

Please complete in **BLOCK LETTERS** using **black or blue ink**.

PLEASE SCAN AND EMAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Tel: 0860 20 30 40

Fax: 0860 38 38 48

Email: superfund@oldmutual.com

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.

PARTICIPATING EMPLOYER DETAILS

Scheme code	<input style="width: 100%;" type="text"/>		
Company registration number	<input style="width: 100%;" type="text"/>		
Registered business name	<input style="width: 100%;" type="text"/>		
Business address (physical)	<input style="width: 90%;" type="text"/>		Postal code <input style="width: 10%;" type="text"/>
Business address (postal)	<input style="width: 90%;" type="text"/>		Postal code <input style="width: 10%;" type="text"/>
Contact person's full name	<input style="width: 100%;" type="text"/>		
Contact details			
Telephone number	Code <input style="width: 10%;" type="text"/>	Number <input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>
Cellphone number	<input style="width: 100%;" type="text"/>		
Email address	<input style="width: 100%;" type="text"/>		

COLLECTION AUTHORISATION

Paypoint name

Payroll servicer's details

Surname

First name(s)

Email address

Payroll authoriser's details

Surname

First name(s)

Email address

New application **OR** Reactivation (payments have been made via authorised collection in the past) **OR** Notification of change in banking details

Collection date Monthly collection date* Is auto billing applicable? YES NO

* The above monthly collection date **cannot be later than the 6th** following the due month to allow Old Mutual sufficient time to process the authorised collection. The monthly data file must therefore be **submitted and authorised** online by no later than the above selected collection date.

** Old Mutual will automatically bill on the previous month's payroll data if there are no changes to the data. (New schemes will always require the submission of the first month's payroll data.)

Estimate of monthly contribution amount R

Note: If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form and supporting documentation with this form. The details of the bank account of the Participating Employer for purposes of this authorisation are as follows:

Account holder's name

Bank name

Branch name Branch code

Account number Account type: Current Savings Transmission

Kindly provide **proof of banking details** (cancelled cheque OR copy of a bank statement stamped by your bank OR a stamped letter from your bank verifying the account details OR your bank signing and stamping this page). **Should there be more than one Paypoint, please complete page 2 of this form. The signed form must be received no later than the 10th of the month that the first/revised deduction is to be made, i.e. if the deduction is due in January, the form must be received by 10 January. This application can only be implemented if all payrolls are up to date.**

AUTHORISATION

- We, the Participating Employer, hereby authorise Old Mutual Life Assurance Company (South Africa) Limited [hereafter called Old Mutual], to collect any amounts that are due by the Participating Employer in terms of the Rules of the Old Mutual SuperFund Pension/Provident Fund and in terms of the insurance policies from all the bank accounts. The amounts collected are to be paid to the respective bank accounts of the Old Mutual SuperFund Pension/Provident Fund, in respect of retirement benefits, and to the specified insurer's bank account, in respect of risk benefits.
- We, the Participating Employer, understand that such collections will be processed on the instruction of Old Mutual. We also understand that no advice will be provided, but that details of each collection will be printed on the bank statement of the Participating Employer.
- We, the Participating Employer, understand that the Old Mutual SuperFund Pension/Provident Fund must receive the contributions by no later than the 6th day of the month following the month for which they are due. As such, Old Mutual must receive the collection instruction (data file) no later than the collection date(s) as specified in this form. Late payment interest will be charged in terms of the Pension Funds Act for contributions received after the legislated date and will be collected without a collection instruction (data file). The Participating Employer will ensure that sufficient funds are available in the bank account, upon authorisation of the monthly bill. If a collection date falls on a **non-business day**, the collection will take place on the next business day following the specified collection date.
- We, the Participating Employer, understand that if we choose to change our banking details, we must inform Old Mutual in writing, within thirty (30) days of such change and we must complete a new Authorised Collection Form. We understand that this authority may be cancelled by giving thirty (30) days notice, in writing, to Old Mutual.

AUTHORISER DETAILS

Surname

First name(s)

Capacity

ID/Passport number

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

Signature

Date

Effective date of Authorised Collection

2. PAYPOINT NAME	3. PAYPOINT NAME	4. PAYPOINT NAME
Payroll servicer's name	Payroll servicer's name	Payroll servicer's name
Payroll servicer's email address	Payroll servicer's email address	Payroll servicer's email address
Payroll authoriser's name	Payroll authoriser's name	Payroll authoriser's name
Payroll authoriser's email address	Payroll authoriser's email address	Payroll authoriser's email address

The authorisation of access to the payroll system for Payroll Personnel is provided on separate form.

Please indicate whether this request is a:

<input type="checkbox"/> New application OR	<input type="checkbox"/> New application OR	<input type="checkbox"/> New application OR
<input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR	<input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR	<input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR
<input type="checkbox"/> Notification of change in banking details	<input type="checkbox"/> Notification of change in banking details	<input type="checkbox"/> Notification of change in banking details

Collection date

<input type="text"/> Monthly collection date*	<input type="text"/> Monthly collection date*	<input type="text"/> Monthly collection date*
Is auto billing applicable? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is auto billing applicable? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is auto billing applicable? Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimate of monthly contribution amount <input type="text"/> R	Estimate of monthly contribution amount <input type="text"/> R	Estimate of monthly contribution amount <input type="text"/> R
If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.	If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.	If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.

* The above monthly collection date **cannot be later than the 6th** following the due month to allow Old Mutual sufficient time to process the authorised collection. The data file must therefore be **submitted and authorised** online by no later than the above selected collection date.

**Old Mutual will automatically bill on the previous month's payroll data. New schemes will always require the submission of the first month's payroll data.

Banking details. The details of the bank account of the Participating Employer for purposes of this authorisation are as follows:

Account holder's name	Account holder's name	Account holder's name
Bank name	Bank name	Bank name
Branch name	Branch name	Branch name
Branch code	Branch code	Branch code
Account number	Account number	Account number
Account type: <input type="checkbox"/> Current <input type="checkbox"/> Savings	Account type: <input type="checkbox"/> Current <input type="checkbox"/> Savings	Account type: <input type="checkbox"/> Current <input type="checkbox"/> Savings

Kindly provide **proof of banking details** (cancelled cheque OR copy of a bank statement stamped by your bank OR a stamped letter from your bank verifying the account details OR your bank signing and stamping this page).

