



NEW BUSINESS FORM

ADDITIONAL & MONTHLY INVESTMENT AMENDMENT FORM – OLD MUTUAL RETIREMENT ANNUITY

Mutualpark, Jan Smuts Drive, Pinelands 7405 ■ PO Box 207, Cape Town 8000.
Tel: 0860 234 234 ■ retire@oldmutual.com ■ www.oldmutualinvest.com

IMPORTANT INFORMATION

For more information on the Old Mutual Retirement Annuity, [read the brochure linked here](#) for details on the tax benefits as well as the other features and benefits of this very attractive retirement investment. This Old Mutual Retirement Annuity application is for individual self-managed investors only. Should you be using the services of a Financial Planner, your appointed Planner should implement your investment via the Old Mutual Wealth Planner Portal.

- 1. Please complete and sign all relevant sections using block letters and tick (✓) where appropriate.**
2. The completed form and a copy of your identity document/passport can be **scanned and emailed to retire@oldmutual.com**. Illegible and incomplete forms may lead to delays. **Contact our Client Service Centre at 0860 234 234 if you have any queries.**
3. To start processing on the same day, we must receive all completed instructions on any business day before 3pm (South African time). Any instructions received after 3pm will be processed on the next business day.
4. Your additional investment will be made once we have received the completed application form and supporting documents and your money reflects in the Fund's bank account.
5. Old Mutual Unit Trust funds are the investments you will select to structure your Retirement Annuity.
6. Your retirement annuity member investment contract must comply with Regulation 28 of the Pension Funds Act. A member's individual investment contract must abide with the following limits on maximum asset class exposure:
 - Total equity: 75%
 - Listed property: 25%
 - Total offshore exposure: 45% (including Africa)

APPLICATION TO BUY ADDITIONAL UNITS

I hereby apply for the number of units that can be purchased by the investment amount referred to below. All transactions are subject to the conditions of the relevant Trust Deed(s).

Retirement Annuity Contract Number

Does this application to buy units include a Money Market Unit Trust Fund? No Yes

1. CLIENT DETAILS

INDIVIDUAL IN WHOSE NAME INVESTMENT IS HELD

Title and surname:

Full first names:

ID/Passport/Other Number:

Date of birth*

D	D	M	M	C	C	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender*: Male Female

Nationality*

Nationality start date*

D	D	M	M	C	C	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cellphone

(Include country dialling code e.g. South Africa +27)

Alternative number

(Include country dialling code e.g. South Africa +27)

E-mail Address



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4. CHANGES TO YOUR MONTHLY INVESTMENT PLAN

Unit trust minimums apply. Please allow 10 days' notice to amend debit order instructions. If no changes are indicated below, current debit orders will continue as per current instructions.

New debit order

Please [click here](#) to view the full range of Old Mutual Unit Trust funds available to you for investment.

UNIT TRUST NAME	MONTHLY
TOTAL	R

Cancel all existing debit orders to this portfolio

OR

Amend existing debit order as per table below

UNIT TRUST NAME (Current monthly investment)	TO (unit trust name)	MONTHLY
TOTAL		R

Distributions are automatically reinvested.

5. INCOME VERIFICATION

We require that you confirm your source of income and source of funds for this transaction in order for us to process your investment.

Source of Income:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Annuity Payment | <input type="checkbox"/> Commission | <input type="checkbox"/> Director's remuneration | <input type="checkbox"/> Disability Grants |
| <input type="checkbox"/> Gratuities/Tips | <input type="checkbox"/> Income protection payment | <input type="checkbox"/> Independent contractor/
Labour broker | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Maintenance Support | <input type="checkbox"/> Monthly Pension | <input type="checkbox"/> Salary | <input type="checkbox"/> Scholarship/Bursary |
| <input type="checkbox"/> Self-Employed/Own Business | <input type="checkbox"/> Third Party (Spouse/Partner/Family Member) | <input type="checkbox"/> Other Investments Income | <input type="checkbox"/> Public Sector: Other |

Source of Funds for this transaction:



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6. BENEFICIARIES

You may nominate beneficiaries to receive the proceeds of this investment in the event of your death while you are still a member of the Fund.

Note that in terms of the Pension Funds Act, the Board of Trustees is tasked with the equitable distribution of the benefit amongst your dependants and nominated beneficiaries. Although the Board of Trustees will take your wishes expressed in the [Beneficiary Nomination Form](#) into account, they are not bound by them but are also required to consider the claims of persons who were dependants, as defined by the Act, at the time of your death. If you have more than two beneficiaries, please attach their details to this form.

