



BENEFICIARY NOMINATION FORM

Old Mutual Investment Services (Pty) Ltd
Mutualpark, Jan Smuts Drive, Pinelands 7405 ■ PO Box 207, Cape Town 8000.
Tel 0860 999 199 ■ service@omwealth.co.za ■ www.oldmutual.co.za/wealth/

IMPORTANT INFORMATION

- Please complete all relevant sections of this form and email to service@omwealth.co.za.
- If there is not enough space on the form for all your beneficiaries, please make a copy of this form, complete and return together with the original form.
- **Please note that mandatory sections and fields are marked with an Asterisk “**”.**

CLIENT CONTRACT INFORMATION*

Contract number	<input type="text"/>	Product Name	<input type="text"/>
Contract number	<input type="text"/>	Product Name	<input type="text"/>
Contract number	<input type="text"/>	Product Name	<input type="text"/>

CLIENT'S DETAILS*

Title and surname

Full first names

Gender: Male Female

Date of birth*

Marital status: Single Married Divorced Widowed Other

Marital status type: Marriage in Community of Property Marriage with Accrual Marriage without Accrual Other

Proof of Identity:

Please provide copy(s) of identification document(s) with this form

Type of Identification (ID or Passport/Refugee)	Country of issue (ID or passport)	ID/Passport number	Passport issue date	Passport expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other State type eg. Social security number Country of citizenship

Country of birth Country of residence

Country of Nationality Nationality start date

Contact details:

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

E-mail address
Old Mutual Unit Trusts' preferred method of communication is e-mail

Residential address

Address

Postal code

Country



BENEFICIARY NOMINATION FORM

1. PRIMARY INDIVIDUAL BENEFICIARY NOMINATION FOR YOUR RETIREMENT FUNDS INVESTMENT

Select the Product/s for which you are nominating beneficiaries:

- Old Mutual Wealth Retirement Annuity Fund
- Old Mutual Wealth Preservation Provident Fund
- Old Mutual Wealth Preservation Pension Fund

IMPORTANT NOTES

- In terms of section 37C of the Pension Funds Act, the trustees must consider all information and factors available to them in order to exercise their discretion in allocating the benefits to your dependants and/or your nominated beneficiaries. The following persons are classified as your possible dependants:
 - Your spouse
 - Children – **regardless of their age or whether they were adopted, from previous marriages, born out of wedlock or born after your death**
 - Persons to whom you have a legal duty of financial support, and
 - Persons to whom you provided financial support at the time of your death.
- It is important that you complete this Beneficiary Nomination Form accurately and ensure that your beneficiaries are up to date, as this assists the trustees in allocating your benefits.**
- Benefits may be paid to your surviving nominated beneficiaries provided that your estate is solvent and subject to the needs of your legal and financial dependants having been prioritised.
- If a nominated beneficiary is a minor, the benefit will be paid to his/her legal guardian, legally recognised caregiver, trust or the beneficiary fund.
- If you would like your benefit to be paid to a trust (testamentary or inter vivos) please ensure that the provisions of your will/the trust deed provide for the acceptance of a retirement fund benefit. Please consult with a legal professional.
- Where no nominated beneficiary or dependants are traced within 12 months of the retirement fund being notified of your death, the benefits will be paid into your estate. If no estate inventory has been reported to the Master of the High Court, the benefits will be paid into the Guardian's Fund.
- Ask your financial planner to explain the provisions of section 37C of the Pension Funds Act to you. The trustees must carefully follow the law when allocating benefits, which is structured to ensure that anyone who was financially dependent on the deceased, is fairly considered. **Please note that the trustees are not bound by this form and must consider all information available to them in order to discharge their duty when making an allocation.**

Nominated Beneficiary 1

Title: Mr Ms Mrs Other Initials

Surname*

First names*

Gender:* Male Female Date of birth*

Type of Identification (ID or Passport)/Refugee	Country of issue (ID or passport)	ID/Passport number*	Passport issue date	Passport expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nationality* Nationality start date*

Physical address Postal code

Relationship to client % Benefit*

Financially depended on client? Yes No **The total of all benefit percentages must add up to 100%.**

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 NOMINATION FORM

1. PRIMARY INDIVIDUAL BENEFICIARY NOMINATION FOR YOUR RETIREMENT FUNDS INVESTMENT CONTINUED

Nominated Beneficiary 2

Title: Mr Ms Mrs Other Initials

Surname*

First names*

Gender:* Male Female Date of birth*

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Type of Identification (ID or Passport)/Refugee	Country of issue (ID or passport)	ID/Passport number*	Passport issue date	Passport expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nationality* Nationality start date*

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Physical address Postal code

Relationship to client % Benefit*

The total of all benefit percentages must add up to 100%.

