

SECTION 2 INSURED PERSON'S DETAILS (IF DIFFERENT TO THE OWNER)

Title: Mr Ms Mrs Other Initials

Surname

Previous surname (if applicable)

First name(s)

Contact person

Date of birth ID/Passport number

Income tax number

Residential address/
Physical address of legal entity Postal code

Nationality/Country of birth/Legal entity country of incorporation

Contact details

Telephone (Work) Code No.

Telephone (Home) Code No. Cellphone number

Email address

SECTION 3 BENEFICIARY'S DETAILS (IF DIFFERENT TO THE OWNER)

You may decide if you want the money to be paid to you or the named beneficiary on our records. Please indicate who should receive the money by completing the details below.

Title: Mr Ms Mrs Other Initials

Surname

Previous surname (if applicable)

First name(s)

Contact person

Date of birth ID/Passport number

Income tax number

Residential address/
Physical address of legal entity Postal code

Nationality/Country of birth/Legal entity country of incorporation

Contact details

Telephone (Work) Code No.

Telephone (Home) Code No. Cellphone number

Email address

Contract number



SECTION 4 BENEFICIARY'S BANKING DETAILS

Should you be claiming for an income benefit, please indicate on which day of the month you would like to receive the monthly claim payment, should this claim be valid.

Day of month

Bank name

Branch name Branch code

Account number

Account holder's name

Account holder's ID number

Relationship to account holder: Own account Joint account Type of account: Cheque Savings

Payment will only be done by electronic transfer. We don't accept responsibility for delays or other damages because of incorrect information provided.

SECTION 5 RETRENCHMENT DETAILS

5.1 Name and physical address of employer immediately before retrenchment:

Name

Physical address Postal code

5.2 Industry in which the above-mentioned employer participates (e.g. retail, fishing, manufacturing, mining, hospitality, financial services, construction)

5.3 Period during which you were employed by this employer (where the date when your employment was terminated is the effective date of retrenchment)
 From To

5.4 In the table below, please give details of your employment history in the two years before this retrenchment.

Name of employer	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Was the employment permanent or temporary?	Was the employment full time or part time?

5.5 Describe the nature of your employment immediately before retrenchment:

Job title

Full time Part time Permanent Temporary Contract Seasonal

5.6 Date when you were first notified that you would be retrenched

5.7 Reason for retrenchment:

Internal restructuring (e.g. downsizing, job function no longer required)

Company merger

Company sale

Economic conditions (e.g. employer liquidation or bankruptcy, lack of business, employer's loss of a key contract)

Other (please specify)

Contract number



5.8 Did your employment terminate for any of the following reasons?

Retirement (early, normal or ill-health)

Yes No

Resignation or voluntary retrenchment

Yes No

Dismissal

Yes No

A fixed-term employment contract coming to an end

Yes No

Medically boarded as a result of: nervous breakdown, stress, burnout, disability or illness

Yes No

5.9 Have/are you engaged in any form of gainful employment since your employment at the above-mentioned employer terminated?

Yes No

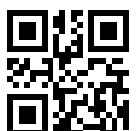
If "Yes", give details in the table below.

Name of employer	From (dd/mm/yyyy)	To (dd/mm/yyyy)

SECTION 6 INCOME DETAILS

Please provide full details of your earnings in the 36 months before your retrenchment. Include details of any fluctuating income, e.g. commission, bonus, etc. Attach copies of the six most recent payslips.

Contract number



SECTION 7 OWNER/INSURED PERSON DECLARATION

PROTECTION OF PERSONAL INFORMATION

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please sms your ID number to 30994 if you would prefer not to receive such information and/or financial services.

The Old Mutual Group may use, share or obtain your 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 your identity, address and banking details)
- Updating your personal information
- Claims checks (Industry Life and Claims Register(s))
- Tracing beneficiaries
- Debt tracing or debt recovery
- 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 your personal information.

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

You agree that your medical information and the answers to the Health and Lifestyle questionnaire may be shared with relevant third parties (including the adviser involved in this application). If, as a result of your health, a decision is taken to increase premiums, not to cover certain conditions or not to accept the application for cover, you agree to the reasons for this decision being shared with the adviser. You understand that if you do not agree, this application for cover will not be processed.

You may access your 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 you have the right to object to the processing of your personal information.

You also 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: popiacomplaints@inforegulator.org.za

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

I/We hereby declare that the insured person is covered under the above-mentioned benefit(s) and that all the particulars given are true and complete.


Date

Owner's signature

Date

Insured person's signature (if different to owner)

Contact us

 0860 222 274

 contactus@oldmutual.com

 PO Box 4512, Cape Town, 8000, South Africa

Contract number

