



**ISASA**

Independent Schools Association of Southern Africa

LEARNING PLANNING LIVING  
PENSION SCHEME AND PROVIDENT FUND

# ADMINISTRATION MANUAL

DO GREAT THINGS



**OLDMUTUAL**  
CORPORATE

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## SECTION 1 PURPOSE OF THE ADMINISTRATION GUIDE

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Independent Schools Association of Southern Africa (ISASA) Pension Scheme and Provident Fund have been established to provide resignation, dismissal, retrenchment, retirement, death and disability benefits for the members of the funds. Many of the schools that are members of the ISASA body are participating employers of the ISASA Pension Scheme and Provident Fund.

The purpose of this Administration Guide is to assist Participating Employer staff with the completion of the Employer tasks associated with the administration of the Fund.

The administration of the ISASA Pension Scheme and Provident Fund is handled by Old Mutual Corporate Retirement Fund Administration, situated at Mutualpark in Pinelands, Cape Town.

This guide, as well as the individual business forms referenced in this guide, can be accessed on the ISASA website at [www.isasapensionfund.co.za](http://www.isasapensionfund.co.za)

## SECTION 2 CONTACT DETAILS

### 2.1 Fund Administrator (Old Mutual)

<b>Postal address</b>	Old Mutual Corporate Retirement Fund Administration (ISASA) PO Box 422 Howard Centre 7405
<b>Street address</b>	Old Mutual Corporate Retirement Fund Administration (ISASA) Mutualpark Jan Smuts Drive Pinelands 7405
<b>Telephone number</b>	0860 455 455
<b>Email</b>	isasa@oldmutual.com

### 2.2 ISASA Pension Scheme and Provident Fund

<b>Postal address</b>	ISASA Pension Scheme and Provident Fund PO Box 2444 Saxonwold 2132
<b>Street address</b>	Umnotho Building Mutual Square 93 Grayston Drive Sandton 2196
<b>Email</b>	john@rollason.co.za
<b>Website</b>	www.isasapensionfund.co.za

### 2.3 Contact Details – Fund Administrator

	<b>Telephone number</b>	<b>Email address</b>
For general fund enquiries for ISASA funds	021 503 2448	isasa@oldmutual.com
For all Contribution and Data Submission Enquiries	0860 009 007	standaloneumbrelladata@oldmutual.com
For all Benefit Payment and Benefit Quote Enquiries – Defined Contribution P2	0860 455 455	rfamembers@oldmutual.com
For all Benefit Payment and Benefit Quote Enquiries – Defined Benefit P1	n/a	isasaclaims@oldmutual.com

### 2.4 Complaints

<b>Email address</b>	isasacomplaints@oldmutual.com
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## SECTION 3 OVERVIEW OF THE MONTHLY FUND ADMINISTRATIVE TASKS

3 DAYS AFTER RECEIPT OF PAYROLL AND MONEY		
Between payroll close and 7th of the following month		4 weeks after month-end
EMPLOYER	OM RFA	OM RFA
<ul style="list-style-type: none"> <li>• Submit data before noon of the 7th of the month (this is imperative for direct debit clients as this triggers the authorised collection).</li> <li>• Complete investment elections for new members.</li> <li>• Capture e-claims for staff.</li> <li>• Ensure payment for non-direct debit clients is made by the 7th of the month.</li> </ul>	<ul style="list-style-type: none"> <li>• Old Mutual will process and invest contributions where both data and money have been received.</li> </ul>	<ul style="list-style-type: none"> <li>• Send s13A non-compliance report to the Fund's Principal Officer showing detail of contributions not paid and/or data schedules not received i.r.o. the current and previous due months</li> <li>• Issue New Entrant Certificates</li> </ul>
<p><b>NB!</b> This does not include any unapproved policies which you pay directly to the Insurer.</p>		

## SECTION 4 NEW EMPLOYEES

### 4.1 Steps to be followed when a New Employee is appointed

1	Is the New Employee eligible to join one of the Pension Scheme or Provident Funds offered by the School?
<b>YES</b>	
2	Provide the New Employee with information (available on the website) on the various funds/schemes available
3	Request member to complete "Investment Elections for New Members" (see Annexure for forms or visit <a href="http://www.isasapensionfund.co.za">www.isasapensionfund.co.za</a> )
4	Capture new entrant on your payroll file and complete investment elections on the web.
5	Request the New Employee to complete a <b>Dependants Information and Beneficiary Nomination Form</b> (Annexure) Keep the completed form on the employee's personnel file.

**NO** No further action required

This form is a very important document that assists the Fund's Trustees in making a speedy decision in the payment of a death benefit. It is in the employee's best interests to always keep this information up to date.

## INTERSCHOOL TRANSFERS

**This only applies if the member is transferring between schools that participate in the same scheme, i.e. Pension to Pension or Provident to Provident.**

**DO NOT** exit the member off the payroll file

The member will be **UNMATCHED** on the payroll file

Submit ISASA Inter school Transfer Notification (see Annexure of Forms) to the ISASA@oldmutual.com.

Old Mutual will issue a Transfer In Certificate once the Transfer of the Accumulated Credit has taken place

**A RISK ONLY member is a member that is on:  
SABATICAL, MATERNITY LEAVE OR UNPAID LEAVE!!!**

## EXITS

Remember to exit the member on the payroll file to be uploaded to the payroll system as well as doing the E-claim.

Exit codes

- 1 - Resignation
- 2 - Retrenchment
- 3 - Dismissal
- 4 - Ill Health Retirement
- 5 - Death
- 6 - Retirement

Exit Benefit Method of Payment

- 1 - Part Cash - Part Transfer
- 2 - Full Transfer
- 3 - EFT Full Cash

Bank Acc Types

- 1 - Current Account
- 2 - Savings Account
- 3 - Transmission Account

## RISK ONLY MEMBERS

**DO NOT** exit the member or remove the salaries from the payroll file.

Change the category code to the letter **H** in column **L**

Keep the full salary in both columns **M & Q**

Apply the **admin and risk %** (Admin + Glia + PHI + LSDB) to the full salary. Risk % is found on the **Benefit Allocation Report** on the Payroll Web.

At the **end** of the Risk only period please change the **category code** back to the letter **A**.

Put a note in the **Notes column AX** to indicate why the member is paying risk only and the duration.

## QUERIES



## SECTION 5 MONTHLY CONTRIBUTION AND DATA SUBMISSION

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### What does the law say?

Contributions and data must be received by the Fund by the latest on the 7th of the month following the due month. This means that the **contributions** must be **in the Fund's bank account on the 7th**. However, it is preferable that the payment is made by the 1st of the month following the due month to ensure that Old Mutual can invest the contributions timeously.

### How to complete Monthly Payroll Submission

The monthly payroll submission is to be uploaded onto the Old Mutual website. Should you require training/formats please contact Payroll Support Services at 0860 009 007.

The Contribution Return shows the previous month's employee and employer contributions for each member, and also includes provision to insert any voluntary contributions that a member may have contributed.

### Contributions during absence from work

- When employees go on maternity or other approved leave, and continue to receive a salary from the school, contributions must still be paid over to the fund.
- When the employee is absent and the absence was not approved by the school, and the school wants the employee to be covered for risk benefits during this absence period, the school must continue to pay the full risk premium.
- When a member is on temporary absence (maternity, sabbatical, unpaid leave) the retirement funding contributions (employee and employer) may be paid on lower salary if applicable but the risk contributions must be paid on the full salary to ensure the member is covered for full risk benefits.
- Administration contributions must continue to be paid based on the member's salary.

### What are the Regular Monthly Contributions?

#### Employee Contributions

Employees contribute at a pre-determined rate of their Annual Salary, as set out in the Special Rules for each Participating Employer.

Employees can also make **additional voluntary contributions** should they choose to do so. These contributions are over and above the contributions specified in the Special Rules.

#### Employer Contributions

Each Participating Employer contributes at a pre-determined rate of each member's Annual Salary, as set out in the Special Rules for each Participating Employer.

The Employer contribution also includes –

- Administration Fees;
- Premiums for Risk which can include
  - Lump Sum Death Benefits
  - Disability/Income Protection Benefit
  - Family Benefits
  - Spouse's Death Cover

### When must the Employer submit the Monthly Contribution Return?

In terms of the Administration Agreement signed between the Fund and Old Mutual, the Monthly Contribution Return **must reach Old Mutual by the 1st of the month following the due month**.

This is to allow Old Mutual to process the contribution payment and the data supporting the payment as soon as possible after the due month in order to ensure that benefits can be paid promptly. Any delay in the submission of the monthly data and contributions will result in a delay in the payment of benefits to the members that have left employment.

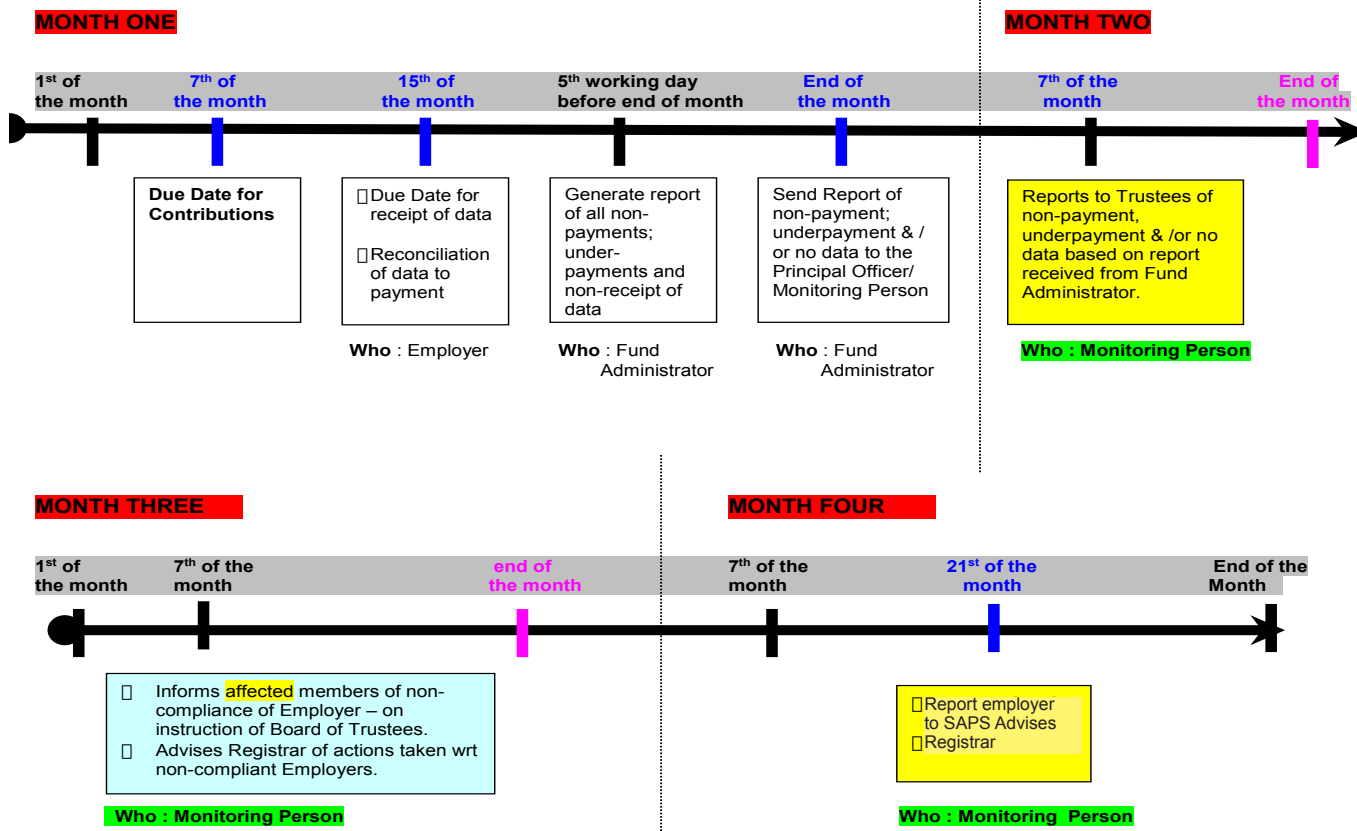
If the data and the contributions payment are not received by the 7th of the month following the due month, the Employer will be liable for Late Payment Interest, as prescribed by Section 13A of the Pension Funds Act.



