

Completed form together with supporting documents to be emailed to nam-csriskbenefits@oldmutual.com.

CONTACT NUMBERS

Call Centre: 081 956 1013
Email: nam-csriskbenefits@oldmutual.com

REQUIRED DOCUMENTS CHECKLIST

- Copy of ID/Passport
- Bank confirmation letter
- Tax registration certificate
- Marriage certificate (where applicable)
- Confirm submission and assessment of all tax returns on the NamRA ITAS platform

SECTION 1: EMPLOYER AND FUND DETAILS

Fund's name

Employer's name

Effective date of disability

SECTION 2: MEMBER DETAILS

Member number

Title: Mr Mrs Ms Other Initials

First name(s)

Surname

Date of birth

ID/Passport number

Residential address

Postal address

Cellphone number Alternative telephone number

Email address

Tax number

Tax office

Please ensure that all tax returns are submitted and assessed on the NAMRA Integrated Tax Administration System (ITAS)

SECTION 3: CONTRIBUTION DETAILS

Date of last contribution

Amount of last contribution by member

Amount of last contribution by employer

Amount of last additional voluntary contributions

SECTION 4: MEMBER PAYMENT DETAILS

Account holder's full name

Account number Type of account: Savings Current Transmission

Bank name Branch name Branch code

SECTION 5: LUMP SUM DISABILITY OPTIONS

OPTION 1
Purchase an annuity with the full benefit;

OPTION 2
Take a portion of the benefit in cash and purchase an annuity with the balance. Indicate the N\$ amount/percentage you want to take in cash
N\$ or %;

Pension - Cash withdrawal limited to 1/3
Provident - No limit on cash withdrawal

OPTION 3
Take the whole benefit in cash
Pension - Only for benefits less than N\$50 000
Provident - No limit on cash withdrawal

SECTION 6: DECLARATION BY EMPLOYER (AUTHORISED SIGNATORY)

I certify that all particulars furnished in this form and accompanying documentation are true and correct. The options in terms of the Rules of the Fund have been fully explained to the member (or member beneficiaries).

Signed at this day of 20

Full name

Telephone number

Email address

Designation

Signed on behalf of the employer

**OFFICIAL COMPANY
STAMP**