

OLD MUTUAL SUPERFUND

AUTHORISED COLLECTION FORM

PLEASE SCAN AND EMAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:
Tel 0860 20 30 40 Fax 0860 38 38 48 Email superfund@oldmutual.con

Tel 0860 20	30	40				Fa	X	086	0 38	3 38	48				En	nail	SL	per	fund	d@o	ldn	ıutu	al.c	om								
PARTICIPAT	NG	EM	PLC	OYE	R D	ET/	AILS	5																								
Scheme code				Τ			Τ					omp		num	her											Π	Τ			Т		
Registered nam of business	e					Ī	İ					913110															İ	İ	İ	İ	İ	Ī
Business physical addres						Т																					Τ	T	\top			\top
physical addres	3																						1	Posta	l coc	le	T					
Business				T	Ť	T	T	T		T					T		T	Ť			T	Ť	T			Τ	T	Ť	〒	Ť		〒
postal address						+	+																	Posta	l cod	 }e	+	+	+			+
Name and surn	 ame			<u> </u>	+	+	\pm	+	+			<u> </u>			_			+				+	<u> </u>	1		_	_	\pm	\pm	\pm	+	\pm
of contact perso Telephone						<u> </u>	<u></u>								1			Cellpl		Г	<u> </u> 		<u> </u> 	<u> </u>	T	T	\pm	\pm	$\frac{\perp}{\top}$	$^{+}$		
number Email address				_	\pm	÷	÷										n	umb	er			$\frac{\perp}{\perp}$		 		\pm	\pm	\pm	\mp	十		
COLLECTION	 ΙΔΙ	ITH	OR	ISΔ	TIO	N																										
Paypoint						<u> </u>	$\overline{}$		Т																	_	$\overline{}$	\mp	$\overline{}$	$\overline{}$		$\overline{}$
name Name of payro						<u>_</u>	<u>_</u>							L		Emc	مال م	ddres	or of							\sqsubseteq	<u>_</u>	\perp	<u>_</u>	<u></u>		Ш
servicer	'																	servi														
Name of payro authoriser																		ddres autho														
New app	licatio	on				0	R									ayme	ents	have n in t	bee		ade			OR		Ī			ificat ankii			nange s
Collection da	le		D		М	lonth	nlv c	ollec	tion c	date'	*							ng a			\$ * *	Г	$\neg_{\scriptscriptstyle{Y}}$	'es	Γ	$\overline{\neg}_{i}$	No					
* The above n		lv co	llect				,					he 6	th f	ollov				•	٠.						Licier			חם כ	oces	s the	autl	norise
collection. T	he mo	onthly	y da	ıta fi	le mu	ust th	heref	ore l	be s t	ιbm	itte	d ar	ıd a	ıuth	oris	ed o	onlin	e by	no lo	ater	thar	ı the	abo	ve se	lecte	ed co	olled	ction	ı dat	e.		
** Old Mutual of the first m						n the	e pre	VIOU	s mor	nth's	pay	roll o	lata	if the	ere a	re no	o cho	ange	s to t	he d	ata.	(INe	w sc	cheme	es Wi	II alv	way	s red	quire) the	subi	nissic
Estimate of mor	thly c	ontri	buti	on c	ımou	nt	R																									
Note: If this an	nount	exce	eeds	R1	millio	on, p	oleas	se co	mple	te ar	nd sı	ubmit	the	rele	vant	ban	k′s n	nand	ate f	orm	anc	l sup	port	ing d	ocur	nent	ratio	n w	ith th	nis fo	orm.	
The details of th	e baı	nk ac	cou	nt o	f the	Part	icipo	ating	Emp	loye	r for	purp	oses	s of t	his o	autho	orisa	tion	are c	as fo	llow	s:										
Name of account holder																																
Name of						T	T										Bra				Π						T	T	T	T		
bank Account					 	\pm	\pm					1		Brar	_ nch		nan	ne				1		Туре	of	\vdash	\neg				<u> </u>	
number						<u>. </u>	<u></u>	,						cod										acco	ount:	Ļ	_	urre		Ĺ	_	Saving
Kindly provide verifying the ac	count	deta	ıils (OR y	our l	banl	k sig	ning	and	stam	nping	g this	pag	ge).	Sho	uld	the	re b	e m	ore	the	ın o	ne I	Payr	oin	t, p	lea	se d	com	ple	te p	age
of this form. i.e. if the dec	The	sign	ed	for	m m	ıust	be	rece	eivec	l no	lat	er tl	nan	the	10	th o	f th	e m	ontl	n th	at t	he f	irst	/rev	isec	l de	edu	ctio	n is	to	be r	nade
implemented	if a	ll pa	yro	lls	are	up '	to d	ate.		,	, iiie	; 101		1105	ı be	rec	CIV	eu b	y III	ie i	VIII	OI .	anı	our y		15 0	ıpp	iica	IIOI	· ca	11 01	пуы
AUTHORIS	TIO	N																														
• We, the Part	cipat	ing E	mpl	oye	r, her	reby	aut	noris	e Old	d Mu	utual	Life	Assu	ıranı	e C	omp	any	(Sou	th Af	rica) Lin	nited	[her	reafte	r ca	lled	Olc	. Mı	ıtual], to	colle	ect ar
amounts that policies from																																
Fund, in resp	ect o	f retir	eme	ent b	enef	its, c	and t	to the	e spe	cifie	d ins	urer'	s ba	nk a	ccol	ınt, i	n re	spect	of ri	isk b	ene	fits.										
 We, the Parti be provided, 	but t	hat d	etai	ls of	eacl	h co	llecti	ion v	vill be	e pri	nted	on t	he b	ank	state	men	t of	the P	artic	ipati	ng E	Emplo	oyer									
 We, the Partiday of the mo 	cipat	ing E	mpl	oye	r, und	derst	land	that	the C	Jid I	Mutu	ial Si	perl	Func	l Per	nsion	/Pro	ovide	nt Fu	ind r	nust	rece	ive	the c	ontri	butio	ons	by r	10 la	ter t	han	the 6
date(s) as sp	ecifie	d in 1	this	form	noni . Lat	e po	yme	ent in	teres	re au t will	l be	char	ged	in te	rms	of th	ie Pe	ensio	e me n Fur	nds /	Act 1	for co	ontri	butio	ns re	ceiv	ved	afte	r the	leg	e co islate	ed da
and will be c upon authori																																
the specified	colle	ction	dat	e.	•													-														
 We, the Parti of such chan 	cipat	ing E	mpl - mi	oyei	r, und	derst	and a ne	that w A	if we	chc ised	ose Col	to ch lectio	nang on Fo	e ou	ır bo We	ınkin Jund	g de	etails, and t	, we hat t	mus his c	t inf	orm (blC max	Mutu , he (al ir	wri	iting d by	j, wi , aiv	thin vina	thirt	y (30 v (30)) day
notice, in wri						.0.0	۵	.,, .							,,,	0.10	0.0.0					J,	,	, 20 .		00	,	9.,	9		, (0.	,,,
AUTHORISE	R DI	ETAI	LS			_	_								_				1						1	_	_	_		_		_
Full names				<u></u>	<u></u>	<u></u>	<u></u>			<u></u>	<u></u>	<u></u>			<u></u>	<u></u>					<u></u>	<u></u>	<u></u>	<u></u>		Ļ	<u>_</u>	<u></u>	<u></u>	<u></u>		<u></u>
Surname																	<u></u>									\perp	\perp	\perp				
Capacity																	D/Pc umb	asspo er	rt											I		
														Dat	е			-						Eff	ectiv	re di	ate (of A	utho	rise	d Co	llectic
Signature														D	D	M	N	Y	Y	Y	Y	,				D /	M	M	Y	Y	Y	Y