Of critical importance for Employers, is S13A(8) of the Pension Funds Act which **imposes a personal liability on the directors of companies and members of close corporations where such persons are regularly involved with the overall financial affairs of the company/close corporation and contributions are not paid to the fund.** For any other type of entity, the personal liability is attached to the person who is regularly involved in the management of the entity's financial affairs.

Below is an explanation of the timeline and activities as prescribed by Section 13A of the Pension Funds Act.

### Section 13A Activity Timeline



**Please note that while you have until the 15th to send your data in terms of S13A of the Pension Fund Act, if you are on direct debit your data triggers your payment and therefore your data needs to be submitted by the 7th of the month in order to comply with S13A.**

## SECTION 6 INVESTMENT SWITCHING

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On the ISASA Pension Scheme Defined Contribution and the ISASA Provident Fund, members have the option to elect a member level investment choice.

Members can elect one of the following:

- 1) Goals-based Life Stage Model; or
- 2) Passive Life Stage Model; or
- 3) Own investment choice.

For “Own investment choice” members may elect any combination of the following portfolios:

- ISASA Performer Portfolio
- ISASA Protector Portfolio
- Balanced Index Portfolio (Passive)
- Conservative Index Portfolio (Passive)
- Smooth Bonus Portfolio
- Money Market Portfolio
- Shari’ah Compliant Portfolio

These switches and/or election changes may be initiated either;

- 1) on the member web; or
- 2) via a manual switch request form (see Annexure for forms).

The manual switch request forms need to be provided to the administrator no later than 10 working days prior to the switch request date.

## SECTION 7 TRANSFER OF EMPLOYEES TO/FROM ANOTHER SCHOOL BELONGING TO ISASA PENSION SCHEME AND PROVIDENT FUND

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When employees transfer from one participating ISASA school to another, the Fund's Administrator must be informed to ensure that the member's record is updated with the transfer details.

Please complete the Notification of Transfer Form (see Annexure for forms).

**Please note:** This only applies if the member is transferring between schools that participate on the same scheme, i.e. Pension to Pension or Provident to Provident.

## SECTION 8 BENEFIT CLAIMS

### When is a benefit payable?

A benefit becomes payable when one of the following events occur in the life of an employee who is a member of the ISASA Pension Scheme or Provident Fund –

- Resignation, Dismissal, or Retrenchment (Section 8.1)
- Retirement (Section 8.2)
- Death of an Employee, Employee's Spouse or other Family Member (Section 8.3)
- Disablement (Section 8.4)
- Divorce, Maintenance or Default Housing Surety Claims (Section 8.5)

### What are the general requirements for all benefit claims?

1. Claim forms (including any supporting documentation as specified) must be fully completed, signed by the Employee (where applicable), and signed by an authorised signatory of the Employer, dated and include the Employer stamp.
2. Claim documentation must be sent to the following recipients –
  - a) **Death, Resignations, Dismissals, Retrenchments, Retirements Claims:**
    - i) Old Mutual e-claim
    - ii) **Old Mutual** (via post, fax or email): Please note there is an additional charge for processing manual claim forms.  
Old Mutual Corporate Retirement Fund Administration (ISASA)  
PO Box 422  
Howard Place 7405  
**Fax number** 021 509 2564  
**Email** isasaclaims@oldmutual.com
  - b) **Divorce, Maintenance or Default Housing Surety Claims:**  
**Old Mutual** (via post, fax or email):  
Old Mutual Corporate Retirement Fund Administration (ISASA)  
PO Box 422  
Howard Place 7405  
**Fax number** 021 509 2564  
**Email** isasaclaims@oldmutual.com
  - c) **Disability and Funeral Claims** (via post, fax or email)  
Old Mutual Group Assurance  
PO Box 1659  
Cape Town 8000  
**Fax number** 021 509 6855  
**Email** newclaims@oldmutual.com
3. Members must be informed of their benefit options. Should you require any assistance in this regard, please call the Old Mutual Member Support Services on 0860 455 455.
4. **Important Note regarding Prior Claims:** Old Mutual can and will only process the following prior claims, as prescribed by Section 37D of the Pension Funds Act –
  - a) Loans granted to members for housing purposes and where the Fund benefit was used as surety for the loan;
  - b) Damage caused to the Employer by the employee as a result of fraud, theft or dishonesty. Such a claim will only be recognised by the Fund if –
    - i. The member has admitted liability in writing – the cause of the damage and the estimated amount must be quoted; OR
    - ii. The Employer has obtained a court order against the member;
  - c) Divorce Court Orders;
  - d) Maintenance Court Orders;
  - e) Default Housing Surety Requests.

## 8.1 RESIGNATION, DISMISSAL OR RETRENCHMENT CLAIMS

When an employee resigns, is dismissed or retrenched from service, a withdrawal benefit becomes payable from the Fund.

A Benefit Reinvestment Form (see Annexure for forms) should be completed and e-claim submitted to Old Mutual by the end of the month in which the member's service ended with the Employer.

### NOTE

**When an employee resigns and immediately joins another Employer which also participates in the ISASA Pension Scheme and Provident Fund, membership of the ISASA Pension Scheme and Provident Fund continues uninterrupted. In this case, a benefit is NOT payable from the Fund. A Transfer Form must be completed instead (see section 7).**

### Documentation Requirements

The following documentation must be submitted for a withdrawal claim –

- Notification of Service Termination Form
- Prior Claim Form (if applicable) (see Annexure for forms)
- Copy of the Proposal or Application Form where the member wants to transfer part or all of the benefit to another approved Fund
- An e-claim must be completed (supported by a signed document which the employer keeps on their records) and submitted to Old Mutual when the member leaves the service of the employer.

## 8.2 RETIREMENT CLAIMS

### When can a member retire?

According to the Rules of ISASA Pension Scheme and Provident Fund, a member can claim a retirement benefit on –

- Early Retirement, i.e. before reaching Normal Retirement Age,
- Normal Retirement,
- Late Retirement, i.e. after Normal Retirement Age, or
- Ill Health Retirement

The early and normal retirement ages are specified in the Special Rules for each Participating Employer.

Please note that **an employee, who is in receipt of a monthly disability income benefit**, is still regarded as an active member of the Fund. When such an employee reaches the normal retirement age, the disability income benefit ceases and a retirement benefit becomes payable.

On retiring from service a member may alternatively choose to **defer their retirement** from the fund and allow their current retirement benefit to remain invested until a later date.

### Documentation Requirements

The following documentation must be submitted for a retirement claim –

- Retirement Claim Form (see Annexure for forms)
- Certified copy of the member's ID document
- Marriage certificate and spouses ID if on the defined benefit fund
- Prior Claim Form (if applicable) (see Annexure for forms)
- Copy of the Proposal or Application Form (see Annexure for forms) where the member wants to purchase a pension with part or all of the benefit (note that if you are a member of the ISASA Pension Scheme you may choose to purchase a pension with the ISASA Pension Scheme).

## 8.3 DEATH CLAIMS

### 8.3.1 Death of an Employee (Member of the Fund)

Section 37C of the Pension Funds Act holds the Fund's Board of Trustees responsible for the allocation and distribution of a deceased member's death benefit\*. This benefit excludes the Funeral Benefit, if applicable benefit of the school. For details of the Funeral Benefit, please refer to Section 7.3.2 of this Guide.

As part of this decision making process, the Trustees need to obtain detail about the deceased employee's –

- Legal dependants, e.g. wife, husband, children
- Financial dependants, e.g. parents, fiancée, unborn child; and
- Any nominated beneficiaries, in other words someone that was neither a legal nor a financial dependant but who was nominated by the deceased employee to receive some of his/her death benefit.

The Trustees rely very much on the Employer to assist them in gathering the above detail, and various forms are made available to assist Employers for this purpose.

Please remember that an employee who is in receipt of a monthly disability income benefit is still regarded as an active member of the Fund. When such an employee dies before reaching the Normal Retirement Age for the Fund, a death benefit as described above is still payable and the requirements as set out in this Section equally apply.

The Death Claim Forms Package (see Annexure for forms) provides full detail of all the information and documentation requirements for a death claim.

#### MEMBER'S DEATH BENEFIT\*

Pension Scheme & Provident Fund Defined Contribution	Pension Scheme Defined Benefit
GLA & Accumulated Credit	GLA and – Withdrawal value (if single) or – Spouses and/or Children's Pension (if dependents)

### 8.3.2 Funeral Benefit

#### When is funeral benefit payable?

A Funeral Benefit will be payable on the death of –

- The member;
- The member's spouse; or
- The member's child

#### Documentation Requirements

The following documentation must be submitted for a funeral claim –

- Notification of Funeral Claim Form (see Annexure for Forms)
- Certified copy of the deceased's ID document
- Certified copy of the death certificate
- Certified copy of marriage certificate or an affidavit (in the case of the death of a spouse of the member)

The fully completed forms and required supporting documentation must be sent to the Insurer.

