

## A. SCHEME DETAILS

Employer name

Scheme name

Scheme code

## B. EMPLOYEE DETAILS

Title

First name(s)

Surname

Employee number

ID/Passport number

## C. PROTECTION OF PERSONAL INFORMATION DISCLOSURE

The personal information received by Old Mutual in accordance with this contract will be used, as and when appropriate, for the following purposes:

- Underwriting
- Assessment and processing of claims
- Claims checks (Life and Claims Register)
- Fraud prevention and detection
- Tracing beneficiaries
- Market research and statistical analysis
- The marketing of Old Mutual products
- Audit and record keeping purposes
- Compliance with legal and regulatory requirements
- Verification of the personal information provided

When Old Mutual engages service providers to process personal information on its behalf or to render services to it, Old Mutual may share some personal information with these service providers. Should these service providers be abroad, Old Mutual will not share the personal information with them unless it is satisfied that adequate security measures are in place to protect the personal information.

The Policyholder is advised and encouraged to inform all members/lives assured that Old Mutual holds and is processing their personal information for the purposes noted above. The Policyholder or a member/life assured may access the personal information relating to him or her and, subject to the provisions this contract may request the correction of any errors or the deletion of this information. In certain cases the Policyholder and members/lives assured have the right to object to the processing of their personal information.

The Policyholder or members/lives assured have the right to complain to the Information Regulator, whose contact details are:

**Website** [justice.gov.za/infoereg/index.html](http://justice.gov.za/infoereg/index.html)  
**Tel** 012 406 4818  
**Fax** 086 500 3351  
**Email** [infoereg@justice.gov.za](mailto:infoereg@justice.gov.za)

Old Mutual's full privacy notice can be viewed at [oldmutual.co.za/privacy-policy/](http://oldmutual.co.za/privacy-policy/)

## D. BENEFICIARY AND GUARDIAN DETAILS

Supporting instruction in filling out this table

- You may elect to nominate any child as a beneficiary under this product - the child does not need to be your biological, adopted or step-child. Please also specify details of a guardian linked to each beneficiary nominated.
- A maximum of 6 child beneficiaries may be nominated by you. The total benefit amount available will be split between the beneficiaries as nominated in the table below.
- A child beneficiary for this product is defined as an individual younger than 25 years of age
- **Please ensure that values in "% total benefit allocation" add up to 100%.**

	Pay to the Trust Structure						Pay to the pre-vetted Developmental Fund	Pay to my estate	% total benefit allocation
	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4	Beneficiary 5	Beneficiary 6			
% total benefit allocation									

## B. PAYMENT TO BENEFICIARY

### BENEFICIARY 1

First name(s)

Surname

Identity number

### GUARDIAN 1

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

### BENEFICIARY 2

First name(s)

Surname

Identity number

### GUARDIAN 2

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

### BENEFICIARY 3

First name(s)

Surname

Identity number

### GUARDIAN 3

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

## B. PAYMENT TO BENEFICIARY

### BENEFICIARY 4

First name(s)

Surname

Identity number

### GUARDIAN 4

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

### BENEFICIARY 5

First name(s)

Surname

Identity number

### GUARDIAN 5

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

### BENEFICIARY 6

First name(s)

Surname

Identity number

### GUARDIAN 6

First name(s)

Surname

Identity number

Telephone number (Home)

Cellphone number

Email address (Personal)

Email address (Work)

Postal address

## D. DECLARATION

- The beneficiaries as nominated via this form are all below 25 years of age, as at signing of this form.
- All information as supplied in this application form is correct.
- The information contained here must be read in conjunction with the terms and conditions of the policy contract.

Signed at (place)  on (date) 

D	D	M	M	Y	Y	Y	Y
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Employee signature

OFFICIAL COMPANY  
STAMP

### Employer Representative

Surname

First name(s)

Capacity

Email address

