



PROTEKTOR PRESERVATION FUND
DECLARATION OF ILL-HEALTH

Note: Attach this Declaration to your Protektor Member Claim Form

Please complete accurately, using CAPITAL/BLOCK LETTERS in blue or black ink. Tick blocks where appropriate.

FUND DETAILS

Protektor Preservation Pension Fund

Reference number [grid]

Protektor Preservation Provident Fund

Reference number [grid]

PLEASE SEND THE COMPLETED FORM TO: Email protektor@oldmutual.com Fax +27 (0)21 509 2125

As a Protektor Member you may apply for a ill-health benefit prior to age 55 if you are permanently disabled. Therefore if:

- 1. you are unemployed and unable to find employment due to your ill-health, or
2. you have been retired from employment due to a ill-health,
- you must provide proof to the Trustees that you are permanently disabled.

If 1 above applies to you - the Fund requires a declaration from a recognised medical practitioner. Please see sections 3 and 4 below which MUST be completed by your medical practitioner.

If 2 above applies to you - the Fund requires a letter, from your employer, on a company letterhead stating that you have been retired from service due to ill-health. The Fund requires the original letter, which you must email to protektor@oldmutual.com or fax it to +27 021 509 2125 .

COMPLIANCE WITH THE PROTECTION OF PERSONAL INFORMATION ACT (PPI, POPI)

Protektor Preservation Fund may collect, use and share your personal information for the following purposes:

- To administer your membership of the Protektor Preservation Fund;
- To provide you with information about offerings that will support and enhance your 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;
- Sharing information with your 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;
- To comply with legal and regulatory requirements or industry codes or when otherwise allowed by law.

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:

- Member Call Centre: 0860 20 30 40
- protektorenquiriescomplaints@oldmutual.com

You have the right to complain to the Information Regulator, whose contact details are:

- www.justice.gov.za/inforeg/index.html
- General enquiries: enquiries@inforegulator.org.za

Complaints (complete POPIA/PAIA form 5)

- paiacomplaints@inforegulator.org.za should your PAIA request be denied or there is no response from a public or private bodies for access to records you may use this email address to lodge a complaint.
- popiacomplaints@inforegulator.org.za should you feel that your personal information has been violated, you may use this email address to lodge a complaint.

Please visit https://www.oldmutual.co.za/corporate/protektor-preservation/protektor-customer-privacy-notice to read the full version of the Fund Member Privacy Notice.

**SECTION 1 MEMBER DETAILS**

Title  Surname   
First name(s)   
Date of birth         Identity number

**CONTACT DETAILS**

Telephone (H) Code  No.  (W) Code  No.   
Cellphone number   
Email address

**SECTION 2 DECLARATION BY MEMBER**

I,  hereby declare that I (please tick the appropriate box)  
am currently unemployed and unable to find employment as a result of my ill-health.   
have been retired from my employment due to ill-health.   
Signed at  on this  day of  20   
Member's signature

**SECTION 3 MEDICAL PRACTITIONER'S DETAILS**

Full name of doctor   
Address   
 Postal code

**CONTACT DETAILS**

Telephone Code  No.  Cellphone number   
Email address  Practice no.

**SECTION 4 MEDICAL PRACTITIONER'S DECLARATION**

I,  hereby declare that  
 is in my opinion permanently  
disabled through sickness, accident, injury or infirmity of mind or body and is consequently unable to find employment due to ill-health.  
Nature of sickness, accident, injury or infirmity   
Signed at  on this  day of  20   
Medical practitioner's signature