## 8.4 DISABILITY CLAIMS

### What types of disability benefits are payable?

There are two types of disability benefits that could be payable when a member becomes disabled – please note that a member qualifies for only ONE of these disability benefit types – and this will depend on the type of benefit elected by the Participating Employer.

#### **Disability Income Benefit\***

This benefit will provide the member with a monthly income benefit that is based on the salary that he/she was receiving immediately prior to becoming disabled.

The Insurer will monitor the health of the claimant at regular intervals to assess if the member could potentially return to work. Should the Insurer decide that the member has sufficiently recovered and can return to his/her original job or perhaps a different job in the Company, the disability income benefit will cease.

**During the period that the member receives the disability income benefit, he/she remains a member of the ISASA Pension Scheme and Provident Fund, and remains covered for retirement and death benefits. The employer and employee contributions therefore continue to be paid to the Fund.**

When a disability income claimant dies before reaching normal retirement age, a death benefit will be payable as set out in the Rules of the Fund.

Alternatively, when the disability income claimant reaches normal retirement age, a retirement benefit will become payable and the disability income benefit will cease.

#### **Lump Sum Disability Benefit\***

If a Participating Employer opted for a Lump Sum Disability Benefit, a disabled member will receive a cash lump sum. This cash lump sum is expressed as a multiple of the member's annual salary that he/she was earning at the time of disablement.

**When this benefit becomes payable, membership of the ISASA Pension Scheme and Provident Fund ceases, and the member will receive no further benefits from the Fund.**

#### **Documentation Requirements**

Employers and employees are often frustrated by the length of time that it takes before the assessment of a disability claim is finalised. The delays are mostly caused by the need for additional documentation or missing information. In order to ensure the speedy assessment of a disability claim, it is essential that the Employer and the claimant completes the documentation fully and supply all supporting documentation requested by the Insurer when the claim is first submitted.

Please refer to the Application for Disability Benefits form (see Annexure for Forms) for the complete list of information and documentation required.

\*On the Provident Fund, this is only applicable to schools that were members of the ISASA Provident Fund prior to 1 April 2001.

## 8.5 DIVORCE, MAINTENANCE AND HOUSING SURETY DEFAULT CLAIMS

### **Divorce Order Claims**

When a member gets divorced and the divorce court order allocates a portion of his/her fund benefit to the ex-spouse, it is the responsibility of the member to provide the Fund with a copy of the divorce court order and the settlement agreement.

On receipt of the divorce court order, the Fund's Administrator will provide the ex-spouse with an Application for Settlement of Divorce Benefits form (see Annexure for Forms). He/she needs to complete this form and return it to the Fund's Administrator to claim the divorce award from the Fund.

The ex-spouse will be responsible for the payment of any tax on the divorce award.

\*Divorce orders are not necessarily enforceable and are referred for legal opinion.

### **Maintenance Court Order Claims**

When a divorced member falls in arrears with maintenance payments, the Maintenance Court could issue a claim for the arrear maintenance payments from the member's Fund benefit.

The Maintenance Court will deliver the court order on the Fund, and the Fund will then be compelled to settle the amount mentioned in the court order.

The member will be responsible for the payment of tax on the maintenance court order award.

### **Housing Surety Default Claims**

When a member has used his Fund benefit as surety for a housing loan granted by a bank or other approved housing loan provider, and the member defaults on the repayments of the loan to the bank or financial provider, the latter can request the Fund to settle the home loan from the member's benefit.

The bank or financial provider must provide such a request directly to the Fund for approval. If the Fund approves such a settlement, it will advise the Fund's Administrator to settle the home loan from the member's accumulated Fund benefit.

The member will be responsible for the payment of tax on the default home loan settlement.



## SECTION 9 REQUESTS FOR BENEFIT QUOTES, INCLUDING HOME LOAN QUOTES

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The ISASA Pension Scheme and Provident Fund provides its members with the opportunity to use a portion of their benefit (60%) as surety for obtaining housing loans from banks, employers and other approved home loan providers.

It is important to note that this facility is ONLY available for home loans, and may not be used for any other types of loans.

### **For Provident Fund and Pension Scheme Defined Contribution members**

When a member wants to obtain a quote (for financial planning or home loan application), he/she must contact the Old Mutual Member Service Centre on 0860 455 455 to request a quotation. On receipt of the quotation, the member can take it to the bank or home loan provider as evidence of the amount that is available.

### **For Pension Scheme Defined Benefit members**

All requests for quotations to be sent to [isasaclaims@oldmutual.com](mailto:isasaclaims@oldmutual.com)

When the member leaves the service of the Employer, retires, dies or becomes disabled, any remaining balance of the home loan will be deducted from the benefit payable and paid to the bank/loan provider.

## SECTION 10 YOUR STEP-BY-STEP REGISTRATION GUIDE TO THE RETIREMENT SCHEME ADMINISTRATION WEB

This guide is specifically designed for Retirement Scheme Administration services. Should you wish to register for other services, please consult the other online guides that cater for those.

There are two steps to getting started. It is important for you to complete both steps.

**Step 1** Register for Old Mutual's Online Services

**Step 2** Apply for access to the applicable Retirement Scheme Administration service

### You will need the following

1. Your Identity Number (this could be a RSA ID, a non-RSA ID, a Passport Number, a Social Security Number or a British National Insurance Number)
2. Your client number. This is the number assigned to you by Old Mutual either via e-mail or the post.

### Contact us

If you need assistance at any point during the process, simply contact the relevant Support Centre:

#### For assistance with step 1

Within South Africa	0860 60 65 00
Outside South Africa	+27 21 503 1710
Email	help-secure@oldmutual.com

#### For assistance with step 2

Within South Africa	0860 009 007
Outside South Africa	+27 21 504 2970
Email	pss@oldmutual.com

Queries will be attended to between 08h00 and 17h00 (SAST).

## STEP 1: REGISTRATION

If you have already registered for one of Old Mutual's online services and have a user number, proceed to step 2.

1. Go to <http://www.oldmutual.co.za> and click on **Login**.
2. You will arrive at the Old Mutual Secure Services page. Click on **Register for a service**.

### 3. Supply your personal details

The mandatory fields must be completed, although we encourage you to complete all the fields.

Read and accept the **Legal Terms and Conditions**.

#### Note: Access to MyPortfolio

This provides you with access to other investments you may hold with Old Mutual. Please **do not** tick the box to register for these services at this stage.

### 4. Select a password and answer security questions

You have the option to choose your own username or make use of the system generated usernumber. Your username needs to be unique. You can verify it by clicking on the "check availability" link.

**Note: the password is case-sensitive.**

### 5. Usernumber confirmation

This page displays your unique usernumber and your username if you selected one.

You will need this usernumber or username every time you login to Old Mutual's Online Services.

You have now successfully completed **Step 1**.

To proceed, click on Login. Alternatively, go to <https://secure.ssa.oldmutual.co.za/login/login.asp>

## STEP 2: APPLY FOR ACCESS TO A SPECIFIC SERVICE

If you have already registered for one of Old Mutual's online services and have a user number, proceed to **Step 2**.

### 1. Log in.

Enter your user number or username, ID number and the password you chose during registration.

Click on **Login** to continue.

### 2. Select a service

On the home page, under the heading 'Apply for a service',

(a) select **Client Services**

(b) then select **Retirement Scheme Administration**

(c) from the drop-down list, select as follows:

- **Retirement Scheme Administration:** Select this service if you will be submitting claim documentation via the eClaims Web application system.
- **Retirement Scheme Administration (Transact access):** Select this service if you will be:
  - submitting Payroll files
  - authorising payroll data
  - viewing scheme and member data via the 3rd Party Web

### 3. Delivery details

Your details will need to be verified as part of the process.

Select the appropriate option and supply the required information.

### 4. Service specific details

Enter your **client number** on this screen, as provided to you, either via post or e-mail. If you have forgotten this number, you may contact 0860 455 455 to request this number.

Click on **continue** to complete the process.

Remember this is **not your 8-digit user number** and will **not** be accepted if you use it here.

### 5. Activation of your service

Your application is now complete.

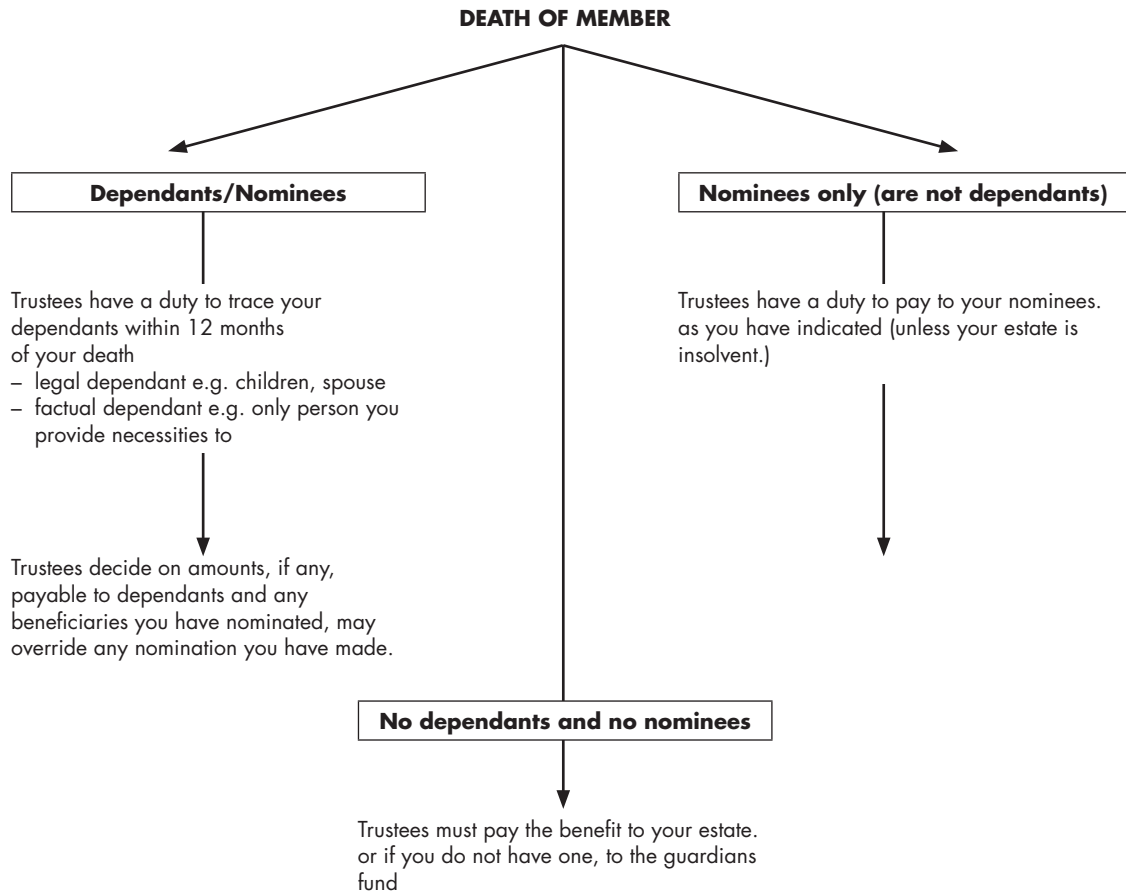
If you have applied for Retirement Scheme Administration and your application is successful, you will receive an email within 24 hours confirming that access to the service has been granted.

