

A. SCHEME DETAILS

Employer name

Scheme name

Scheme code

B. EMPLOYEE DETAILS

Title

First name(s)

Surname

Employee number

ID/Passport number

C. PROTECTION OF PERSONAL INFORMATION DISCLOSURE

The Old Mutual Group may use, share or obtain personal information (including criminal and/or health information) for the following purposes:

- Underwriting
- Assessment and processing of claims
- Where applicable, credit reference searches or verification, credit scoring and assessment and credit management
- Verification of personal information (including identity, address and banking details)
- Updating member/lives assured personal information
- Claims checks (Industry Life and Claims Register(s))
- Tracing beneficiaries
- Tracing you where you are uncontactable
- Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice
- Market or customer satisfaction research or statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements and in connection with legal proceedings
- Sharing information with 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 personal information.

You agree that Old Mutual may view, search and update your information.

All members/beneficiaries may access their personal information that we hold and may also, under certain circumstances, request us to correct any errors or to delete this information. In certain cases they have the right to object to the processing of their personal information.

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

Website: www.justice.gov.za/inforeg/index.html

General enquiries: enquiries@inforegulator.org.za

Complaints: POPIAComplaints@inforegulator.org.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za/privacy-policy/

D. BENEFICIARY AND GUARDIAN DETAILS

Supporting instruction in filling out this table

- You may elect to nominate any child as a beneficiary under this product - the child does not need to be your biological, adopted or step-child. Please also specify details of a guardian linked to each beneficiary nominated.
- A maximum of 6 child beneficiaries may be nominated by you. The total benefit amount available will be split between the beneficiaries as nominated in the table below.
- A child beneficiary for this product is defined as an individual younger than 25 years of age
- **Please ensure that values in “% total benefit allocation” add up to 100%.**

	Pay to the Trust Structure						Pay to the pre-vetted Developmental Fund	Pay to my estate	% total benefit allocation
	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4	Beneficiary 5	Beneficiary 6			
% total benefit allocation									

B. PAYMENT TO BENEFICIARY

BENEFICIARY 1

First name(s)

Surname

Identity number

GUARDIAN 1

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

BENEFICIARY 2

First name(s)

Surname

Identity number

GUARDIAN 2

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

BENEFICIARY 3

First name(s)

Surname

Identity number

GUARDIAN 3

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

B. PAYMENT TO BENEFICIARY

BENEFICIARY 4

First name(s)

Surname

Identity number

GUARDIAN 4

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

BENEFICIARY 5

First name(s)

Surname

Identity number

GUARDIAN 5

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

BENEFICIARY 6

First name(s)

Surname

Identity number

GUARDIAN 6

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

D. DECLARATION

- The beneficiaries as nominated via this form are all below 25 years of age, as at signing of this form.
- All information as supplied in this application form is correct.
- The information contained here must be read in conjunction with the terms and conditions of the policy contract.

Signed at (place) on (date)

D	D	M	M	Y	Y	Y	Y
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Employee signature

OFFICIAL COMPANY
STAMP

Employer Representative

Surname

First name(s)

Capacity

Email address

