

**Note: Attach this Declaration to your Preserver Member Claim Form**

**Please print in block letters using black or blue ink.**

**Call centre** 0860 20 30 40, **Email** preserver@oldmutual.com, **Internet** oldmutual.co.za/preserver

As a Preserver 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 of SuperFund 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 preserver@oldmutual.com or post to Old Mutual SuperFund: Preserver, PO Box 167, Cape Town, 8000.

## SECTION 1 MEMBER DETAILS

Title  Surname

First names

Fund code  Reference number

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**