If you have applied for Retirement Scheme Administration (Transact access), we will need to verify your details as part of ensuring your online security. You will receive a visit from a courier service within 5 days. They will ask to see your Identity Document. Once you have been successfully verified, you will be sent an e-mail confirming that access to the service has been granted.

### 6. Applying for more than one service

If you need to apply for another service, go back to the Secure Services Home Page and follow the registration process from point 2 under step 2 (Select a service).

**IN TERMS OF CURRENT LEGISLATION, THE FOLLOWING  
DIAGRAM ILLUSTRATES THE PROCESS TRUSTEES  
WILL FOLLOW ON YOUR DEATH**



# ANNEXURES FOR FORMS

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Pension Scheme and Provident Fund



## INVESTMENT ELECTIONS FOR NEW MEMBERS (DEFINED CONTRIBUTION MEMBERS ONLY)

Please read the Investment Guide on the Funds' website before completing this form: [www.isasapensionfund.co.za](http://www.isasapensionfund.co.za)

### PERSONAL DETAILS

Employee number

First name(s)

Surname

Identity number  Date of birth

Name of school

Fund  (Pension or Provident)

Date joined school         Date joined fund

### INVESTMENT OPTIONS

I hereby elect the following investment option: (You may only elect **ONE** of the options.)

OPTION	
1. The Goals-Based Life Stage Model (Default option) (If you elect this option, do not complete "Own Investment Option" below.)	<input checked="" type="checkbox"/>
2. The Passive Life Stage Model (If you elect this option, do not complete "Own Investment Option" below.)	<input type="checkbox"/>
3. The Own Investment Option (If you elect this option, complete "Own Investment Option" below.)	<input type="checkbox"/>

### OWN INVESTMENT OPTION

Please invest my **Retirement Funding Contributions** as follows:

Portfolio	%
ISASA Performer Portfolio	
ISASA Protector Portfolio	
Balanced Index Portfolio (Passive)	
Conservative Index Portfolio (Passive)	
Smoothed Bonus Portfolio	
Money Market Portfolio	
Shari'ah Compliant Portfolio	
TOTAL	100%

Must add up to 100%.

### DECLARATION

- I declare that I understand the risk profile of the investment portfolio of my choice and that I have obtained advice where appropriate.
- I declare that I understand the implications of my choice and that I indemnify the Fund, the Trustees and the Principal Officer of the Fund, my employer and Old Mutual against any claim whatsoever arising from my investment choice.
- I hereby confirm that the Fund should invest my **Retirement Funding Contributions** as indicated on this form.

Surname  Initials

Member's signature  Date

### Notes:

- All members who join the ISASA Pension Scheme or ISASA Provident Fund must complete this form, except for new members under the Part I (Defined Benefit) arrangement.
- The completed form must be forwarded to your payroll administrator, who will notify the Fund Administrator. If you fail to complete and submit this form within 10 days of joining the Fund, then you will be defaulted to the Goals-based Life Stage Portfolio.
- If you wish to change your election after this date you may alter your elections and initiate a switch request via the member web or a switch form needs to be completed and submitted to the administrator per the requirements of that form.



Pension Scheme and Provident Fund



## INVESTMENT SWITCHING FORM

Please email this completed form (all 2 pages) to: **isasa@oldmutual.com**

Please ensure that you have read the "Investment Communication", which provides details of the different investment options and obtain appropriate financial advice before completing this form.

You should receive confirmation of receipt of your request within 5 working days. If you do not receive a response, you may call Old Mutual on 0860 455 455 or email **isasa@oldmutual.com**.

### PART 1 PERSONAL DETAILS

Surname	<input type="text"/>	Initials	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Scheme code	<input type="text"/>	Fund reference number	<input type="text"/>
School	<input type="text"/>		
Telephone number	<input type="text"/>		
Fax number	<input type="text"/>		
Cellphone number	<input type="text"/>		
Email	<input type="text"/>		
Date switch to be effected*:	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

\* The switch will be carried out on the date requested provided the completed form is received by Old Mutual no later than 10 working days preceding the switch date. Please see the notes in the Agreement Section that pertain to switches from the Smooth Bonus Portfolio.

### PART 2 INVESTMENT OPTIONS

I hereby confirm that I request to change my investment option as follows: (You may only elect **ONE** of the options)

OPTION	
1. Switch from Own Investment Option to the Goal's Based Life Stage Model	<input checked="" type="checkbox"/>
2. Switch from Own Investment Option to the Passive Life Stage Model	<input type="checkbox"/>
3. Switch from Goal's Based (Default) Life Stage Model to the Passive Life Stage Model	<input type="checkbox"/>
4. Switch from Passive Life Stage Model to the Goal's Based Life Stage Model	<input type="checkbox"/>
5. Switch from Life Stage Model (Goal's Based or Passive) to Own Investment Option (If you elect this option, please complete Part 3 and Part 4 of this form.)	<input type="checkbox"/>
6. Remain with Own Investment Option, but switch my accumulated retirement savings and/or change my future retirement contributions. (If you elect this option, please complete Part 3 and/or Part 4 of this form.)	<input type="checkbox"/>

### PART 3 CURRENT FUND CREDIT

Please invest my current **Fund Credit** as follows:

Portfolio	%
ISASA Performer Portfolio	
ISASA Protector Portfolio	
Balanced Index Portfolio (Passive)	
Conservative Index Portfolio (Passive)	
Smoothed Bonus Portfolio (see note below)	
Money Market Portfolio	
Shariah Compliant Portfolio	
TOTAL	100%

Must add up to 100%.

**Note: Members are allowed to make Book Value or Market Value Switches out of the Smooth Bonus Portfolio. Please note the implications which are included in the "Agreement Section".**

Book value or  Market value

## PART 4 FUTURE CONTRIBUTIONS

Please invest my future **Retirement Contributions** as follows:

Portfolio	%
ISASA Performer Portfolio	
ISASA Protector Portfolio	
Balanced Index Portfolio (Passive)	
Conservative Index Portfolio (Passive)	
Smoothed Bonus Portfolio	
Money Market Portfolio	
Shariah Compliant Portfolio	
TOTAL	100%

Must add up to 100%.

## PART 5 CONFIRMATION PROCEDURE

Old Mutual will confirm receipt of your switch instruction within 5 working days of receipt. Furthermore, confirmation of the implementation of the switch instruction will be advised to you within four weeks after the effective date of the switch. Such confirmations will be provided by email.

If you have **NOT** received confirmation from Old Mutual, please contact the Member Service Centre on the following telephone number: 0860 455 455. Please note that the **onus is on you to contact** Old Mutual if you do not receive confirmation of your switch.

## PART 6 AGREEMENT

- I understand that the Trustees of the ISASA Retirement Funds may change the investment managers who manage any of the portfolios and/or the investment strategy if they believe it is in the best interests of the members.
- I accept that this instruction will only be processed if it is submitted to Old Mutual 10 working days prior to the switch effective date, for a switch due to be effected at the requested date, with the exception of book value switches from the Smooth Bonus Portfolio which require a 2 month notice period.
- Only percentage allocations will be accepted (not Rand amounts) for switching and it must total 100%.
- Contributions received for the month in which the switch instruction is received will be invested in terms of the switch instruction (future contribution allocation).
- I accept the use of email as a legally binding delivery mechanism.
- I accept that;
  - Old Mutual holds the right to withhold processing of any unclear, incomplete or ambiguous requests received from me.
  - Old Mutual will not be held liable for any loss incurred due to incorrect information supplied by me.
  - Old Mutual will not be held liable for any losses if a switch form is not received or is received late.
  - It is my responsibility to ensure that I received confirmation from Old Mutual in which the receipt of my switch instruction is confirmed and the subsequent implementation of the switch instruction is confirmed.
  - No alterations may be made to this form.

### Switches out of the Smoothed Bonus Portfolio

Members are allowed to make Book Value or Market Value Switches out of the Smoothed Bonus Portfolio.

#### Book Value Switches:

- Allowed at the investment account value twice a year on 30 September and 31 March.
- A minimum of 2 months' notice for these switches is required, i.e. a completed switch form must reach Old Mutual at least 2 months before the switch date.
- There is an annual limit to this Book Value Switch facility to protect investors in this portfolio in adverse market conditions when the Bonus Smoothing Reserve is negative.
- If you want to switch on any date other than the two dates specified above, a Market Value Switch can be processed.

#### Market Value Switches

- Allows you to switch from the Smoothed Bonus Portfolio on a monthly basis at investment account value less a market value adjuster when applicable.
- Old Mutual must receive this instruction by close of business 10 working days prior to the switch effective date.
- The purpose of the Market Value Adjuster (MVA) is to protect the policyholders remaining in the fund.
- An MVA is applied when the market value of the assets are less than the investment account value.
- The MVA is expressed as a percentage (%) of the investment Account, so the amount switched is reduced by Investment Account Amount x MVA%.
- Old Mutual retains ultimate discretion on the level of an MVA.
- Your estimated switch value can be obtained by calling the Old Mutual Member Servicing Centre on 0860 455 455.

## PART 7 DECLARATION

- I declare that I understand the risk profile of the investment portfolio of my choice and that I have obtained advice from a registered financial adviser.
- I declare that I understand the implications of my choice.
- I indemnify the Fund, the Trustees and the Principal Officer of the Fund, my employer and Old Mutual against any claim whatsoever arising from my investment choice.

Postal address

Member's signature

Date





## INDEPENDENT SCHOOLS NOTIFICATION OF TRANSFER

Name of fund

Fund code

**Please note that**

Name of transferee

Reference number

**has been transferred**

FROM

Name of school

Code

TO

Name of school

Code

Date of transfer 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Member contributions for the month prior to date of transfer: **R**

Signature

Capacity/Designation

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**OFFICIAL COMPANY  
STAMP**



## BENEFIT REINVESTMENT FORM

FOR USE WHEN LEAVING YOUR EMPLOYER DUE TO RESIGNATION, RETRENCHMENT OR DISMISSAL

Please complete accurately, using **CAPITAL/BLOCK LETTERS** in blue or black ink. Tick (✓) blocks where appropriate.

