

**(To be completed by a member who does not have  
a South African bank account)**

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 SuperFund<sup>1</sup>.

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](mailto:superfund@oldmutual.com)

You have the right to complain to the Information Regulator, whose contact details are:  
[info regulator.org.za](http://info regulator.org.za)

General enquiries: [enquiries@info regulator.org.za](mailto:enquiries@info regulator.org.za)  
Complaints: [popiacomplaints@info regulator.org.za](mailto:popiacomplaints@info regulator.org.za)

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

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

I, the undersigned, hereby declare under oath and state that:

1. I was a member of the Old Mutual Superfund Pension/Provident (delete whichever is not applicable) Fund ('the Fund') administered by Old Mutual.

My employer's scheme code is  and my membership number is

2. My residential address is

3. I have been fully advised by Old Mutual that I am entitled to a benefit from the Fund to the value of **R**  ("the benefit")

4. I do not have a South African bank account and am unable to open one for the following reason

5. I hereby appoint, (full name)

RSA ID number of appointed person

as my agent to receive payment of the amount, stated in 3 above (plus interest, less tax (if applicable)), on my behalf and to in turn deal with the benefit in terms of my instructions. I hereby expressly authorise that the said payment be made into my agent's bank account, as follows:

Account holder's name

Bank name

Branch name  Branch code

Account number  Account type:  Current  Savings  Transmission

6. The appointment of my agent to receive the payment of the benefit on my behalf is not an attempt in any way to circumvent the provisions of Section 37A of the Pension Funds Act, No 24 of 1956, which specifically prohibits the alienation of benefits payable from a registered fund.

7. In consideration for Old Mutual and the Fund, having agreed that Old Mutual will make payment of the benefit due to me, not into a bank account in my own name, but into the bank account of a third party appointed and authorised by me as my agent for the purpose of receiving payment on my behalf of the benefit due to me by the Fund and in turn dealing with the benefit in terms of my instructions, I indemnify and hold harmless the Fund and Old Mutual from any liability, loss or damage of whatsoever nature and howsoever arising from or incidental to the said payment. I further renounce any legal right(s) including any common law right(s) that I have or may have in future to claim any loss or damage that I may or may have suffered of whatsoever nature and from whatsoever cause as a result of the aforesaid authorisation.

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

Member/Beneficiary's signature

RSA ID Number

Date of birth

**COMMISSIONER OF OATHS**

I certify that:

- 1. The deponent acknowledged to me that:
1.1. He/she knows and understands the content of this declaration;
1.2. He/she has no objection to taking the prescribed oath;
1.3. He/she considers the prescribed oath to be binding on his/her conscience.
2. The deponent thereafter uttered the words: "I swear that the contents of this declaration are true, so help me God."
3. The deponent signed this declaration in my presence at the address set out hereunder on this  day of  20

Surname

Full name(s)

Capacity/designation/office

Area

Business address