2. Paypoint name	3. Paypoint name	4. Paypoint name										
Name of payroll servicer	Name of payroll servicer	Name of payroll servicer										
Email address of payroll servicer	Email address of payroll servicer	Email address of payroll servicer										
Name of payroll authoriser	Name of payroll authoriser	Name of payroll authoriser										
Email address of payroll authoriser	Email address of payroll authoriser	Email address of payroll authoriser										
The authorisation of access to the payroll system fo	r Payroll Personnel is provided on separate form.											
Please indicate whether this request is a:												
New application OR	New application OR	New application OR										
Reactivation (payments have been made via authorised collection in the past) OR	Reactivation (payments have been made via authorised collection in the past) OR	Reactivation (payments have been made via authorised collection in the past) OR										
Notification of change in banking details	Notification of change in banking details	Notification of change in banking details										
Collection date												
D D Monthly collection date*	Monthly collection date*	D D Monthly collection date*										
Is auto billing applicable?**	Is auto billing applicable?**	Is auto billing applicable?**										
Yes No	Yes No	Yes No										
Estimate of monthly contribution amount	Estimate of monthly contribution amount	Estimate of monthly contribution amount										
R	R	R										
If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.	If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.	If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form.										
collection. The data file must therefore be subm i	iter than the 6th following the due month to allow itted and authorised online by no later than the o	above selected collection date.										
**Old Mutual will automatically bill on the previou	s month's payroll data. New schemes will always rec	quire the submission of the first month's payroll data.										
Bank details. The details of the bank account of the Participating Employer for purposes of this authorisation are as follows:												
Name of account holder	Name of account holder	Name of account holder										
Name of bank	Name of bank	Name of bank										
Branch name	Branch name	Branch name										
Branch code	Branch code	Branch code										
Account number	Account number	Account number										
Type of account:	Type of account:	Type of account:										
Current Savings	Current Savings	Current Savings										
Kindly provide proof of banking details (cancelled cheque OR copy of a bank statement stamped by your bank OR a stamped letter from your bank verifying the account details OR your bank signing and stamping this page).												

