



OLDMUTUAL

OLD MUTUAL GROUP ASSURANCE PRODUCTS CANCELLATION OF RISK CONTRACT BY POLICYHOLDER

Please print in block letters using black or blue ink.

Employer Name

Scheme Code(s)/Quote Number(s)

Inception date of Risk Benefits

POLICYHOLDER PROTECTION RULE 4 COOLING-OFF RIGHTS

Rule 4.2

The policyholder may, where no benefit has been paid or claimed yet, or where an event insured against under the contract has not yet occurred, cancel this contract, whether new or amended, upon written notice to the insurer within 31 days of the date on which the policyholder receives from Old Mutual, the insurer, the disclosure required in terms of the Policyholder Protection Rules (Long-term Insurance), 2017.

Rule 4.3

All premiums paid by the policyholder 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 contract, will be refunded to the policyholder, subject to the deduction of the cost of any cover enjoyed.

Employer to complete all sections and send the completed form to your scheme intermediary.

Intermediaries, please send the completed form to gapschememanagement@oldmutual.com and cc your Old Mutual Corporate Sales Consultant.

SECTION A

The request is for risk policies to be cancelled for the following cover:

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 below:	<input type="checkbox"/>		

If any benefits must be changed and not cancelled, please indicate the risk benefits and the required changes

e.g. the quote of 2 times annual salary to be revised to 1 times annual salary

SECTION B

Provide banking details for any refund of premiums already paid to Old Mutual in respect of the policy for which cancellation is being requested.

Bank name

Branch name Branch code

Account holder's name

Account number Account type: Current Savings Transmission

SECTION C

I, the undersigned, duly authorised, request that I would like 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 summary of benefits selected by me (as required by the Policyholder Protection Rules).

Signed at this day of 20

Employer Signature

for
(Full Name and Company Registration number of Employer)

and duly authorised thereto in my capacity as