NEW BUSINESS FORM

OLD MUTUAL RETIREMENT ANNUITY APPLICATION FORM

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. The Effective Annual Cost (EAC) is a standard industry measure for your information and to facilitate comparing the cost of an investment over specific periods. (Visit www.oldmutualinvest.com for more information and to access the EAC illustrator.
4. Once your application has been processed you will be a member of the Old Mutual Wealth Retirement Annuity Fund and receive a contract, detailing the terms and conditions of the Old Mutual Retirement Annuity along with an Investment and Fee document accordingly.
5. 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.
6. Your 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.
7. Old Mutual Unit Trust funds are the investments you will select to structure your Retirement Annuity.
8. 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: 30%
   - Africa: 10% (over and above the allowed 30% offshore exposure)

1. CLIENT DETAILS

Title: Mr ☐ Ms ☐ Mrs ☐ Other ____ Initials ____

Surname ____

First names ____

Marital status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other ____

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

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

Type of Identification (ID or Passport) Refugee/Asylum Seeker	Country of issue (ID or passport)	ID/Passport number	Issue date	Expiry date of passport

Other ☐ State type eg. Social security number ____ Country of citizenship: ____

Country of birth: ____ Country of residence: ____ Country of nationality: ____

Planned retirement date D D M M C C Y Y ____ Planned retirement age ____

*This can be changed at any time by informing the administrator. Earliest age 55

Are you registered for Tax purposes in South Africa? YES ☐ NO ☐ South African Income Tax Number ____

1. CLIENT DETAILS CONTINUED

Cellphone Country dialling code ____ (For eg. South Africa +27) No. ____

Telephone (Home) Country dialling code ____ (For eg. South Africa +27) No. ____

Telephone (Work) Country dialling code ____ (For eg. South Africa +27) No. ____

E-mail Address ____

Old Mutual's preferred method of communication is e-mail

Preferred method of communication E-mail ☐ Post ☐ **If no selection is made Email will be the default means of communication**

Residential address

My address ☐ **OR** Care of (c/o)* address ☐ Care of (c/o)* Name ____

* Care of: If you do not have a residential address of your own and require for your post to be directed to the care of this person

Address ____

Postal code ____

Country ____

Postal address, if different from residential address

My address ☐ **OR** Care of (c/o)* address ☐ Care of (c/o)* Name ____

* Care of: If you do not have a residential address of your own and require for your post to be directed to the care of this person

Address ____

Postal code ____

Country ____

EMPLOYMENT DETAILS

Employment Position:

Managing director/CEO ☐ Executive management/ Director ☐ Senior management ☐ Non-senior management ☐

Foreman/Supervisor ☐ General Employee/ Non-management ☐ Self-employed ☐ Retired/Unemployed ☐

Industry or Nature of Business:

Administrative and Support service ☐ Agriculture/ Forestry and Fishing ☐ Arts/Entertainment and Recreation ☐ Construction and Infrastructure ☐

Education/Healthcare and Social work ☐ Financial and Insurance ☐ Hospitality ☐ Imports/Exports ☐

Information/Communication and Technology ☐ Manufacturing ☐ Mining and Quarrying ☐ Motor trade ☐

Non-Profit Organisation /NGO etc. ☐ Other Services ☐ Professional Services ☐ Public Sector: Defence and Safety ☐

Public Sector: Other ☐ Public Sector: Procurement, Infrastructure and Administration ☐ Real estate and Property ☐ Science and Laboratories ☐

Transporting, Storage and Logistics (excluding imports/exports) ☐ Utilities ☐ Wholesale and Retail trade ☐ None ☐

1. CLIENT DETAILS CONTINUED

Source of Income:

- Annuity Payment ☐
- Commission ☐
- Director's remuneration ☐
- Disability Grants ☐
- Gratuities/Tips ☐
- Income protection payment ☐
- Independent contractor /Labour broker ☐
- Inheritance ☐
- Maintenance Support ☐
- Monthly Pension ☐
- Salary ☐
- Scholarship/Bursary ☐
- Self-Employed/ Own Business ☐
- Third Party (Spouse/Partner/ Family Member) ☐
- Other Investments Income ☐

Source of Funds for this transaction: ______

2. YOUR BANK DETAILS

Note that deductions cannot be made from credit cards.

