

Please print in block letters using black or blue ink.

Participating Employer:

Scheme Code/Quote Number:

Inception Date of Risk Benefits:

Risk Provider (if Old Mutual, please indicate if SuperFund Integrated Risk):

**NOTE:** If the Risk Provider is not Old Mutual, please ensure that the Risk Provider is notified of the cancellation. Old Mutual will not action any requests without confirmation from the risk provider.

### POLICY PROTECTION RULE 4 - COOLING-OFF RIGHTS

#### Old Mutual SuperFund Choice and Customised Clients

##### Rule 4.2a

The policyholder may cancel this contract if no benefit has been paid or claimed yet, or no event insured under the contract has occurred. Cancellation requires written notice to the insurer within 31 days of the date on which the policyholder receives the disclosure details (provided by Old Mutual) required in terms of the Policyholder Protection Rules (Long-term Insurance), 2017.

##### Rule 4.3

All premiums paid for the cancelled policy up to, or after, the date that Old Mutual receives the written cancellation notice, will be refunded to the policyholder, subject to the deduction of the cost of any cover enjoyed.

#### Old Mutual SuperFund Easy Clients

##### Rule 4.5

Where a policy cannot, by law, be cancelled, or is by virtue of its terms and nature not capable of being cancelled, such fact must be disclosed to the policyholder by the intermediary or insurer before entering into the policy.

Old Mutual SuperFund Easy is a pre-packaged product, which requires that both the retirement funding and risk benefits be selected.

Please refer to section 4.3 of the Risk Policy Rules:

The policyholder may not cancel the contract while the participating employer remains a participating employer under the "Easy" option of the Retirement Fund and is not eligible to transfer from SuperFund Easy to any of the other Old Mutual SuperFund retirement fund solutions.

### INSTRUCTIONS FOR PARTICIPATING EMPLOYER

Please complete sections A or B (see explanations of each section) and send these to your scheme intermediary.

#### INSTRUCTIONS FOR INTERMEDIARIES

Once received from the Participating Employer, please send the completed form to your appointed Sales Consultant, who should then send the completed document to: **SuperFundRequotes@oldmutual.com**

- If you are not a SuperFund Easy client, please only complete **Section A**
- If you are a SuperFund Easy client, please only complete **Section B**

### SECTION A

Indicate by means of a tick in each applicable box, which of the cover items listed below must be cancelled for the named risk policy/policies:

<input type="checkbox"/> Approved Group Life Assurance	<input type="checkbox"/> Unapproved Group Life Assurance
<input type="checkbox"/> Approved Accident Death Benefit	<input type="checkbox"/> Unapproved Accident Death Benefit
<input type="checkbox"/> Approved Lump Sum Disability Benefit	<input type="checkbox"/> Unapproved Lump Sum Disability Benefit
<input type="checkbox"/> Group Income Protection	<input type="checkbox"/> Temporary Income Protection
<input type="checkbox"/> Family Cover	<input type="checkbox"/> Lifestyle Cover
<input type="checkbox"/> Other please specify <input type="text"/>	

If any benefits must be changed, but not cancelled, please list these risk benefits and explain the required changes:

**FURTHER INSTRUCTIONS**

Please tick YES, NO or N/A\* next to each of the relevant instructions below

		YES	NO	N/A*
1	If risk premiums are <b>included</b> in employer contributions - The total employer contribution % should be reduced by the risk benefit premium %, which may result in an amendment to the special rules <sup>2</sup> .			
2	If risk premiums are <b>included</b> in the employer contributions - The total employer contribution % should remain unchanged, but the contribution towards retirement funding should be increased. Any contributions already paid should be re-allocated towards retirement funding <sup>3</sup> .			
3	If risk premiums are <b>excluded</b> from the employer contributions - The total employer contribution % should be increased by the risk premium %. Any premiums already paid should be re-allocated towards retirement funding <sup>3</sup> .			
4	If a <b>risk only scheme</b> - The total premium should be reduced by the cancelled risk benefit premium %, which may result in an amendment to the special rules <sup>2</sup> .			
5	If a <b>risk only scheme</b> - all the risk benefits should be cancelled <sup>1</sup> .			

\*Not Applicable to the policy being cancelled

**BANKING DETAILS**

Please provide banking details for any refund of premiums already paid to Old Mutual SuperFund in respect of the cancelled risk policy. If the risk provider is not Old Mutual, the relevant risk provider will be responsible for the refund of premiums on instruction.

Name of bank

Branch name

Branch code

Name of account holder

Account number

Account type:  Current  Savings  Transmission

I, the undersigned, duly authorised, request to exercise my right to cancel the Risk Policies within the cooling off period of 31 days of the date on which I have received from Old Mutual the required Risk Cover details selected by me (as required by the Policyholder Protection Rules).

Signed at (place)  on (date)

Employer Signature

For (Full Name and Company Registration number of Employer)

and duly authorised thereto in my capacity as

**SECTION B**

- 1) I would like to cancel my full Old Mutual SuperFund Easy fund as no contributions have been paid to Old Mutual SuperFund
- 2) I have 5 or more Employees with a minimum total contribution of R15 000 per month and would like to request an Old Mutual SuperFund Choice Retirement Fund quote. YES  NO

<sup>1</sup> This includes both the approved and unapproved risk policies that form part of the package.

<sup>2</sup> **Please note:** All premiums paid by the Participating Employer to Old Mutual up to the date of receipt of the written cancellation notice, or received at any date thereafter in respect of the cancelled Risk Policy, will be refunded. If the Risk Provider is not Old Mutual, Old Mutual SuperFund will not be able to refund money to members until the Risk Provider has paid the premiums into the Old Mutual SuperFund bank account.

<sup>3</sup> **Please note:** All premiums paid by the Participating Employer to Old Mutual up to the date of receipt of the written cancellation notice, or received at any date thereafter in respect of the cancelled Risk Policy, will be re-allocated towards Retirement funding. If the Risk Provider is not Old Mutual, Old Mutual SuperFund will not be able to re-allocate money to members until the Risk Provider has paid the premiums into the Old Mutual SuperFund bank account.

Signed at (place)

on (date)

D	D	M	M	Y	Y	Y	Y
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Employer Signature

For (Full Name and Company Registration number of Employer)

and duly authorised thereto in my capacity as

