

Note: Attach this Declaration to your Preserver Member Claim Form

Please print in block letters using black or blue ink.

Call centre 0860 20 30 40, **Email** preserver@oldmutual.com, **Internet** oldmutual.co.za/preserver

As a Preserver 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 of SuperFund 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 preserver@oldmutual.com or post to Old Mutual SuperFund: Preserver, PO Box 167, Cape Town, 8000.

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:

infoeregulator.org.za

General enquiries: enquiries@infoeregulator.org.za

Complaints: popiacomplaints@infoeregulator.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.

SECTION 1 MEMBER DETAILS

Title: Mr Ms Mrs Other Initials

Surname

First name(s)

Fund code Reference number

Date of birth Identity number

CONTACT DETAILS

Telephone (Home) Code No. (Work) 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

Address

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

PRACTICE STAMP