Surname of account holder ______ Initials ______

Bank and branch ______

Branch code and account number ______ ______

Account type: Current ☐ Savings ☐

3. TRANSFERRING RETIREMENT ANNUITY, PENSION OR PROVIDENT FUND DETAILS (IF APPLICABLE)

Name of fund ______

Postal address ______

Postal code ______

Country ______

E-mail ______

Contact person ______

Cellphone Country dialling code ______ No. ______
(For eg. South Africa +27)

Telephone (Home) Country dialling code ______ No. ______
(For eg. South Africa +27)

Telephone (Work) Country dialling code ______ No. ______
(For eg. South Africa +27)

Administrator ______

4. HOW TO INVEST

The product initial lump sum minimum is R10 000 and the minimum for recurring monthly investments is R500.

Lump sum investment

A Please debit my bank account with R ______ on the D D M M C C Y Y

OR

B I will transfer EFT R ______ into Old Mutual's bank account.

STEPS TO FOLLOW FOR AN EFT (ELECTRONIC FUNDS TRANSFER) PAYMENT

- Email your completed application form and supporting documents to retire@oldmutual.com.
- Once we have received all your documentation, we will email your confirmation letter reflecting our bank account details and your unit trust client account number. Please use your client account number in your reference when making an Electronic Funds Transfer (EFT).
- To start processing on the same day, the administrator 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.

For any further assistance in finalising your investment you may contact our Service Centre at 0860 234 234 or +27(0)21 503 1770

Debit order dates (select one) 1 3 7 15 20 27

Commencing month ______ Please allow at least 10 days' notice.

You can increase your debit order on the anniversary date to counteract the effects of inflation on your investment.
Please select one of the below.

5% ☐ 10% ☐ 15% ☐ or ___ %

Minimum investment amounts apply to the funds you select. Distributions are automatically reinvested. Your Old Mutual Retirement Annuity Fund contract must comply with regulation 28 of the Pension Funds Act. For more information please contact 0860 234 234.

Please click here to view the full range of funds available to you for investment.

FUND NAME		LUMP SUM	MONTHLY
	TOTAL	R	R

5. 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** (see below) 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.

Title: Mr ☐ Ms ☐ Mrs ☐ Other ______ Initials ______

Surname

Full names

ID/Passport number

Date of birth D D M M C C Y Y

Nationality

Relationship

Benefit share %

Cellphone Country dialling code ______ No. ______
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Telephone (Home) Country dialling code ______ No. ______
(For eg. South Africa +27)

Telephone (Work) Country dialling code ______ No. ______
(For eg. South Africa +27)

Email address

Title: Mr ☐ Ms ☐ Mrs ☐ Other ______ Initials ______

Surname

Full names

ID/Passport number

Date of birth D D M M C C Y Y

Nationality

Relationship

Benefit share %

Cellphone Country dialling code ______ No. ______
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Telephone (Work) Country dialling code ______ No. ______
(For eg. South Africa +27)

Email address

6. PROTECTION OF YOUR PERSONAL INFORMATION

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.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

http://www.justice.gov.za/inforeg/index.html
Tel: 012 406 4818
Fax: 086 500 3351
Email: inforeg@justice.gov.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutualinvest.com.

7. 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.

Date D D M M C C Y Y

Signature of investor

8. 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 and acknowledge that the singular includes the plural in this application form.
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 am aware that I may view the Effective Annual Cost (EAC) of my investment on **www.oldmutualinvest.com.**
8. 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).
9. I hereby consent to Old Mutual sharing my personal information with tracing agents in the event that my investments become unclaimed assets.
10. 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

Date D D M M C C Y Y

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