

OLD MUTUAL SUPERFUND RETIREMENT BENEFIT CLAIM FORM

You have come to an exciting point in your life, where you have to make important decisions about your future, including how you will be investing your retirement savings.

To ensure that you are fully equipped to make the important decision associated with this life-changing event, please familiarise yourself with the following:

- Read the step-by-step Old Mutual SuperFund Retirement Guide which highlights the options that are available to you at retirement from your employer – visit www.oldmutual.co.za/SuperFund/RetiringMembers
- Read about the benefits of the Old Mutual SuperFund Solutions at Retirement for the options selected by the Old Mutual SuperFund Management Board

You can obtain a quotation by:

- 1) consulting with your financial adviser (if you make use of one)
- 2) calling 0860 38 88 73 or emailing superfundannuity@oldmutual.com

COUNTDOWN TO RETIREMENT

Now that you are well informed about your options at retirement, you can start counting down to your retirement.

Six months to retirement	Three months to retirement	Six weeks to retirement
<p>You should:</p> <ul style="list-style-type: none"> • Notify your Employer and Old Mutual SuperFund of your approaching retirement and request your latest retirement benefit value by calling 0860 20 30 40. Note that your retirement benefit value can also be accessed via the secure member website and on the mobile site 	<p>You should:</p> <ul style="list-style-type: none"> • Find out more about the retirement options which are offered by Old Mutual SuperFund • Speak to a qualified financial adviser about your options at retirement 	<p>You should ensure that:</p> <ul style="list-style-type: none"> • Your Employer has forwarded your exit documents, or your election to defer retirement to Old Mutual • Old Mutual has your tax registration number • You select the type of annuity (or combination of annuities) that best suits your needs
One month to retirement	Retirement! Your big day!	
<p>You should by now:</p> <ul style="list-style-type: none"> • Have made an election to defer retirement from Old Mutual SuperFund, <p>OR</p> <p>If you choose to annuitise;</p> <ul style="list-style-type: none"> • Have requested your final quotation • Have arranged for the purchase of your annuity and • Have completed and signed the application form for your preferred annuity product (or combination of annuities) 	<ul style="list-style-type: none"> • If you choose to defer your retirement, you will remain invested and your savings will keep growing. You will receive a welcome letter shortly after, confirming your membership in Old Mutual SuperFund Deferred Retirement, with further information on your investment and benefits. <p>OR</p> <p>If you chose to annuitise you should receive your:</p> <ul style="list-style-type: none"> • Cash lump sum, if you have selected one (subject to the required tax clearance being obtained from the Receiver of Revenue) and; • First pension payout* from the annuity product you have selected. <p><small>* Provided all the required information and documents have been given to the insurer.</small></p>	



CORPORATE

DO GREAT THINGS EVERY DAY

Please print in block letters using black or blue ink.

Please email or fax the completed form and supporting documents to:

Claims Department
Old Mutual SuperFund
PO Box 728
Cape Town 8000
Fax 0860 38 38 48
Email superfund@oldmutual.com

THE FOLLOWING SECTION MUST BE COMPLETED BY THE EMPLOYER.

PARTICIPATING EMPLOYER BUSINESS DETAILS

Contact person's details

Name of employer

Telephone number Code No.

Cellphone number

Email address

Contact branch

PARTICIPATING EMPLOYER SCHEME DETAILS

Scheme code

Member's Old Mutual reference number

MEMBER'S PERSONAL DETAILS

Title Surname

First name(s)

Identity number Date of birth

Income tax number (compulsory where member has worked in South Africa)

Passport number (where no South African ID number is available)

Country of issue of passport

Telephone number* Code No. Cellphone number

Email address*

Residential address

Unit number Complex name

Street number

Street name

Suburb

City/Town Code

Postal address (complete only if different from residential address)

Code

* Insert the details where the member will be contactable after leaving this employer.

BANK ACCOUNT DETAIL FOR CASH PORTION OF THE BENEFIT

(Must be your own bank account.)

Name of account holder	<input type="text"/>	
Bank name	<input type="text"/>	Branch name <input type="text"/>
Account number	<input type="text"/>	Branch code <input type="text"/>
Account type:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings

PPI DISCLOSURE

The Fund will provide you with ongoing communication and information about Fund related products or services that may be suitable to meet your Fund related financial needs.

We may use your information or obtain information about you for the following purposes:

- Underwriting in respect of Fund risk benefits
- Assessment and processing of Fund benefit claims
- Member communication
- Verification of personal information
- Claims checks (industry Life and Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verifying your identity
- Updating your personal information
- Sharing information with service providers we engage to process such information on our behalf or who render services to the Fund. 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 may access your personal information that we hold and may also 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:

<http://www.justice.gov.za/infoereg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za

Please visit our Secure Services website on <https://secure.dcc.oldmutual.co.za/omlogin.aspx> and access 'Self Service' under 'My Portfolio' to exercise your preferences.

To view our full privacy notice, visit <https://www.oldmutual.co.za/corporate/retirement-funds/superfund-privacy-policy>

DECLARATION BY MEMBER

The options in terms of the Rules of the Old Mutual SuperFund have been fully explained to me 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.

Member's signature

Date

