

Please complete in **BLOCK letters** using black or blue ink. Please scan and email the completed form and supporting documents to: payrollsupportservices@oldmutual.com. For any queries, please call 0860 009 007.

This form must be completed to request access to Old Mutual's systems as specified.

DETAILS OF SCHEME

Fund name

Participating employer name

Scheme code

Number of authorisers

Authorisation Limit

For security reasons, you might want to impose a second, third or even fourth level of authorisation to finalise your monthly submissions to Old Mutual. Please note, if more than one authoriser is selected, all authorisers are required to authorise every monthly submission. (A separate Authorisation of Access for Employer Personnel form must be submitted for each authoriser for registration purposes).

ACCESS DETAILS

Please indicate whether this authorisation request is: NEW a CHANGE or a DELETION

DETAILS OF SERVICER/AUTHORISER/VIEWER

Role: Payroll Servicer: for data updates (not authorisation)
 Payroll View Only
 Payroll data authorisation access (no data updates)
 Employer Servicer: confirms member claim details
 My Corporate Services: Provides EB Manager with access to Scheme Reports, Member Benefit Statements, Quotations, Benefit Payment Letters, New Entrant Certificates

Please attach an addendum listing all Scheme Names and Numbers where access to multiple paypoints are required.

Paypoint name

Paypoint number

Title: Mr Mrs Ms Other Initials

Designation Gender: Male Female

Surname

First name(s)

ID number Date of birth

Passport number (where no South African ID number is available)

Country of issue (complete if passport number is provided).

Telephone (Work) Code No. Cellphone number

Email address

Business address (physical) Code

THE FOLLOWING MUST BE COMPLETED FOR A DELETION OF SERVICER/AUTHORISER/VIEWER ACCESS

