BENEFICIARY NOMINATION FORM

Old Mutual Investment Services (Pty) Ltd
Mutualpark, Jan Smuts Drive, Pinelands 7405 ■ PO Box 207, Cape Town 8000.
Wealth: Tel 0860 999 199 ■ service@omwealth.co.za ■ www.omwealth.co.za
Unit Trust: Tel: 0860 234 234 ■ retire@oldmutual.com ■ www.oldmutual.co.za

Please complete this form and email to **service@omwealth.co.za** or **retire@oldmutual.com**. If there is not enough space on the form for all your beneficiaries, please make a photocopy of this form, complete and return together with the original form.

CLIENT'S DETAILS

Contract number ________ Product Name ________

Contract number ________ Product Name ________

Contract number ________ Product Name ________

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

Surname ________

First names ________

ID type RSA Identity Document ☐ Passport ☐ Refugee ☐ Date of birth* D D M M C C Y Y

* Mandatory

ID/Passport Number ________ Expiry date D D M M C C Y Y

Marital status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

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

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

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

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

E-mail Address ________

1. NOMINATION FOR YOUR RETIREMENT FUNDS INVESTMENT

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

IMPORTANT NOTES

1. In terms of the Pension Funds Act, legally, the trustees of the retirement fund must decide how the benefits will be allocated between your dependants and/or your nominated beneficiaries. The following persons are classified as your dependents:
   - **Your surviving spouse**
   - **All your children, regardless of their age or whether they were adopted, from previous marriages, born out of wedlock or born after your death**
   - **Persons financially dependent on you or legally entitled to maintenance**
2. Benefits will be paid to your surviving nominated beneficiaries provided that your estate is solvent and your dependants and any debt have been taken care of.
3. If a nominated beneficiary is a minor and unmarried, the benefit will be paid to his/her legal guardian, legally recognised caregiver, trust or the beneficiary fund.
4. An estate, trust or charity can not be nominated as a beneficiary. However, if no nominated beneficiary or dependants is 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.
5. **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.**
6. Please be aware that payment of the full benefit to your surviving spouse cannot be guaranteed if you also have children and other dependants. Ask you financial planner to explain the provisions of section 37C of the Pension Funds Act to you.
7. 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 will consider a wide range of information in their allocation.
8. 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.

1. NOMINATION FOR YOUR RETIREMENT FUNDS INVESTMENT CONTINUED

YOUR NOMINATED BENEFICIARY DETAILS

The total of all benefit percentages, for dependants and other nominated beneficiaries, must add up to 100%.

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

Surname

Full names

ID/Passport number

Date of birth* D D M M C C Y Y

* Mandatory

Physical address

Postal code

Relationship to member

% Benefit

Financially depended on client? Yes ☐ No ☐

Telephone (Home) Code No.

Cellphone number

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

* Mandatory

Physical address

Postal code

Relationship to client

% Benefit

Financially depended on client? Yes ☐ No ☐

Telephone (Home) Code No.

Cellphone number

Email address

2. NOMINATION FOR YOUR LINKED RETIREMENT INCOME (LIVING ANNUITY)

- **Old Mutual Wealth Linked Retirement Income**
- **Old Mutual Linked Retirement Income**
- **Old Mutual Wealth Linked Retirement Income (Living Annuity)**

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

Surname ______

Full names ______

ID/Passport number ______ Date of birth* D D M M C C Y Y

* Mandatory

Physical address ______

Postal code ______

Relationship to client ______ % Benefit ______

Telephone (Home) Code ______ No. ______ Cellphone number ______

Email address ______

Gender Male ☐ Female ☐

Tax status/ Corporation type Natural person ☐ Company ☐ Trust individual ☐ Trust company ☐ Fund ☐ Close corporation ☐

Partnership ☐ Estate late ☐ Religious concern ☐ Government institution ☐ Non-taxpaying company ☐

Tax number ______

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

Surname ______

Full names ______

ID/Passport number ______ Date of birth* D D M M C C Y Y

* Mandatory

Physical address ______

Postal code ______

Relationship to client ______ % Benefit ______

Telephone (Home) Code ______ No. ______ Cellphone number ______

Email address ______

Gender Male ☐ Female ☐

Tax status/ Corporation type Natural person ☐ Company ☐ Trust individual ☐ Trust company ☐ Fund ☐ Close corporation ☐

Partnership ☐ Estate late ☐ Religious concern ☐ Government institution ☐ Non-taxpaying company ☐

Tax number ______

BENEFICIARY NOMINATION FORM

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

- **Old Mutual Wealth Life Wrapped Investment**
- **Old Mutual Life Wrapped Investment**
- **Old Mutual Wealth Fixed Bond**
- **Old Mutual Wealth Life Wrapped Investment(Endowment)**
- **Old Mutual Wealth Tax Free Investment**

IMPORTANT NOTES

1. Benefits will be paid as per your nomination below. If a nominated beneficiary is a minor and unmarried, the benefit will be paid to his/her legal guardian, legally recognised caregiver, trust or beneficiary fund. If one or more of your nominated beneficiaries die before you, the benefit that would have been paid to them, will be paid to your estate instead.
2. For the Old Mutual Wealth/Old Mutual Life Wrapped Investment and the Old Mutual Wealth Life Wrapped Investment (Endowment), all beneficiaries must be of the same tax class (have the same tax status). Tax status refers to whether the nominee is, for example, a natural person or a tax-exempt corporation or company. If the beneficiary is tax-exempt, please provide a certificate from SARS as proof.
3. For the Old Mutual Wealth Tax Free Investment, your beneficiaries will not own the policy after your death but the proceeds will be paid to them. The beneficiaries do not have to be of the same tax class.
4. For your Old Mutual Wealth Fixed Investment Bond, only natural persons and trusts with individuals as beneficiaries may be nominated.
5. The total of all benefit percentages must add up to 100%.

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

Surname

Full names

ID/Passport number

Date of birth* D D M M C C Y Y

* Mandatory

Physical address

Postal code

Relationship to client

% Benefit

Telephone (Home) Code ____ No. ____ Cellphone number ____

Email address

Gender Male ☐ Female ☐

Tax status/ Corporation type: Natural person ☐ Company ☐ Trust individual ☐ Trust company ☐ Fund ☐ Close corporation ☐ Partnership ☐ Estate late ☐ Religious concern ☐ Government institution ☐ Non-taxpaying company ☐

Tax number

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

Surname

Full names

ID/Passport number

Date of birth* D D M M C C Y Y

* Mandatory

Physical address

Postal code

Relationship to client

% Benefit

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

Telephone (Home) Code | | | | No. | | | | | | | Cellphone number | | | | | | | | | | |

Email address

Gender Male ☐ Female ☐

Tax status/ Corporation type: Natural person ☐ Company ☐ Trust individual ☐ Trust company ☐ Fund ☐ Close corporation ☐ Partnership ☐ Estate late ☐ Religious concern ☐ Government institution ☐ Non-taxpaying company ☐

Tax number

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

4. 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.oldmutual.co.za