

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

PLEASE POST OR EMAIL THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Claims Department
Old Mutual SuperFund
PO Box 728
Cape Town 8000
Email: superfund@oldmutual.com

DECLARATION BY EMPLOYER

I hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

<input type="text"/>	<input type="text"/>	OFFICIAL COMPANY STAMP								
Name in print	Designation									
<input type="text"/>	<input type="text"/>									
Email address	Contact number									
<input type="text"/>	<input type="text"/>									
Signature	Date									
	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y			

NOTE:
The deductions currently allowed from a member's benefit are determined by section 37D of the Pension Funds Act, and this form provides for **ONLY** these deductions.

MEMBER'S PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>								
Full name(s)	<input type="text"/>										
Identity number	<input type="text"/>										
Date of birth	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Fund name	<input type="text"/>										
Fund code	<input type="text"/>										
Employee number	<input type="text"/>										
Old Mutual reference number	<input type="text"/>										

HOUSING LOAN/GUARANTEE (PLEASE ATTACH SIGNED HOUSING LOAN AGREEMENT.)

Loan provider's name	<input type="text"/>								
Date debt incurred by employee	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Debt amount	R <input type="text"/>								

COMPENSATION FOR DAMAGE CAUSED BY EMPLOYEE

Indicate applicable option with (✓): Theft Dishonesty Fraud Misconduct

Attach an original certified copy of:

- the Old Mutual SuperFund Admission of Liability and Acknowledgement of Debt form - completed by the employee, or
- court order.

Date debt incurred by employee	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Debt amount	R <input type="text"/>								

PAYMENT INSTRUCTION 1

Payment in favour of

Account Details

Name of bank	
Name of branch	
Branch code	
Account number	
Type of account	
Account holder name	

PAYMENT INSTRUCTION 2

Payment in favour of

Account Details

Name of bank	
Name of branch	
Branch code	
Account number	
Type of account	
Account holder name	

PAYMENT INSTRUCTION 3

Payment in favour of

Account Details

Name of bank	
Name of branch	
Branch code	
Account number	
Type of account	
Account holder name	

