



OLD MUTUAL SUPERFUND AFFIDAVIT FOR UNCLAIMED BENEFITS FUND

Please complete the form using CAPITAL/BLOCK LETTERS in blue or black ink.

TO BE COMPLETED BY THE RECIPIENT OF THE BENEFIT

I, the undersigned, (full name in block letters)
 hereby declare under oath and state that I am a member of the (name of the fund),
 as administered by Old Mutual.

I reside at
 Postal code

DECLARATION

I hereby declare as follows:

I was an employee of and was employed by them from to .

The job title or position held was .

My staff code or employee number was .

SIGNATURE OF MEMBER

I understand the above to be true and correct.

- I shall be personally liable to repay all monies paid to me as a result of dishonest, false, fraudulent or any other wilful misrepresentation made in this affidavit.
- I understand that it is a criminal offence to make wilful misrepresentations in this affidavit.
- I understand that the Fund reserves the right to institute criminal and/or civil proceedings against me as a result of misrepresentation made in this affidavit.
- I sign this freely and voluntarily.

Signed at on this day of (month) (year)

Title Surname

Full name(s)

Identity number Date

Old Mutual reference number

Signature

TO BE COMPLETED BY A COMMISSIONER OF OATHS

I, (full name in block letters) certify that the deponent has acknowledged that he knows and understands the content of the declaration and the deponent uttered the following words: "I swear that the contents of this declaration are true, so help me God" OR "I truly affirm that the contents of this declaration are true". I certify further that the provisions of Government Notice G.N. R1258 published in the Government Gazette of the 21st July 1972 (as amended) have been complied with.

Signed and sworn to before me at
 on this day of 20

Signature of Commissioner of Oaths

Surname
 First name(s)
 Capacity/Designation
 Business address
 Postal code

