaimed Benefit Preservation Fund;
- 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;
- 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 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:

Service Centre: 0860 455 455 or 0860 33 77 77

Email: unclaimedbenefitpresfund@oldmutual.com

You have the right to complain to the Information Regulator, whose contact details are:

inforegulator.org.za

General enquiries: enquiries@inforegulator.org.za

Complaints: popiacomplaints@inforegulator.org.za

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

<sup>1</sup>In this Notice "Old Mutual SuperFund Unclaimed Benefit Preservation Fund" refers to the Old Mutual SuperFund Unclaimed Benefit Preservation Pension and Provident Funds.

## TO BE COMPLETED BY THE RECIPIENT OF THE BENEFIT

I, the undersigned,  (full name in block letters),  
with South African ID number/Passport number  hereby declare under oath and state that I am the Executor/  
Estate Administrator of  (insert name of deceased member and ID number) estate late.

I reside at   
 Postal code

## DECLARATION

I hereby declare to the best of my knowledge as follows:

The deceased was an employee of  and was employed by them from  to .

The job title or position held by the deceased was .

The staff code or employee number was .

**SIGNATURE OF EXECUTOR/ADMINISTRATOR**

- I understand the above to be true and correct.
- I shall be personally liable to repay all monies paid to me as a result of dishonest, false, fraudulent or any other wilful misrepresentation made in this affidavit.
- I understand that it is a criminal offence to make wilful misrepresentations in this affidavit.
- I understand that the Fund reserves the right to institute criminal and/or civil proceedings against me as a result of misrepresentation made in this affidavit.
- I hereby absolve the Unclaimed Benefits Fund from any further liability in terms of the deceased member's benefit.
- I sign this freely and voluntarily.

Title: Mr  Ms  Mrs  Other

Surname

First name(s)

Identity number  Date

Old Mutual reference number

Signed at  on this  day of  (month)  (year)

Signature

**TO BE COMPLETED BY A COMMISSIONER OF OATHS**

I,  (full name in block letters) certify that the deponent has acknowledged that he 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 G.N. R1258 published in the Government Gazette of the 21st July 1972 (as amended) have been complied with.

Capacity/Designation

Business address

Postal code

Signed and sworn to before me at

on this  day of  20

Signature of Commissioner of Oaths

**OFFICIAL STAMP OF SIGNATORY**

