ORION WITHDRAWAL FORM

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

CONTACT NUMBERS

Call Centre: 081 956 1013
Email: nam-csorionclaims@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

SECTION 2: MEMBER DETAILS

Member number

Title: Mr ☐ Mrs ☐ Ms ☐ Other Initials

First name(s)

Surname

Date of birth D D M M Y Y Y Y

ID/Passport number

Residential address

Postal address

Cellphone number Alternative telephone number

Email address

Tax number

Tax office

Next of Kin

Full name

Contact details Relationship to Member

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

SECTION 3: WITHDRAWAL DETAILS

Reason for withdrawal: Resignation ☐ Dismissal ☐ Retrenchment ☐ Liquidation of employer ☐
Termination of participation in the Fund ☐ Other ☐

Date of exit D D M M Y Y Y Y

Date of last contribution D D M M Y Y Y Y

Amount of last contribution by member **N$**

Amount of last contribution by employer **N$**

☐ **OPTION 1 - FULL TRANSFER**
Transfer the whole withdrawal benefit to another approved pension fund, approved provident fund, approved provident preservation fund, or approved retirement annuity fund (complete section 3B);

☐ **OPTION 2 - TRANSFER & WITHDRAWAL**
Take a portion of the withdrawal benefit in cash and transfer to another approved pension fund, approved provident fund, approved provident preservation fund, or approved retirement annuity fund (complete section 3A+3B);

Indicate the amount/percentage you want to withdraw in cash **N$** or ☐ %

☐ **OPTION 3 - FULL WITHDRAWAL**
Take the whole withdrawal benefit in cash (complete section 3A).

Conversion option
On withdrawal and retirement, ORION funds allow their members to convert their group life cover to an individual policy. For further information, please contact your Financial Adviser or an Old Mutual Corporate Consultant.

Do you wish to use the conversion option in respect of your group life cover? Yes ☐ No ☐

SECTION 3A: MEMBER PAYMENT DETAILS

Account holder's full name

Account number | Type of account: Savings ☐ Current ☐ Transmission ☐

Bank name | Branch name | Branch code

SECTION 3B: FUND DETAILS

1. Receiving fund's name

Financial adviser's full name

Financial adviser's code | Telephone number (Work)

Email address

2. Receiving fund's name

Financial adviser's full name

Financial adviser's code | Telephone number (Work)

Email address

SECTION 4: SECTION 37D - PENSION FUND ACT

In terms of Section 37D of the Pension Funds Act, a fund may make the following deductions from a member's pension benefit:

- a loan granted to the member by the fund for the purposes of financing housing or home improvements.
- any amount for which the fund is liable under a guarantee furnished in respect of a loan granted by, for example, a bank for the purposes of housing;
- compensation in respect of any damage caused to the employer as a result of theft, dishonesty, fraud or misconduct of a member, and in respect of which the member has in writing admitted liability to the employer or judgement has been obtained against a member in any court of law;

The recovery of personal indebtedness to the employer, such as personal loans, is not permitted.

Were damages caused to the employer by reason of any **theft, dishonesty, fraud or misconduct** by the member? Yes ☐ No ☐

If "Yes", please supply the following supporting documents:

1. Court order
2. Signed admission of guilt or acknowledgment of debt/liability

Value **N$**

SECTION 5: 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

OFFICIAL COMPANY STAMP

Signed on behalf of the employer

SECTION 6: DECLARATION BY MEMBER

The options in terms of the Rules of the Fund have been fully explained to me and I confirm that I fully understand the implications of the choices elected.

- I understand that Old Mutual will deposit my benefit into the above account upon receipt of the necessary tax clearance from the NamRA and bank detail verification.
- I understand that payment of my full benefit amount in terms of the Rules of the Fund as requested above shall be in full and final settlement of the aforesaid Fund's liability towards me in respect of my benefit therein.
- I understand that other deductions may be made from the benefit in terms of Section 37D of the Pension Funds Act, or the Income Tax Act, prior to the payment of the benefit to me.
- I shall therefore have no further claim against the Fund in respect of my initial benefit therein.

Member's signature

Date D D M M Y Y Y Y

SECTION 7: CONTACT DETAILS

Please feel free to reach out to us with any questions or concerns regarding your claim. **You can contact our Corporate Segment Call Centre at 081 956 1013 or email us at nam-csorionclaims@oldmutual.com.** If your claim is not processed within three months from the date we receive all the required documentation, you have the right to lodge a complaint with the regulator. You can find their contact details below:

Website: namfisa.com.na
Telephone: +264 61 290 5134
General enquiries: complaintsdept@namfisa.com.na

ORION REAL ANSWERS TO REAL NEEDS

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