

OLD MUTUAL SUPERFUND

WITHDRAWAL BENEFIT CLAIM FORM

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

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER IN THE EVENT OF AN EMPLOYEE'S RESIGNATION, RETRENCHMENT OR DISMISSAL.

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:																								
PLEASE FAX AND Orion	THEN POST THE CO	_	_																					
Claims Department Old Mutual SuperFun PO Box 728 Cape Town 8000 Fax: 021 509 5770,	Claims Depo Old Mutual PO Box 167 Cape Town	Evergreen Claims Department Old Mutual SuperFund-Evergreen PO Box 167 Cape Town 8000 Fax: 0860 383 848									Easy Benefit Plan Claims Department Old Mutual SuperFund-Easy Benefit Plan PO Box 167 Cape Town 8000 Fax: 0860 383 848													
PARTICIPATING EMPLOYER BUSINESS DETAILS																								
Name of employer																								
Telephone number	Code	No.																						
Cellphone number																								
Email address																								
Contact branch																								
PARTICIPATING	EMPLOYER SCHE	ME DETAILS																						
Scheme code																								
Member's SuperFund	reference number																							
MEMBER'S PERS	ONAL DETAILS (p	lease comp	lete ir	n full)																				
Title	Surname																							
First names																						Щ		
RSA ID												Date	e of	birth	D	D	M	M	Y	Y	Υ	Y		
Income tax number						(compulsory where member has worked in South Africa)																		
Passport number						(whe	re no	Soutl	n Afri	icar	ı ID r	numl	oer	is av	ailab	le)								
Country of issue of passport																								
Telephone number*	Code	No.						С	ellph	one	num	ber												
Email address*																								
Residential address																								
Unit number		Complex name	:																					
Street number																								
Street name																								
Suburb																								
City/Town																C	Code							
Postal address	(complete only if differ	ent from residen	itial add	dress)				ı																
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^{*} Insert the details where the member will be contactable after leaving this employer.

MEMBER EXIT DETAILS Final contributing month MMYY Date of withdrawal D D M M Amount of final contribution: **Employee Employer TYPE OF WITHDRAWAL** Note: Be aware of the Rules of SuperFund, as the member may already be eligible for retirement benefits. Retrenchment Dismissal Resignation **REMUNERATION DETAILS** Final GROSS annual pensionable salary at date of exit R Final GROSS annual taxable salary at date of exit R **OFFSHORE SERVICE** Was any period of service served outside RSA during membership to this Fund? NO If "YES", complete the table below and attach proof of offshore service. Country Period from Period to PRIOR CLAIM Is any Prior Claim payable? If "YES", complete a Prior Claim Form and attach it to this form. You can get hold of the Prior Claim Form online at www.oldmutual.co.za/superfund/forms, or by phoning the SuperFund service centre on 0860 20 30 40. **DECLARATION BY PARTICIPATING EMPLOYER** the undersigned, hereby certify that all particulars furnished in this form and accompanying documentation are true and correct. Signed on behalf of employer **COMPANY STAMP** Designation

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE MEMBER.

BENEFIT OPTIONS WHEN LEAVING YOUR EMPLOYER DUE TO RESIGNATION, RETRENCHMENT OR DISMISSAL

Some important information

- The SuperFund Rules allow for your retirement savings to:
 - remain invested with SuperFund thereby making you a Preserver Member;
 - be transferred to another approved pension, provident, pension preservation, provident preservation or retirement annuity fund; or
 - be paid in cash (which is taxable in excess of limits as per the Income Tax Act);
 - processed as a part cash/part transfer benefit.

Please note the following in respect of transfers to preservation funds:

- A pension fund benefit can only be transferred to a pension preservation fund.
- A provident fund benefit can be transferred to a pension preservation or provident preservation fund.

The option that you select will have an impact on your retirement savings. It is therefore important to obtain assistance before selecting your option. You can obtain assistance by discussing the matter with your own Financial Adviser. If you do not have your own Financial Adviser, contact 0860 388873 (Sharecall) or email membersupportservices@oldmutual.com and a service consultant will put you in contact with an accredited Old Mutual Financial Adviser.