Return the completed form to your HR office. Please note that **FULL COMPLETION OF ALL SECTIONS** is necessary to ensure the processing of your claim.

### THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE EMPLOYEE (MEMBER) IN THE EVENT OF RESIGNATION, RETRENCHMENT OR DISMISSAL.

This form aims to explain your options related to your ISASA retirement savings to help you in your planning for a **happy retirement**. You will need to make an election regarding how you would like to handle your accumulated retirement savings when leaving your employer.

#### SECTION A RETIREMENT BENEFIT PRESERVATION WHEN LEAVING YOUR EMPLOYER (Resignation, retrenchment or dismissal)

Title	<input type="text"/>
Surname	<input type="text"/>
First names	<input type="text"/>

#### This is an important decision that affects the rest of your life:

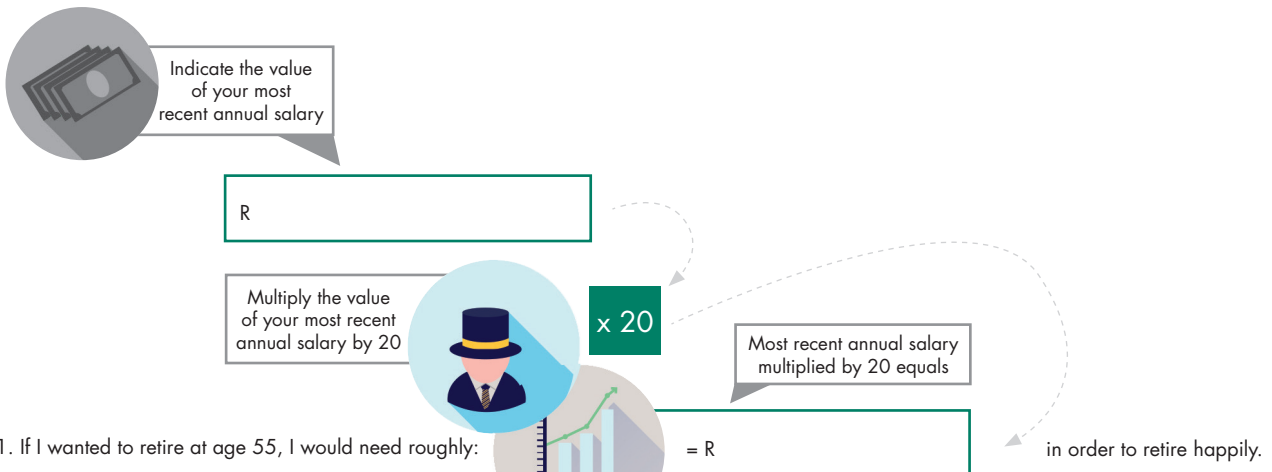
- The ISASA Pension & Provident Fund Rules allow for you to select one of a few options regarding your retirement savings when you leave your employer.
- The option that you select will have an impact on your total accumulated retirement savings, and therefore on your ability to **retire happily**.



- Your retirement savings have been built up through your hard work over time. It is therefore important that you understand your options and make the right decision.
- For assistance or for more information on your options, please contact your Financial Adviser. If you do not have a Financial Adviser, you can **email** [membersupportservices@oldmutual.com](mailto:membersupportservices@oldmutual.com) or send a **FREE SMS to 30886** (please type 'ISASA, your name, surname and ID number' in the body of the message) and one of our Old Mutual consultants will call you back within 48 hours. Alternatively, you can call 0860 388 873 (Sharecall) for assistance.

**Please complete the following infographic accurately:**

This exercise is important to assist you in calculating if you are on track for a happy retirement, or if you should continue saving. Correct completion will assist you in deciding how to deal with your retirement savings. Please note that ISASA Pension & Provident Fund and your HR personnel have access to all salary and savings information required below.



1. If I wanted to retire at age 55, I would need roughly: = R in order to retire happily.



2. So far, I have saved: R

3. What I currently have is:   
 MORE than what I would need in order to retire happy and comfortably.    
 LESS than what I would need in order to retire happy and comfortably.

4. Based on my answer to (3) above:   
 I DO NOT NEED TO continue saving towards my retirement.    
 I NEED TO continue saving towards my retirement.

The above exercise provides a quick overview but should not be seen as completely accurate. Please contact a Financial Adviser for a more detailed review of your financial position. If you do not have a Financial Adviser, you can **email** [membersupportservices@oldmutual.com](mailto:membersupportservices@oldmutual.com) or send a **FREE SMS to 30886** (please type 'ISASA, your name, surname and ID number' in the body of the message) and one of our Old Mutual consultants will call you back within 48 hours. Alternatively, you can call 0860 388 873 (Sharecall) for assistance.

**SECTION B REINVESTMENT OPTIONS**

**Transfer 100% of ISASA savings to Protektor or to another approved pension, provident, preservation\* or retirement annuity fund.**

**(Please indicate your specific choice below and attach a copy of the proposal or application form)**

Old Mutual's **Protektor** Preservation Fund allows you to transfer your retirement savings, tax free, to ensure that you continue your planning for a **happy retirement**.

- Protektor Preservation Fund (Guaranteed Option – Absolute Stable Growth)
- Another approved Fund

Full name of other approved Fund

\* Transferring to a preservation fund: pension fund savings can only be transferred to a pension preservation fund; provident fund savings can be transferred to a pension preservation fund or to a provident preservation fund.

**Attach a copy of proposal or application form for approved Fund.**

**Part Cash/Part Transfer to another approved Fund**

- If preserving your full ISASA savings amount is not financially possible, the option to preserve a portion is then strongly advised..
- Old Mutual's **Protektor** Preservation Fund is designed for this purpose and allows you to transfer your savings, tax free, to help you continue saving for a **happy retirement**.
- Insert cash amount, or percentage of total ISASA savings, to be paid in cash:

R  OR  %

Full name of approved fund

Please specify to which approved Fund (including a Preservation Fund) the remainder of your savings should be transferred:

\* Transferring to a preservation fund: pension fund savings can only be transferred to a pension preservation fund; provident fund savings can be transferred to a pension preservation fund or to a provident preservation fund.

**Attach a copy of proposal or application form for approved Fund.**

**Full cash payment**

Please note the following important information with regard to the taxation of retirement savings taken in cash that became payable on or after 1 March 2009 (i.e. date of resignation, dismissal or retrenchment is on or after 1 March 2009):

- Any cash amount requested will be reduced by any tax payable on it, which may prevent you from being able to retire happily one day.
- Any retirement savings taken in cash will be taxed on a cumulative basis.
- Any retirement savings taken in cash will reduce the tax-free amount available when you retire.

Please be aware that should you choose a full cash payment (not generally recommended for the average ISASA member) you must indicate your agreement with ALL statements below through signing where required:

SIGNATURES

- Taking a full cash pay-out could prevent me from retiring happily in the future.
- In order to build enough wealth to retire it is very important that I avoid early withdrawals, where possible.
- Due to the potentially severe implications of this election, I have sought financial advice where I have been at all unsure of my options and the implications thereof.
- Any cash amount that I have requested will be reduced by any tax payable on it.


**SECTION C BANKING DETAILS (Only complete if you have chosen a full or part cash payment)**

Name of accountholder													
Name of bank							Name of branch						
Account number													
							Bank branch code						
Type of account	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings												

**Note: (1) Payment by cheque is not permitted; (2) The Rules of ISASA Pension Scheme and Provident Fund require that the member must be the Accountholder.**

**SECTION D MEMBER'S PERSONAL DETAILS (All members to complete in full)**

RSA ID													Date of birth	D	D	M	M	Y	Y	Y	Y	
Income tax number													(compulsory where member has worked in South Africa)									
Passport number													(where no South African ID number is available)									
Country of issue of passport																						
Telephone number*	Code					No.																
Cellphone number																						
Email address*																						
<b>Residential address</b>																						
Unit number					Complex name																	
Street number																						
Street name																						
Suburb																						
City/Town																	Code					
<b>Postal address</b>	(complete only if different from residential address)																					
																	Code					

\* Insert the details where you will be contactable after leaving this employer.

**SECTION E DECLARATION BY MEMBER (All members to complete)**

- I fully understand the options in terms of the Rules of the ISASA Pension & Provident Fund.
- I have sought financial advice where I have been unsure of my options.
- (If you still require assistance, you can **email** [membersupportservices@oldmutual.com](mailto:membersupportservices@oldmutual.com) or send a **FREE SMS to 30886** (please type 'ISASA, your name, surname and ID number' in the body of the message) and one of our Old Mutual consultants will call you back within 48 hours. Alternatively, you can call 0860 388 873 (Sharecall) for assistance.
- I confirm that I fully understand the decision that I am making and the implications thereof. I am aware of the consequences that this decision could have for my future and for my prospects of retiring happily and comfortably.
- I certify that all particulars furnished in this form and in the accompanying documentation are true and correct.
- For retrenchment benefits: I understand that I will lose the tax concession if I have elected to transfer a retrenchment benefit to another fund.

Member's signature

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE EMPLOYER.**

**SECTION F PARTICIPATING EMPLOYER'S BUSINESS DETAILS**

Name of employer

Telephone number Code  No.

Cellphone number

Email address

Contact branch

**SECTION G PARTICIPATING EMPLOYER'S SCHEME DETAILS**

Scheme code

Member's ISASA reference number

**SECTION H MEMBER EXIT DETAILS**

Date of withdrawal         Final contributing month

**Amount of final contribution:**

Employee  R

Employer  R

**TYPE OF WITHDRAWAL**

**Note:**

- Be aware of the Rules of ISASA Pension Scheme and Provident Fund as the member may already be eligible for retirement benefits.

Resignation  Retrenchment  Dismissal

**REMUNERATION DETAILS**

Final GROSS **annual** pensionable salary at date of exit R

Final GROSS **annual** taxable salary at date of exit R

**PRIOR CLAIM**

Is any Prior Claim payable? YES  NO

**If "YES", complete a Prior Claim Form and attach it to this form.**

**You can obtain the Prior Claim Form online at [www.isasapensionfund.co.za](http://www.isasapensionfund.co.za) or by phoning the service centre on 0860 45 54 55.**

**SECTION I DECLARATION BY PARTICIPATING EMPLOYER**

I,  the undersigned,

hereby certify that:

- I am authorised to sign this form; and
- all particulars furnished in this form and accompanying documentation are true and correct.

