



OLD MUTUAL SUPERFUND OLD MUTUAL MULTI-MANAGERS FORLIFE INVESTMENT ELECTION FORM

Please print in block letters using black or blue ink.

Please complete this form to indicate your choice of HORIZON investment portfolio/s.

Old Mutual Multi-Managers ForLife members will be defaulted to the sub fund or Trustee Default Horizon Portfolio if the form is not returned by the date stipulated in the cover letter to this form.

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:

info regulator.org.za

General enquiries: enquiries@info regulator.org.za

Complaints: popiacomplaints@info regulator.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.

EMPLOYEE DETAILS

Sub Fund name

Member number

PERSONAL DETAILS

Surname

First name(s)

Identity number

Passport number (If not a South African citizen)

Country of issue (complete if not an RSA citizen)

CONTACT DETAILSTelephone number Code No. Fax number Code No. Cellphone number* Email address*

* A cellphone number OR email address is compulsory. This detail is required in order for us to confirm your switch instruction. If you provide a cell number we will provide confirmation of the switch via SMS.

OLD MUTUAL MULTI-MANAGERS FORLIFE SELECTION

You are invested in **one or more of the Old Mutual Multi-Managers ForLife Pre-Horizon Investment Portfolios** below and have either reached or are approaching the time (just before your Horizon Trigger Age) to make your **Old Mutual Multi-Managers ForLife Horizon Investment Portfolio** selection.

Old Mutual Multi-Managers ForLife PRE-Horizon Investment Portfolios	Horizon Trigger Age (years prior to normal retirement age)
Old Mutual Multi-Managers Aggressive Fund	7 years to NRA
Old Mutual Multi-Managers Absolute Balanced Fund	5 years to NRA
Old Mutual Multi-Managers Absolute Defensive Fund	3 years to NRA

The same election will be applied if you are invested in more than one **Old Mutual Multi-Managers ForLife Pre-Horizon Investment Portfolios**.

Please complete **EITHER Section A or Section B**.

SECTION A

Horizon Investment Portfolio	Allocated percentage
With Profit Annuity	
Living Annuity	
Bond	
Cash	
	100%

SECTION B

I do not wish to migrate to a Horizon Fund and want to be switched to the equivalent Old Mutual Multi-Managers investment portfolio.

Note: If you elect this option you will be invested in the equivalent **Old Mutual Multi-Managers investment portfolio**. You will then be able to switch to any other investment portfolio available to you as a member, should you wish to do so.

Notes:

- The Fund encourages members to obtain financial advice to assist them with their investment decisions.
- If you would like to be contacted by an accredited Old Mutual financial adviser, please call **0860 38 88 73**.
- You will receive a switch certificate from Old Mutual confirming that your change was implemented within **5 working days** from the processing date. If you do not receive a certificate or you have any queries, please contact Old Mutual SuperFund Call Centre on **0860 20 30 40** or email **superfund@oldmutual.com**.

DECLARATION

- I understand the risks associated with choosing my own Investment Portfolios.
- I understand that the investment risk is borne by me and that the Old Mutual SuperFund Pension/Provident Fund, the Trustees and the Administrator of the Old Mutual SuperFund Pension/Provident Fund shall not be liable for any losses incurred by me as a result of the choices that I make.
- I understand that the onus is on me to ensure that the switch instruction is received by Old Mutual. Therefore, if Old Mutual does not acknowledge receipt of my switch instruction within five working days, then the switch may not have taken place.
- I am aware that no switching administrative fee will be applied to any switching instruction.
- I understand that should this form be incomplete or inaccurately completed, the switching instruction may not be actioned by Old Mutual. Old Mutual and the Fund will not be liable for any losses should an incorrect or no transaction take place and I do not notify the Fund or Old Mutual within 1 month from the date of the switch.
- I declare that I understand the risk profile of the investment portfolio(s) of my choice and that I have obtained advice where appropriate.
- I indemnify the Fund, the Trustees, the Principal Officer of the Fund, and Old Mutual against any claims whatsoever arising from my investment portfolio choice.

Tick the applicable box below.

I am aware that financial advice is available from an accredited Old Mutual financial adviser, but I have elected not to make use of this service in making my decision.

I received financial advice from a licensed financial adviser before making this decision.

Member's first name

Member's surname

Member's signature

Date