- Please note the following important information with regard to the taxation of withdrawal benefits that became payable on or after 01 March 2009: (i.e. date of resignation, dismissal, retrenchment is on or after 01 March 2009)
 - Any withdrawal benefit taken in cash will be taxed on a cumulative basis.
 - Any withdrawal benefit taken in cash will reduce the tax-free amount available on your future retirement.
- Consult your SuperFund Withdrawal Guide for more information.

BENEFIT PAYMENT OPTIONS (continued)

- NB: In terms of the Rules of the SuperFund, if the Fund is unable to complete payment of your benefit due to:
 - (i) an election not having been exercised in terms of the Rules of the Fund, OR
 - (ii) the transfer option having been elected, but the Receiving Fund's details not having been supplied, within a period of 60 days, after leaving your employer:
 - Your SuperFund Preserver Membership will be activated automatically; or
 - If SuperFund has to make a deduction for a housing loan and/or employer lien:
 - i) the balance of your benefit will be transferred to a Trustee elected preservation fund, or
 - ii) if the Fund does not have all your personal details to transfer your benefit to the Trustee elected preservation fund, your benefit will remain in SuperFund in an investment fund that preserves capital.

Please note the following important information about Preserver Membership.

- SuperFund Preserver Membership is only available to members of Old Mutual SuperFund.
- If a deduction has been made against your benefit for a housing loan and/or employer lien, SuperFund Preserver Membership is not available to you.
 However, you can still keep the balance of your retirement savings intact by moving your benefit to another retirement fund.
- Please refer to www.oldmutual.co.za/preserver for more information on SuperFund Preserver or phone Member Support Services at 0860 38 88 73.
- Retrenchment Benefit: You may get a tax break if you take your retrenchment benefit as a cash withdrawal benefit. This tax break is no longer available if you become a Preserver Member or if you transfer to a preservation fund. For more information, contact the Old Mutual SuperFund Service Centre at 0860 20 30 40.

BENEFIT OPTIONS - SELECT C	NE OF	THESE O	PTION	NS																				
Preserver in-fund preservation. Keep your retirement savings invested and growing.																								
Transfer full benefit to another approved Fund. Attach copy of proposal or application form.																								
Protektor Preservation Fund	Guarante	eed Option	n – Ab	solute :	Stable	Growt	h) _																	
Other approved fund																								
Full name of other approved	fund																							
Part Cash/Part Transfer																								
Insert Cash Amount or perce	ntage rec	quired to b	e enco	ashed,	and a	comple	te th	е Ме	ethod	of Po	aym	ent s	ectio	on.										
Please note: Any cash o	ımount	requeste	d wil	l be r	educe	ed by	any	ta)	c pay	rabl	le o	n it.												
R	OR		%																					
Transfer the remainder application form.	of the b	benefit to	o ano	ther o	appro	oved F	unc	l (in	cludi	ng (a P	rese	rvc	atio	n Fu	nd)	. A 1	taci	h cc	ру	of p	rop	osa	l or
Full name of approved fund																								
Conversion Option (if selected Do you wish to utilise the Converse Please contact your Financial Adverse If you don't have your own Financial Please will put you in contact with an accommendation of Payment FC	ion Optic iser for fu cial Advis credited C	on in respendent orther infor ser, contact Old Mutua	ect of y mation	our Gr n. 0 388	oup Li 873 (fe Cove	er?	or er	mail m	nemb	persu		ertse	rvice	es@c	ldm		l.com	n an	ıd a	servi	ice c	consu	ultant
Name of account holder																				Ш				
Name of bank									٨	lame	e of I	bran	ch											
Account number														Во	ank k	ran	ch c	ode						
Type of account Chec	que		Se	avings																				
Note: We regret that payme	nt by ch	neque is	not a	llowe	d.																			
DECLARATION BY MEMBE	R																							
The options in terms of the Rules o I also certify that all particulars fur														ders	tand	the	impl	icatio	ons	of the	e cho	oices	s elec	cted.
Member's signature												[ate) [M I	M	r	Y	Y	Y		



Old Mutual is a Licensed Financial Services Provider