

Please print in block letters using black or blue ink.

**FUND DETAILS**

 Old Mutual Superfund Unclaimed Benefits Preservation Provident Fund  S000600D

Member No.	Member No.	Member No.
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 Old Mutual Superfund Unclaimed Benefits Preservation Pension Fund  S000601D

Member No.	Member No.	Member No.
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**MEMBER'S PERSONAL DETAILS (please complete in full)**

 Title: Mr  Ms  Mrs  Other 

 Surname 

 First name(s) 

 RSA ID number  Date of birth 

D	D	M	M	Y	Y	Y	Y
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 Income tax number  (compulsory where member is a registered taxpayer)

 Residential address 

<input style="width: 95%;" type="text"/>	Code	<input style="width: 50px;" type="text"/>
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 Postal address 

<input style="width: 95%;" type="text"/>	Code	<input style="width: 50px;" type="text"/>
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**CONTACT DETAILS**

 Telephone (Home) Code  No.  (Work) Code  No. 

 Cellphone number  Fax Code  No. 

 Email address 
**PREFERRED METHOD OF COMMUNICATION**
 Telephonic (Please specify the preferred channel): Home  Work  Cellphone 
 Via email  Via postal address  Via fax

**TYPE OF CLAIM**
 Withdrawal  Retirement  Ill-health retirement  Death

**CLAIM DATE**

 Date of Withdrawal/Retirement/Ill-Health Retirement or Death 

D	D	M	M	Y	Y	Y	Y
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**Important Notes:**

- Withdrawal - must be the same date as the date on which this claim form is signed.
- Retirement - must be the first of the month following the month in which retirement age is reached. This date cannot be more than 30 days from the date on which this form is signed.
- Ill-Health Retirement - must be the date on which the medical practitioner signed the Declaration of Disability Form.
- Death - date of death as per death certificate

**COURT ORDERS**

 Do you have any divorce order(s) against your benefit which have not been settled under the originating fund(s)? YES  NO 

If "YES", please attach:

- original certified copy/copies of the relevant court order(s); and
- contact details of your former spouse/s

**BENEFIT PAYMENT OPTIONS - WITHDRAWAL**

The Fund rules allow for the withdrawal benefit to be:

- Paid in cash (which is taxable in excess of limits as per the Income Tax Act);
- Transferred to another approved fund subject to the rules of the receiving fund permitting it and provided that:
  - if you are in the UBF Pension Fund, you may only transfer to another approved pension fund, pension preservation fund or retirement annuity fund.
  - if you are in the UBF Provident Fund, you may only transfer to another approved provident fund, pension or provident preservation fund or retirement annuity fund.
- The option that you select will have an impact on your retirement savings. It is therefore important to obtain assistance before selecting your option. You can obtain assistance from your own financial adviser. If you do not have your own financial adviser, contact 0860 38 88 73 (Sharecall) or email [membersupportservices@oldmutual.com](mailto:membersupportservices@oldmutual.com) and a member support service consultant will put you in contact with an accredited financial adviser.

## BENEFIT PAYMENT OPTIONS - RETIREMENT/ILL-HEALTH RETIREMENT

- For **Ill-health Retirement** a Declaration of Disability form must be completed.
- When you **retire from a Pension Fund**, you have the option to elect a maximum of one-third of the available benefit as a cash lump sum, the balance being utilised to purchase a compulsory annuity. However, if your total retirement benefit from your pension fund is R247 500 or less, the total benefit may be taken in cash.
- When you **retire from a Provident Fund** the following options are available:
  - a full cash benefit is payable
  - purchase a compulsory annuity in lieu of the total benefit due
  - or a combination of the above
- All options elected must be in terms of the Rules of the Fund (which can be obtained from the Fund) and it is advisable to consult a financial adviser to assist you in making the right choices best suited to your own personal needs and circumstances. You can obtain assistance from your own financial adviser. If you do not have your own financial adviser, contact 0860 38 88 73 (Sharecall) or email **membersupportservices@oldmutual.com** and a member support service consultant will put you in contact with an accredited financial adviser.

## IMPORTANT NOTICE - DEATH

- If death occurred prior to the transfer to the Old Mutual SuperFund Unclaimed Benefits Preservation Provident /Pension Fund, the death benefit will be taxed as a withdrawal benefit and paid into the estate bank account, or to the person appointed as the Representative if no Estate.
- If death occurred after the transfer to the Old Mutual Superfund Unclaimed Benefits Preservation Provident/Pension Fund, the payment of Death Benefits is governed by Section 37C of the Pension Funds Act (Section 37C places the responsibility for the distribution of a deceased member's death benefit on the Fund's Board of Trustees).

