

Please complete in **BLOCK LETTERS** using black or blue ink.

**PLEASE SCAN AND EMAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:**

Tel: 0860 20 30 40

Fax: 0860 38 38 48

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

### PARTICIPATING EMPLOYER DETAILS

|                                    |                      |             |                      |
|------------------------------------|----------------------|-------------|----------------------|
| Scheme code                        | <input type="text"/> |             |                      |
| Company registration number        | <input type="text"/> |             |                      |
| Registered name of business        | <input type="text"/> |             |                      |
| Business physical address          | <input type="text"/> | Postal code | <input type="text"/> |
| Business postal address            | <input type="text"/> | Postal code | <input type="text"/> |
| Name and surname of contact person | <input type="text"/> |             |                      |

#### Contact details

Telephone number Code  Number

Cellphone number

Email address

### COLLECTION AUTHORISATION

Paypoint name

#### Payroll servicer's details

Surname

First name(s)

Email address

#### Payroll authoriser's details

Surname

First name(s)

Email address

New application **OR**  Reactivation (payments have been made via authorised collection in the past) **OR**  Notification of change in banking details

**Collection date**  Monthly collection date\* Is auto billing applicable?\*\* YES  NO

\* The above monthly collection date **cannot be later than the 6th** following the due month to allow Old Mutual sufficient time to process the authorised collection. The monthly data file must therefore be **submitted and authorised** online by no later than the above selected collection date.

\*\* Old Mutual will automatically bill on the previous month's payroll data if there are no changes to the data. (New schemes will always require the submission of the first month's payroll data.)

Estimate of monthly contribution amount **R**

**Note:** If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form and supporting documentation with this form. The details of the bank account of the Participating Employer for purposes of this authorisation are as follows:

|                       |                      |               |   |
|-----------------------|----------------------|---------------|---|
| Account holder's name | <input type="text"/> |               |   |
| Bank name             | <input type="text"/> |               |   |
| Branch name           | <input type="text"/> | Branch code   | <input type="text"/>  |
| Account number        | <input type="text"/> | Account type: | <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission |

Kindly provide **proof of banking details** (cancelled cheque OR copy of a bank statement stamped by your bank OR a stamped letter from your bank verifying the account details OR your bank signing and stamping this page). **Should there be more than one Paypoint, please complete page 2 of this form. The signed form must be received no later than the 10th of the month that the first/revised deduction is to be made, i.e. if the deduction is for the January due month, the form must be received by 10 January. This application can only be implemented if all payrolls are up to date.**

**AUTHORISATION**

- We, the Participating Employer, hereby authorise Old Mutual Life Assurance Company (South Africa) Limited [hereafter called Old Mutual], to collect any amounts that are due by the Participating Employer in terms of the Rules of the Old Mutual SuperFund Pension/Provident Fund and in terms of the insurance policies from all the bank accounts. The amounts collected are to be paid to the respective bank accounts of the Old Mutual SuperFund Pension/Provident Fund, in respect of retirement benefits, and to the specified insurer's bank account, in respect of risk benefits.
- We, the Participating Employer, understand that such collections will be processed on the instruction of Old Mutual. We also understand that no advice will be provided, but that details of each collection will be printed on the bank statement of the Participating Employer.
- We, the Participating Employer, understand that the Old Mutual SuperFund Pension/Provident Fund must receive the contributions by no later than the 6th day of the month following the month for which they are due. As such, Old Mutual must receive the collection instruction (data file) no later than the collection date(s) as specified in this form. Late payment interest will be charged in terms of the Pension Funds Act for contributions received after the legislated date and will be collected without a collection instruction (data file). The Participating Employer will ensure that sufficient funds are available in the bank account, upon authorisation of the monthly bill. If a collection date falls on a **non-business day**, the collection will take place on the next business day following the specified collection date.
- We, the Participating Employer, understand that if we choose to change our banking details, we must inform Old Mutual in writing, within thirty (30) days of such change and we must complete a new Authorised Collection Form. We understand that this authority may be cancelled by giving thirty (30) days notice, in writing, to Old Mutual.

**AUTHORISER DETAILS**

Surname

First name(s)

Capacity

ID/Passport number

Signature

Date         Effective date of Authorised Collection

| 2. PAYPOINT NAME                   | 3. PAYPOINT NAME                   | 4. PAYPOINT NAME                   |
|------------------------------------|------------------------------------|------------------------------------|
| Payroll servicer's name            | Payroll servicer's name            | Payroll servicer's name            |
| Payroll servicer's email address   | Payroll servicer's email address   | Payroll servicer's email address   |
| Payroll authoriser's name          | Payroll authoriser's name          | Payroll authoriser's name          |
| Payroll authoriser's email address | Payroll authoriser's email address | Payroll authoriser's email address |

The authorisation of access to the payroll system for Payroll Personnel is provided on separate form.

**Please indicate whether this request is a:**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> New application <b>OR</b><br><input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) <b>OR</b><br><input type="checkbox"/> Notification of change in banking details | <input type="checkbox"/> New application <b>OR</b><br><input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) <b>OR</b><br><input type="checkbox"/> Notification of change in banking details | <input type="checkbox"/> New application <b>OR</b><br><input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) <b>OR</b><br><input type="checkbox"/> Notification of change in banking details |
|---|---|---|

**Collection date**

|   |   |   |
|---|---|---|
| <input type="text"/> <input type="text"/> Monthly collection date*<br>Is auto billing applicable? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Estimate of monthly contribution amount<br><b>R</b> <input type="text"/><br>If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form. | <input type="text"/> <input type="text"/> Monthly collection date*<br>Is auto billing applicable? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Estimate of monthly contribution amount<br><b>R</b> <input type="text"/><br>If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form. | <input type="text"/> <input type="text"/> Monthly collection date*<br>Is auto billing applicable? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Estimate of monthly contribution amount<br><b>R</b> <input type="text"/><br>If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form. |
|---|---|---|

\* The above monthly collection date **cannot be later than the 6th** following the due month to allow Old Mutual sufficient time to process the authorised collection. The data file must therefore be **submitted and authorised** online by no later than the above selected collection date.

\*\*Old Mutual will automatically bill on the previous month's payroll data. New schemes will always require the submission of the first month's payroll data.

**Bank details.** The details of the bank account of the Participating Employer for purposes of this authorisation are as follows:

|  |  |  |
|--|--|--|
| Account holder's name  | Account holder's name  | Account holder's name  |
| Bank name  | Bank name  | Bank name  |
| Branch name  | Branch name  | Branch name  |
| Branch code  | Branch code  | Branch code  |
| Account number   | Account number   | Account number   |
| Account type:<br><input type="checkbox"/> Current <input type="checkbox"/> Savings | Account type:<br><input type="checkbox"/> Current <input type="checkbox"/> Savings | Account type:<br><input type="checkbox"/> Current <input type="checkbox"/> Savings |

Kindly provide **proof of banking details** (cancelled cheque OR copy of a bank statement stamped by your bank OR a stamped letter from your bank verifying the account details OR your bank signing and stamping this page).