Signed on behalf of employer

Designation

Date





## RETIREMENT CLAIM FORM

### SCHEME DETAILS

Employer name

Scheme code

### MEMBER DETAILS

First name(s)

Surname

Identity number

Date of birth

Passport number (if no RSA ID)

Country of issue

Employee number  Membership number

Email address

Cellphone number

Date of retirement

Income tax number

Annual salary at exit  Last contribution month

Last employee contribution  Last employer contribution

Member's residential address

Member's postal address

### Reason for retirement

Normal  Early  Late  Ill Health

### RETIREMENT – Some Important Information

- When you retire from a **Pension Scheme**, you have the option to elect a maximum of one-third of the available benefit as a cash lump sum, the balance being utilised to purchase a compulsory annuity or a pension from the Fund. However, if your total retirement benefit from your pension scheme is R247 500 or less, the total benefit may be taken in cash.
- When you retire from a **Provident Scheme**, a full cash benefit is payable. However, please consult the Rules of your Scheme for the annuity options available.
- All options elected must be in terms of the Rules of the Scheme and it is advisable to consult a Financial Adviser to assist you in making the right choices best suited to your own personal needs and circumstances.
- You are able to purchase more than one compulsory annuity if all the following conditions are met:
  - One of the annuities purchased or insured must at all times during its existence produced an income in excess of the annual equivalent of R150 000
  - None of the annuities purchased or insured may have a capital value of less than R25 000
  - No more than four annuities may be purchased or insured or paid by the retirement fund in respect of a member at retirement

**BENEFIT PAYMENT OPTIONS (Options must be elected in terms of the Rules of the Scheme)**

Please complete the relevant section pertaining to the Scheme that you are retiring from. If you were a member, at the same time, of more than one scheme administered by Old Mutual, please complete the sections below for each scheme that you belonged to.

Indicated the appropriate option with a tick (✓).

**PENSION SCHEME**

Please select ONE of the options below:

- i)  Full Compulsory Annuity\*\*
- ii)  To commute R  (max. one-third) of the total available benefit for a cash lump sum
- iii)  Defer my retirement from the Fund\*

Full Compulsory Annuity or Balance Compulsory Annuity to be purchased:

By the Pension Scheme in terms of the Rules of the Scheme

**OR**

From a Registered Insurer (please attach copies of the application/proposal form(s)).

**PROVIDENT FUND**

Please select ONE of the options below:

- i)  Purchase an Annuity\*\* in lieu of the total benefit due
- ii)  Cash of R  and the remainder to an annuity
- iii)  Deferred retirement from the Fund\*

Full Annuity or Balance Annuity to be purchased. Please attach copies of the application/proposal form(s)

\* **ISASA Deferred Retirement** – When electing to defer to the payment of your benefit, your retirement savings remains invested and will continue growing in a cost effective solution. You have the freedom to choose when you want to receive your benefit, all you need to do is inform Old Mutual that you want to retire from ISASA. Please note that you are unable to Defer your retirement if you have an Employer Lien.

You may elect to invest your Deferred Retirement Account in any of the investment options that are available on the scheme. Your investment will be defaulted to invest in the same portfolios that you are invested in prior to your retirement. If you would like to elect other portfolios, please complete the Investment Switching Form and submit the investment switching form with this Retirement Claim form.

\*\* **Please note:** If you have chosen the annuity option, please consult the Rules of your Scheme together with your HR representative or Financial Adviser to check if a compulsory or voluntary annuity (if applicable) is payable BEFORE making a decision on the annuity product.

**Member’s bank account details (must be member’s OWN bank account)**

Name of account holder

Name of bank  Name of branch

Account number  Branch code

Type of account  Savings  Cheque  Transmission

**MEMBER DECLARATION**

- I confirm that all options in terms of the rules of the Fund have been explained to me and I have obtained advice from a registered financial adviser where appropriate.
- I agree that the payment of the benefit in terms of the option elected above is the full and final benefit payable from the ISASA Pension Scheme or Provident Fund to me.
- I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Member’s signature

Date

**EMPLOYER DECLARATION**

Prior claim YES  NO

If “YES”, please complete a Prior Claim Form and attach it to this form. Certified that the information supplied in this form is accurate and complete.

Employer’s signature

Designation

Date





# DEATH BENEFIT CLAIM FORM

# OVERVIEW



Please accept our sincere condolences on your recent loss.

If you need help filling in this form, please call 011 217 1611.

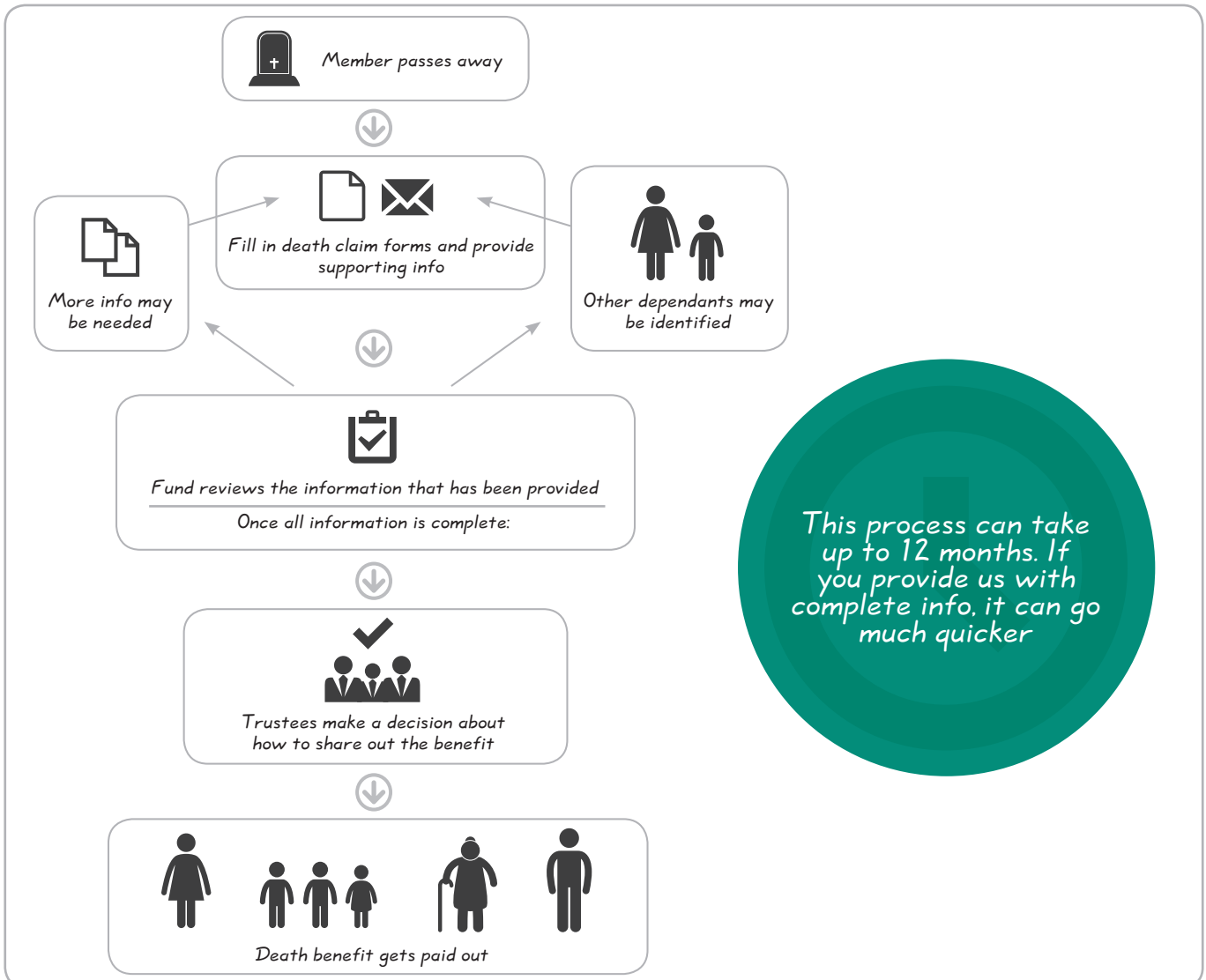
Please return these forms to: ISASA Pension Scheme and Provident Fund  
 PO Box 2444  
 Saxonwold  
 2132

Umnotho Building  
 Mutual Square  
 93 Grayston Drive  
 Sandton  
 2196

## OVERVIEW

To pay out the death benefit from the Fund, we must make sure that all the people who depended on the member are fairly considered and protected. We must try to identify everyone who depended on the member for financial support, all dependants, and anyone whom the member had a legal

responsibility to support. We need to understand how each person relied financially on the deceased member. We need the attached forms to be filled in, together with certified copies of other documents. The picture and diagram below explain the process to be followed.



*This process can take up to 12 months. If you provide us with complete info, it can go much quicker*



## WHAT IS THE PROCESS THE FUND MUST FOLLOW?

### 1 First: We identify dependants

- The Trustees must try to identify everyone who depended on the member for financial support, as well as anyone else who was legally dependant on the deceased member and any other dependants. We have to consider all of their needs and circumstances before sharing out the death benefit.
- We will always consider everyone that the member has listed on their **Beneficiary Nomination Form**.
- But if there may be other people who relied on support from the member, then the Fund may need to wait for up to **12 months** before sharing out the death benefit. Only if we are sure that we know about everyone will we pay out sooner than 12 months after the member's death.
- We rely heavily on the HR department at the member's work, on colleagues, on family and friends to help to identify everyone who relied financially on the member. **It can really speed up the process if we are sure that we know about all the potential dependants.**

### 2 Second: We need to understand HOW each person relied financially on the member, and how they were related to the member.

- We need all kinds of information, like ID documents; marriage and birth certificates; a copy of the member's Will; the **Beneficiary Nomination Form**; and financial details about dependants who wish to be considered. The **Death Claim Forms** and the supporting Annexures act as sworn affidavits.
- We have to be very careful that no-one is trying to cheat their way to some money, which is why we need certified copies.

### 3 Third: We share out the death benefit

- We share out the benefit fairly and reasonably to the people who were actually dependent on the member for support, and who would have depended on the deceased in future.
- **We do consider the member's written preferences** (the Beneficiary Nomination Form), but we sometimes need to act differently to obey the law. This may also mean that we can't always follow cultural or religious traditions.
- If the death benefit is big enough to provide appropriately for the needs of the member's financial dependants, then the law guides us in how we share any money between any nominees (and in certain cases, the member's Estate).

### 4 Finally, we are in a position to pay out the death benefit.

- Usually, we pay each person's share of the benefit into their bank account.
- However, if the benefit is for a child, we must make sure that the parent or guardian has the skills to be able to manage the money. This means that sometimes we may put the money into a special Beneficiary Fund, so that it can be paid out monthly or annually to help meet the child's needs.
- We have to **deduct tax** (where applicable) from the benefit paid to each person. We provide a benefit payment letter to each person, together with a copy of the relevant tax form (Form IRP5 or Form IT3a).