## BENEFIT PAYMENT OPTIONS

### WITHDRAWALS

<input type="checkbox"/> <b>PENSION FUND</b> (i) <b>Transfer full benefit to another approved Fund.</b> Attach copy of proposal or application form. <ul style="list-style-type: none"> <li>• Protektor Pension Preservation Fund <input type="checkbox"/></li> <li>• Other approved Pension/Pension Preservation/Retirement Annuity Fund: <input type="checkbox"/></li> </ul> Full name of approved fund: <input style="width: 80%;" type="text"/> (ii) <b>Full Cash</b> <input type="checkbox"/>	<input type="checkbox"/> <b>PROVIDENT FUND</b> (i) <b>Transfer full benefit to another approved Fund.</b> Attach copy of proposal or application form. <ul style="list-style-type: none"> <li>• Protektor Provident Preservation Fund <input type="checkbox"/></li> <li>• Other approved Provident/Pension or Provident Preservation/Retirement Annuity Fund <input type="checkbox"/></li> </ul> Full name of approved fund: <input style="width: 80%;" type="text"/> (ii) <b>Full Cash</b> <input type="checkbox"/>
<b>Please note: Any cash amount will be reduced by any tax payable on it (if applicable).</b>	

### RETIREMENT/ILL HEALTH RETIREMENT

<input type="checkbox"/> <b>PENSION FUND</b> <b>Please select ONE of the options below:</b> (i) <input type="checkbox"/> Full Compulsory Annuity (ii) <input type="checkbox"/> To commute R <input style="width: 50px;" type="text"/> or <input style="width: 50px;" type="text"/> % (max, one-third) of total available benefit for cash lump sum and the remainder to a compulsory annuity. <b>Please complete the table below and attach copies of application/proposal form(s).</b> Name of annuity product <input style="width: 80%;" type="text"/> Name of registered insurer <input style="width: 80%;" type="text"/> Contact name <input style="width: 80%;" type="text"/> Contact number ( <input style="width: 40px;" type="text"/> ) <input style="width: 40px;" type="text"/> Address of registered insurer <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> Postal code	<input type="checkbox"/> <b>PROVIDENT FUND</b> <b>Please select ONE of the options below:</b> (i) <input type="checkbox"/> Purchase a Compulsory Annuity in lieu of the total benefit due (ii) <input type="checkbox"/> Cash of <input style="width: 50px;" type="text"/> % or R <input style="width: 50px;" type="text"/> and the remainder to a compulsory annuity. <b>Please complete the table below and attach copies of application/proposal form(s).</b> Name of annuity product <input style="width: 80%;" type="text"/> Name of registered insurer <input style="width: 80%;" type="text"/> Contact name <input style="width: 80%;" type="text"/> Contact number ( <input style="width: 40px;" type="text"/> ) <input style="width: 40px;" type="text"/> Address of registered insurer <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> Postal code
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## BANKING DETAILS (MUST BE YOUR BANK ACCOUNT, OR IN THE CASE OF DEATH - ESTATE LATE OR APPOINTED REPRESENTATIVE BANK ACCOUNT.)

Account holder's name

Bank name

Branch name  Branch code

Account number  Account type:  Cheque  Savings

## FUND MEMBER AND BENEFICIARY PRIVACY NOTICE

This notice applies to members and beneficiaries of Old Mutual SuperFund Unclaimed Benefit Preservation Fund.

Old Mutual SuperFund Unclaimed Benefit Preservation Fund may collect, use and share personal information for the following purposes:

- To administer a member's membership of the Old Mutual SuperFund Unclaimed Benefit Preservation Fund;
- To process and pay benefits from the Old Mutual SuperFund Unclaimed Benefit Preservation Fund;
- 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;
- 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 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:

Service Centre: 0860 455 455 or 0860 33 77 77

Email: [unclaimedbenefitpresfund@oldmutual.com](mailto:unclaimedbenefitpresfund@oldmutual.com)

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

[info regulator.org.za](http://info regulator.org.za)

General enquiries: [enquiries@info regulator.org.za](mailto:enquiries@info regulator.org.za)

Complaints: [popiacomplaints@info regulator.org.za](mailto:popiacomplaints@info regulator.org.za)

You can also view our full Privacy Notice [here](#).

<sup>1</sup>In this Notice "Old Mutual SuperFund Unclaimed Benefit Preservation Fund" refers to the Old Mutual SuperFund Unclaimed Benefit Preservation Pension and Provident Funds.

## DECLARATION BY MEMBER/BENEFICIARY/EXECUTOR/REPRESENTATIVE OF ESTATE

I confirm that I fully understand the options in terms of the Rules of the fund and I confirm that I fully understand the implications of the choices elected. I also certify that all particulars furnished in this form and accompanying documentation are true and correct.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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