



# PROTEKTOR PRESERVATION FUND DECLARATION OF ILL-HEALTH

Note: Attach this Declaration to your Protektor Member Claim Form

Please complete accurately, using CAPITAL/BLOCK LETTERS in blue or black ink. Tick blocks where appropriate.

<b>FUND DETAILS</b>	<b>Protektor Preservation Pension Fund</b>	<b>Protektor Preservation Provident Fund</b>
Reference number	<input type="text"/>	Reference number <input type="text"/>

PLEASE SEND THE COMPLETED FORM TO: Email protektor@oldmutual.com Fax +27 (0)21 509 2125

As a Protektor Member you may apply for a ill-health benefit prior to age 55 if you are permanently disabled. Therefore if:

1. you are unemployed and unable to find employment due to your ill-health, or
2. you have been retired from employment due to a ill-health,
  - you must provide proof to the Trustees that you are permanently disabled.

**If 1 above applies to you** - the Fund requires a declaration from a recognised medical practitioner. Please see sections 3 and 4 below which **MUST** be completed by your medical practitioner.

**If 2 above applies to you** - the Fund requires a letter, from your employer, on a company letterhead stating that you have been retired from service due to ill-health. The Fund requires the original letter, which you must email to protektor@oldmutual.com or fax it to +27 021 509 2125 .

## SECTION 1 MEMBER DETAILS

Title  Surname

First names

Date of birth         Identity number

**CONTACT DETAILS**

Telephone (H) Code  No.  (W) Code  No.

Cellphone number

Email address

## SECTION 2 DECLARATION BY MEMBER

I,  hereby declare that I (please tick the appropriate box)

am currently unemployed and unable to find employment as a result of my ill-health.

have been retired from my employment due to ill-health.

Signed at  on this  day of  20

Member's signature

## SECTION 3 MEDICAL PRACTITIONER'S DETAILS

Full name of doctor

Address

Postal code

**CONTACT DETAILS**

Telephone Code  No.  Cellphone number

Email address  Practice no.

## SECTION 4 MEDICAL PRACTITIONER'S DECLARATION

I,  hereby declare that

is in my opinion permanently disabled through sickness, accident, injury or infirmity of mind or body and is consequently unable to find employment due to ill-health.

Nature of sickness, accident, injury or infirmity

Signed at  on this  day of  20

Medical practitioner's signature

PRACTICE STAMP