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 NOMINATION FORM

2.1 TRUST NOMINATION FOR YOUR LINKED RETIREMENT INCOME (LIVING ANNUITY) CONTINUED

Nature of Entity*

- | | |
|---|--|
| <input type="checkbox"/> Close corporation | <input type="checkbox"/> Other funds |
| <input type="checkbox"/> Government/Provincial Administration/Municipality or Government/Provincial Administration/Municipality owned company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Investment Club | <input type="checkbox"/> Private Company |
| <input type="checkbox"/> Listed company | <input type="checkbox"/> Retirement fund |
| <input type="checkbox"/> Non-Government Organisation (NGO) | <input type="checkbox"/> Special Trust |
| <input type="checkbox"/> Non-Profit Organisation (NPO) | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other entity types (club, association, informal body, burial society, church, school) | <input type="checkbox"/> Unlisted Public Company |



BENEFICIARY NOMINATION FORM

3. PRIMARY INDIVIDUAL NOMINATION FOR YOUR LIFE/ENDOWMENT INVESTMENTS, OLD MUTUAL WEALTH TAX FREE INVESTMENT OR OLD MUTUAL WEALTH FIXED BOND INVESTMENT CONTINUED

Nominated Beneficiary 2

Title: Mr Ms Mrs Other Initials

Surname*

First names*

Gender:* Male Female 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"/>

Type of Identification (ID or Passport)/Refugee	Country of issue (ID or passport)	ID/Passport number*	Passport issue date	Passport expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>

Physical address Postal code

Relationship to client % Benefit*

The total of all benefit percentages must add up to 100%.

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

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

E-mail Address

3.1 LEGAL ENTITY NOMINATION FOR YOUR LIFE/ENDOWMENT INVESTMENTS, OLD MUTUAL WEALTH TAX FREE INVESTMENT OR OLD MUTUAL WEALTH FIXED BOND INVESTMENT

Entity registered name*

Entity contact person

Entity country of incorporation*

Entity registration number* Entity inception date

D	D	M	M	Y	Y	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"/>

Entity tax number Entity VAT number

Entity registered address Postal code

Entity trade address Postal code

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



BENEFICIARY NOMINATION FORM

3.1 LEGAL ENTITY NOMINATION FOR YOUR LIFE/ENDOWMENT INVESTMENTS, OLD MUTUAL WEALTH TAX FREE INVESTMENT OR OLD MUTUAL WEALTH FIXED BOND INVESTMENT CONTINUED

Entity email address

Entity Relationship to member % Benefit*

The total of all benefit percentages must add up to 100%.

Is this entity a charitable organisation?* Yes No

Nature of Entity*

- | | |
|---|--|
| <input type="checkbox"/> Close corporation | <input type="checkbox"/> Other funds |
| <input type="checkbox"/> Government/Provincial Administration/Municipality or Government/Provincial Administration/Municipality owned company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Investment Club | <input type="checkbox"/> Private Company |
| <input type="checkbox"/> Listed company | <input type="checkbox"/> Retirement fund |
| <input type="checkbox"/> Non-Government Organisation (NGO) | <input type="checkbox"/> Special Trust |
| <input type="checkbox"/> Non-Profit Organisation (NPO) | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other entity types (club, association, informal body, burial society, church, school) | <input type="checkbox"/> Unlisted Public Company |

Signature of client/authorised signatory

Signature of spouse

(If the policy holder is married in community of property, a written spousal consent and signature is required for Life Wrapped Investments)

Date

	D	D	M	M	C	C	Y	Y



BENEFICIARY NOMINATION FORM

4. SECONDARY BENEFICIARY NOMINATION DETAILS (APPLICABLE TO LIFE WRAPPED (ENDOWMENT) INVESTMENTS, LINKED RETIREMENT INCOME, OLD MUTUAL TAX FREE INVESTMENT OR OLD MUTUAL WEALTH FIXED BOND INVESTMENT)

IMPORTANT NOTES

1. A secondary beneficiary will only apply when there are no surviving primary beneficiaries. In the event of simultaneous death of the investor and all his/her primary beneficiaries or if the primary beneficiaries predecease the investor and the client fails to elect a new primary beneficiary/ beneficiaries, the proceeds will be paid to the secondary beneficiary/beneficiaries.
2. This section can only be completed and submitted if primary beneficiaries have been nominated and are on our records.

Nominated Beneficiary 1

Title: Mr Ms Mrs Other Initials

Surname*

First names*

Gender:* Male Female 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"/>

Type of Identification (ID or Passport)/Refugee	Country of issue (ID or passport)	ID/Passport number*	Passport issue date	Passport expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>

Physical address Postal code

Relationship to client % Benefit*

Cellphone **The total of all benefit percentages must add up to 100%.**

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

E-mail Address

Nominated Beneficiary 2

Title: Mr Ms Mrs Other Initials

Surname*

First names*

Gender:* Male Female 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"/>

Type of Identification (ID or Passport)/Refugee	Country of issue (ID or passport)	ID/Passport number*	Passport issue date	Passport expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>



BENEFICIARY NOMINATION FORM

4. SECONDARY BENEFICIARY NOMINATION DETAILS (APPLICABLE TO LIFE WRAPPED (ENDOWMENT) INVESTMENTS, LINKED RETIREMENT INCOME, OLD MUTUAL TAX FREE INVESTMENT OR OLD MUTUAL WEALTH FIXED BOND INVESTMENT) CONTINUED

Physical address

Postal code

Relationship to client % Benefit*

The total of all benefit percentages must add up to 100%.

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

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

E-mail Address

Signature of client/authorised signatory

Signature of spouse

(If the policy holder is married in community of property, a written spousal consent and signature is required for Life Wrapped Investments)

Date

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.