## WHO MUST COMPLETE THESE FORMS?

- Someone who knew the Deceased (the person who died) well should **make sure that these Death Claim Forms are all filled in**. This could be the Deceased's spouse or partner, or a close family member, or a person who knew the Deceased's personal circumstances, or the Employer of the Deceased.
- Some of the forms may be filled in by other people. **Please only fill in the relevant forms**, but note that **Claim Form 1 (About the Deceased) MUST be completed**.
- The person who completes a form **must sign it in front of a Commissioner of Oaths**.

## What forms must you fill in?

Forms that we ALWAYS need	Forms that we USUALLY need	Forms that we SOMETIMES need
<p><b>Claim Form 1</b> About the Deceased</p>	<p><b>Claim Form 2</b> About the spouse / Life partner / Ex-spouse / Guardian</p>	<p><b>Claim Form 5</b> Dependants who do not wish to claim</p>
<p><b>Claim Form 6</b> About the Employer</p>	<p><b>Claim Form 3</b> About the children</p>	<p><b>Claim Form 7</b> Police report</p>
	<p><b>Claim Form 4</b> Other financial dependants</p>	

Claim Form	Who should fill in this form?
<b>Claim Form 1:</b> About the Deceased (COMPULSORY - MUST BE FILLED IN)	Deceased's <u>spouse or partner</u> , or a <u>close family member</u> , or a person who knew the Deceased's personal circumstances, or the <u>Employer</u> of the Deceased.
<b>Claim Form 2:</b> About a Spouse or Permanent Life Partner or Ex-Spouse or Guardian	Deceased's <u>Spouse</u> (husband or wife) AND/OR <u>Permanent Life Partner</u> AND/OR <u>Ex-Spouse</u> AND/OR <u>Guardian</u> Each person should <u>complete a separate form</u> .
<b>Claim Form 3:</b> About any Children (All children of the Deceased: Biological, adopted, foster, stepchild, regardless of age)	<u>Parent or Guardian</u> of any children of the Deceased.
<b>Claim Form 4:</b> Other financial dependants	<u>Anyone else</u> who was financially dependent on the Deceased – for example, parents, grandparents, brother or sister, or similar.
<b>Claim Form 5:</b> Dependants who DO NOT wish to claim	Anyone who may have been a Dependant, but DOES NOT want to receive a portion of the benefit. (This may include any of the above family members).
<b>Claim Form 6:</b> About the Employer (COMPULSORY)	A manager or colleague or HR representative at the <u>Deceased's Employer</u> .
<b>Claim Form 7:</b> Police Report (Only if death was not due to natural causes)	The investigating officer at the Police Station.

## SUPPORTING DOCUMENTS

What other information do we need? (We need CERTIFIED COPIES, please!)	
<b>General</b>	Death certificate.
	If available: Beneficiary Nomination Form (if the Deceased nominated people for the death benefit).
	Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
	If available: Proof of income of the Deceased (such as a recent payslip).
	If available: Last Will and Testament or Next of Kin Affidavit (J192). The Next of Kin Affidavit must be filled in if the member died without a Last Will and Testament, by the person who reports the member's Estate to the Master of the High Court. You can get this form from the Master of the High Court or a Magistrate's Court.
	If available: Letter of Executorship or Letter of Authority (and the name of the Executor and/or Master of the High Court).
	If the Employer is claiming a refund from the benefit: Supporting documents, with acknowledgement of debt by member.
<b>If the deceased was married</b>	ID of the spouse.
	Marriage certificate/Proof of Customary Union.
	If available: Proof of any financial support.

<b>If the deceased was divorced</b>	ID of the Ex-Spouse.	
	Maintenance order and/or divorce order; or proof of termination of Common Law or Customary Union.	
	If available: Proof of income of Ex-Spouse.	
	If available: Proof of regular support by Deceased.	
<b>If the deceased was widowed</b>	Death certificate of Spouse.	
<b>Children (all ages) and Grandchildren (if they depended on Deceased)</b>	ID of each child.	
	Birth certificate of each child.	
	If available: Proof of any income or financial support of child.	
	Proof of schooling/student status.	
	If applicable: Proof of any disability likely to affect ability to work (Medical certificate or letter).	
	If applicable: Proof of Guardian's appointment.	
<b>Other financial dependants or nominees</b>	If applicable: Proof of income of Guardian.	
	ID of the dependant.	
	If available: Proof of any financial support.	

## What is the difference between a dependant and a nominee?

- A dependant is usually someone who depended on the member for regular financial support – this is a factual dependant. Some people (such as a wife or a child) have a legal claim for maintenance, and they will also be considered as a legal dependant. The following people may be considered as dependants in terms of the Pension Funds Act:
  - > Spouses (including customary and religious unions, civil marriages and civil partnerships).
  - > Children (biological, stepchildren and legally adopted).
  - > Anyone proven to be dependent on the Deceased for maintenance or financial support, or legally liable for maintenance or financial support (e.g. in terms of divorce agreements or maintenance orders). This could be someone who would have become legally liable for maintenance, had the Deceased not died (e.g. engaged to be married, unborn children).
- A nominee is someone who the member nominated in their Beneficiary Nomination Form to receive a portion of the benefit. They may ALSO be a dependant, but not always.
- Being nominated by the Deceased does not mean you will definitely get a benefit. We have to consider the circumstances of all the dependants. Only if there is money left over (after considering the needs of all the dependants) will a nominee who is not a dependant receive a share of the benefit.

## WHAT DO ALL THESE WORDS MEAN? (GLOSSARY)

Word	Meaning
<b>Affidavit</b>	A signed statement that you promise to be true in front of a Commissioner of Oaths. Also called a Sworn Declaration.
<b>Adopted child</b>	A child where a legal process has been followed to take the child into your family, so that the child is recognised as your own child.
<b>Beneficiary</b>	A person who gets a share of the Death Benefit from the Fund.
<b>Biological</b>	Real/related by blood/direct family
<b>Beneficiary Nomination Form</b>	The form filled in by the Deceased, which lists the people who the Deceased wants the Trustees to consider when sharing out the Death Benefit.
<b>Certified copy</b>	A copy of a document that has been stamped and signed by a Commissioner of Oaths to show that it is true and accurate.
<b>Colleague</b>	Someone the Deceased used to work with.
<b>Commissioner of Oaths</b>	A trusted person (like a policeman, a lawyer, a certified Post Office employee, or some Old Mutual branch employees) who will stamp your documents to confirm they are true and correct.
<b>Compulsory</b>	A section that <u>must</u> be filled in.

<b>Conflicting information</b>	If the information given to us does not all fit together, or seems to be wrong.
<b>Curator</b>	A legal representative appointed by the Court to manage the finances and property of another party. The curator fulfills these duties for as long as the curatorship is in place.
<b>Death Benefit</b>	The amount of money payable upon the death of a member (i.e. as a consequence of the death of the member).
<b>Deceased</b>	The member of the Fund who has died.
<b>Declare under oath</b>	To make a sworn statement in the presence of a Commissioner of Oaths.
<b>Dependant</b>	Someone who relied on the Deceased member for financial support on a regular basis, or someone who was legally dependant on the Deceased, or someone who would have become legally dependent. Please see Section 1 of the Pension Funds Act for a complete definition.
<b>Executor</b>	A person who has been appointed by the Master of the High Court to administer the Deceased's estate.
<b>Foster child</b>	A child who you have taken into your family to look after, but have not officially adopted.
<b>Fund</b>	ISASA Pension & Provident Fund.
<b>Guardian</b>	The person legally responsible for the care and management of a child under the age of 18.
<b>Last Will and Testament</b>	A formal document stating the Deceased's wishes in terms of who is to receive their money and/or possessions when they pass away. This does NOT include the Death Benefit payable from the Fund.
<b>Legally liable</b>	Responsible
<b>Maintenance</b>	Financial support that must be paid to any person to whom a duty of support is owed.
<b>Marriage types:</b>	<ul style="list-style-type: none"> <li>• <b>Civil, with Ante-Nuptial Contract:</b> The marriage is conducted by a marriage officer (who can also be a minister of religion), and there is an Ante-Nuptial Contract.</li> <li>• <b>Civil Union Partnership:</b> A marriage or partnership registered in terms of the Civil Union Act.</li> <li>• <b>Customary Union:</b> A marriage negotiated, celebrated or concluded according to any of the systems of indigenous African customary law which exist in South Africa. A customary union concluded after 15 November 2000 must meet the requirements set out in the Recognition of Customary Marriages Act.</li> <li>• <b>Religious Union:</b> A marriage in terms of a widely recognised religion, but which was NOT conducted by a marriage officer.</li> </ul>
<b>Misrepresentation</b>	False or misleading information.
<b>Next of Kin</b>	The person most closely related by blood to the Deceased.
<b>Nominated</b>	Designated in writing to the Fund.
<b>Occupation</b>	Your job (e.g. office clerk/doctor/policeman/mineworker/technician, or similar)
<b>Pension Funds Act</b>	The South African law about retirement funds.
<b>Permanent Life Partner</b>	Where a couple lives together outside marriage, but in a relationship which is similar to a marriage, they are called "Permanent Life Partners".
<b>Qualifications</b>	The courses you have studied (e.g. matric/university degree/college diploma/FET certificate).
<b>Spouse</b>	Your husband or wife.
<b>Stepchild</b>	A child of your husband or wife, from another relationship.
<b>Sworn Declaration</b>	A sworn statement made in the presence of and administered by a Commissioner of Oaths.
<b>Trustees</b>	The Management Board of the Fund, who is responsible to govern the Fund and make decisions.

# DEATH BENEFIT CLAIM FORM

# 1

## ABOUT THE DECEASED

This Claim Form 1 tells us about the Deceased Member (the person who has died).

It should be completed by:

- The Deceased's Spouse/Partner, OR
- A close family member, OR
- A person who knew the Deceased's personal circumstances, OR
- The Employer.

If you need help filling in this form, please call 011 217 1611.

Please return these forms to:

ISASA Pension Scheme and Provident Fund  
 PO Box 2444  
 Saxonwold  
 2132

Umnotho Building  
 Mutual Square  
 93 Grayston Drive  
 Sandton  
 2196



Please attach certified copies of the following to this form:

- A copy of the Deceased's ID.
- A copy of the Death Certificate.
- If available: Last Will & Testament or Next of Kin Affidavit (J192)
- If available: Letter of Executorship or Letter of Authority.
- If available: Proof of income of the Deceased (e.g. a payslip).
- Form B1-1663 (Notification of Death/Still-Birth) - fully completed by all parties.