If you die before you retire from the Old Mutual Wealth Retirement Annuity Fund, the Trustees of the Fund are responsible for allocating your benefits in terms of Section 37C of the Pension Funds Act (the Act). According to the Act, the trustees must perform the following three duties:

- Identify and find all of your dependants. Section 1 of the Act defines dependants as spouses, children, anyone proven to have been financially dependent on you at the time of your death, anyone entitled to maintenance, as well as anyone who may in future have become financially dependent on you.
- Decide how to divide the benefit based on the outcome of their investigations. The individuals that you have asked the trustees to consider when they allocate the benefit (your nominees) will also be taken into account.
- Decide on how the benefit will be paid to your dependants and/or nominees.

Beneficiary 1

Title: Mr Ms Mrs Other Initials

Surname

Full names

ID/Passport number

Date of birth*

D	D	M	M	C	C	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender*: Male Female

Nationality* Nationality start date*

D	D	M	M	C	C	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship Benefit share %

Cellphone
(Include country dialling code e.g. South Africa +27)

Alternative number
(Include country dialling code e.g. South Africa +27)

E-mail Address

Beneficiary 2

Title: Mr Ms Mrs Other Initials

Surname

Full names

ID/Passport number

Date of birth*

D	D	M	M	C	C	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender*: Male Female

Nationality* Nationality start date*

D	D	M	M	C	C	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship Benefit share %



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6. BENEFICIARIES CONTINUED

Cellphone

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Alternative number

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E-mail Address

7. PROTECTION OF PERSONAL INFORMATION ACT (POPIA)

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please SMS your ID number to 30994 if you would prefer not to receive such information and/or financial services.

Please click [here](#) to read Old Mutual's full Privacy Notice.

8. OLD MUTUAL SHARI'AH-COMPLIANT FUND RANGE

I agree that any income deemed to be non-permissible by the Shari'ah Supervisory Board will be paid to the charitable trust elected by the Shari'ah Supervisory Board in line with the principles of Shari'ah and the supplemental deed of the unit trust. I acknowledge that this does not form part of my income and will not reflect on my tax certificate.

Signature of investor

Date

D	D	M	M	C	C	Y	Y

9. CLIENT DECLARATION

I understand and agree that:

1. By signing this application form, I am applying for membership of the Old Mutual Wealth Retirement Annuity Fund, I acknowledge that I am aware of all initial and ongoing fees, risks, all information relating to the portfolio and am solely responsible for the selection of, and any changes to the composition of my contract at all times. I agree to be bound by the registered rules of the Fund.
2. The application form, any applicable statutory provisions, the registered rules of the Fund and related documents form the sole basis of my membership of the Fund.
3. All information given in this application, and in all documents which have been or will be signed by me in connection with this application, whether in my handwriting or not, is true and complete and shall be the basis of the proposed agreement.
4. I know that the cost of buying units may include initial charges plus VAT and that there are no guarantees on my capital.
5. I may only make withdrawals from this product if allowed to do so by legislation and the registered rules of the Fund.
6. I have read and fully understand this application.
7. I have read and am aware of the unit trust's objectives, risk factors, the charges and income distributions, as set out in the unit trust fund fact sheet/s (Minimum Disclosure Document).
8. I hereby consent to Old Mutual sharing my personal information with tracing agents in the event that my investments become unclaimed assets.
9. I take note that in some instances, income may be reflected as "interest income" but accept that such income is fully Shari'ah compliant and has been approved as such by the Shari'ah Supervisory Board.

Signature of investor

Date

D	D	M	M	C	C	Y	Y



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CONTACT DETAILS

Old Mutual Investment Services (Pty) Ltd

(Registration no. 1996/000452/07)

Mutualpark, Jan Smuts Drive, Pinelands 7405, South Africa

PO Box 207, Cape Town 8000, South Africa

Telephone no.: +27(0)21 503 1770

Helpline: 0860 234 234

Compliance Department: +27(0)21 503 1770

Email: retire@oldmutual.com

Website: www.oldmutualinvest.com

Old Mutual Investment Services (Pty) Ltd (OMIS) is a Licensed Administrative Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act.

OMIS is referred to as “the administrator” in this form

Old Mutual Wealth Retirement Annuity Fund

FSB No.: 12/8/37162/1 & SARS No.: 18/20/4/41382

Mutualpark, Jan Smuts Drive, Pinelands 7405, South Africa

PO Box 207, Cape Town 8000, South Africa

Telephone no.: 0860 234 234 (RSA only), +27 (0)21 503 1770 (other countries)

Email: retire@oldmutual.com

Board of Trustees: D I Johnson* (Chairman), D L D Turpin*, N V Pillay*, F Samodien, J Chirkoot, N A Brundyn, T E P Browne#, T D Naidoo#, P Nsibande#

Principal Officer: S Harilall*

Deputy Principal Officer: A G Pelsler*

* Independent

Alternate trustee