## A

### PERSONAL DETAILS OF THE DECEASED

Title \_\_\_\_\_ Surname \_\_\_\_\_

Full name(s) \_\_\_\_\_

SA ID number

Income tax number \_\_\_\_\_

Passport number (if no ID number)

Passport: country of issue \_\_\_\_\_

Date of birth

Date of death

Last residential address \_\_\_\_\_

Code: \_\_\_\_\_

Last postal address \_\_\_\_\_

Code: \_\_\_\_\_

Last home telephone \_\_\_\_\_ Last cellphone \_\_\_\_\_

Employer: company name \_\_\_\_\_

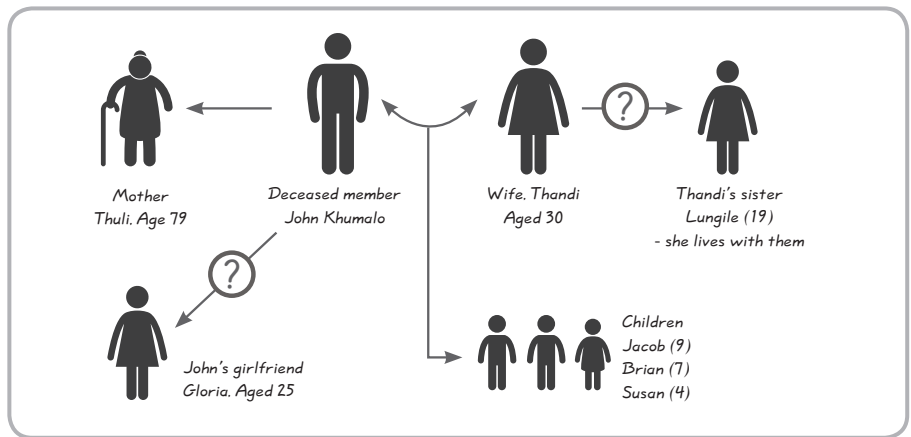
## B SUMMARY OF THE FAMILY AND THOSE WHO MAY HAVE DEPENDED ON THE DECEASED

Did the Deceased have	YES	NO	How many?	Which form(s) should be filled in?
A Spouse (Husband or Wife (Civil marriage, customary marriage or civil union))				Claim Form 2 for each Spouse
A Permanent Life Partner				Claim Form 2 for each Partner
An Ex-Spouse (i.e. divorced)				Claim Form 2 for each Ex-Spouse
Children				Claim Form 3 for each Child
Grandparents, grandchildren or nephews/nieces who depended on him/her financially				Claim Form 3 for each Child
Other people who depended on him/her financially or for whose maintenance he/she was liable/responsible (e.g. parents, brother/sister, girlfriend/boyfriend)				Claim Form 4 for each person
Other	YES	NO	How many?	Which form(s) should be filled in?
Is a Guardian looking after any of the Deceased's children?				Claim Form 2 for each Guardian
Was the death due to natural causes (e.g. illness or old age)?				If NO: Claim Form 7



### Draw us a picture if you want:

We need to know about everyone and their relationship with the member. If it will help, draw us a picture or a diagram showing how everyone is related, like the example on the right. Please attach your picture to this form.



## C WHO DID THE DECEASED LIVE WITH AT THE DATE OF HIS/HER DEATH?

Who is now the head of the household in the home where the Deceased lived before his/her death?

Full name(s)		Surname	
ID number		Date of birth	
Telephone (H)		Telephone (W)	
Cellphone		Email address	
How long was the deceased living in this household?			
Relationship to the deceased			

**D****ANY INSURANCE, LIFE COVER, INHERITANCE OR SIMILAR BENEFITS**

We need to know about any other money which has been paid/will be paid as a result of the Deceased's death. Please list any inheritance, policies of insurance, life cover from other retirement funds, funeral cover, or similar benefits payable.

Description (e.g. funeral cover/inheritance/life cover)	Insurer or name of Fund paying the benefit	Policy or Reference Number (if available)	Person(s) likely to receive the benefits	Expected Value	Date payable

**E****DETAILS ABOUT THE MASTER OF THE HIGH COURT AND THE EXECUTOR**

Has the death been reported to the Master of the High Court?	Y/N	If available: What is the reference number?	
Has an Estate been registered?	Y/N	If yes: Is the Estate solvent?	Y/N
Full name(s) and surname of Executor			
Telephone (W) of the Executor			
Email Address of the Executor			

**F****ADDITIONAL DETAILS**

Please provide any other details about the Deceased or people who depended on him/her or for whose maintenance he/she was liable/responsible that you think are relevant:




## SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, \_\_\_\_\_ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct.

I indemnify the ISASA Pension Scheme and Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

<b>Signed at (place)</b>		<b>Date signed</b>	
<b>Telephone</b>		<b>Cell phone</b>	
<b>Signature</b>		<b>Relationship to the Deceased</b>	

- > The ISASA Management Board has a legal duty in terms of Section 37C of the Pension Funds Act to investigate all dependants (legal and factual) of the Deceased Member.
- > Please make sure that all information is complete and correct to assist the Board to pay the death benefit in a fair and appropriate way. This includes details of income, expenses, financial support, and your relationship with the Deceased, as asked for on this form and supporting forms.
- > The Board has the discretion to share out the death benefit to dependants of the Deceased and/or nominated beneficiaries of the Deceased.
- > The Board may check the information provided, when conflicting information is received or if they need to check the facts.
- > Any misrepresentations, either stated or withheld, may influence the decision by the Board in how they share out the death benefit.



## STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

<b>Commissioner of Oaths:</b> Full Name & Surname			
<b>Telephone</b>		<b>Designation</b>	
<b>Signature of Commissioner of Oaths</b>		<b>Official Stamp</b>	



# DEATH BENEFIT CLAIM FORM

## 2

### ABOUT THE SPOUSE/LIFE PARTNER/EX-SPOUSE/GUARDIAN

#### For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

#### This Claim Form 2 provides us with information about the:

- Spouse (husband or wife) of the Deceased;
- Permanent Life Partner of the Deceased;
- Ex-Spouse of the Deceased; OR
- Guardian of one or more children of the Deceased.

It should be completed by a Spouse / Permanent Life Partner / Ex-Spouse / Guardian.

**Each relevant person should complete a separate Claim Form 2.** For example:

- If the Deceased had more than one Spouse at date of death, each Spouse should complete a separate Form 2.
- If the Deceased was divorced, and someone else is acting as the Guardian of the children, then the Ex-Spouse and the Guardian should each complete a separate Claim Form 2.

If you need help filling in this form, please call 011 217 1611.

Please return these forms to:

ISASA Pension Scheme and Provident Fund  
 PO Box 2444  
 Saxonwold  
 2132

Umnotho Building  
 Mutual Square  
 93 Grayston Drive  
 Sandton  
 2196



#### Please attach certified copies of the following to this form, where applicable:

- Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
- A copy of your ID.
- If applicable: Proof of your marriage to the Deceased. (For example, a copy of your marriage certificate, Lobola certificate or confirmation by a traditional or religious leader).
- If applicable: Proof of your divorce from the Deceased.
- If you are a Guardian and you have been legally appointed by the Court: Proof of legal appointment as Guardian.
- If applicable: Proof of income.



## A

### DETAILS ABOUT YOU, THE SPOUSE / LIFE PARTNER / EX-SPOUSE / GUARDIAN

Title \_\_\_\_\_ Surname \_\_\_\_\_

Full name(s) \_\_\_\_\_ Maiden/previous surname(s) \_\_\_\_\_

SA ID number

Date of birth

Passport number (If no ID number)

Passport: country of Issue \_\_\_\_\_

Residential address \_\_\_\_\_

Postal address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Cellphone \_\_\_\_\_ Email address \_\_\_\_\_

Do you have any disabilities or other health problems? (If yes, please describe and provide proof) \_\_\_\_\_

## B

### BANKING DETAILS

We will need your bank details so that we can pay your benefit if you are due to receive a share of the Death Benefit.

Name of account holder \_\_\_\_\_ Name of bank \_\_\_\_\_

Account number \_\_\_\_\_ Type of account \_\_\_\_\_

Branch name \_\_\_\_\_ Branch code \_\_\_\_\_

Cellphone \_\_\_\_\_ Email address \_\_\_\_\_

Account holder relationship: *(Is the account your own, a joint account, or is it a third party's bank account?)*

## C

### YOUR INCOME AND EXPENSES

Please tell us about all monthly income and other financial support at the time of the Deceased's death. Please provide a copy of a salary slip(s) where available.

MONTHLY INCOME from all sources at the time of the Deceased's death	My Income	If you were the Spouse or Life Partner: Deceased's Income
Total Salary/Wages (Gross salary before tax and other deductions)		
Maintenance (e.g. from a divorced spouse)		
Pension income		
Investment or rental income		
Other (please provide details):		
- Other		
<b>Total income (before tax and deductions)</b>		

Please tell us about all monthly expenses and costs at the time of the Deceased's death.

List of all monthly EXPENSES at the time of the Deceased's death	Amounts That I Paid	If you were the Spouse or Life Partner: Amounts that the Deceased paid
Deductions from salary/wages:		
- Tax		
- Medical aid		
- Pension or Provident Fund contributions		
- Other deductions		
Rent / House repayments		
Groceries		
Education: School or tuition fees		
Education: Transport, school uniform, and other costs		
Transport		
Telephone		
Rates and municipal expenses		
Accounts (e.g. furniture or clothing stores; car repayments; garnishees; etc)		

List of all monthly EXPENSES at the time of the Deceased's death	Amounts That I Paid	If you were the Spouse or Life Partner: Amounts that the Deceased paid
Other expenses (please provide details):		
- Other		
- Other		
<b>Total monthly expenses</b>		

If your expenses are more than your income, please tell us how you deal with the shortfall of money.

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Have you ever been declared insolvent (bankrupt) or placed under administration?	Y/N
If Yes, please provide details.	



## YOUR ASSETS AND LIABILITIES

Please list all your assets (e.g. bank account, cash, property, motor vehicles, house contents, investments, policies).

Description of Asset	Current Value

Please list all your liabilities (e.g. debt, loans, credit card debt, bond, hire purchase).

Description of Liability	Amount still owed

## E YOUR EMPLOYMENT

Were you employed at the date of the Deceased's death?	Y/N	Are you currently employed?	Y/N
Occupation		Who is your Employer?	
Monthly salary/income		How many years have you been working?	
Details about your education and qualifications			

If you are currently unemployed, please complete the following:

How long have you been unemployed?			
Were you previously employed?	Y/N	If Yes: For how long were you employed?	
Does anyone currently help you financially?	Y/N	If Yes: How much do you receive?	
If you are not being financially assisted: How do you cover your financial needs?			

## F DETAILS ABOUT CHILDREN

Please list all children of the Deceased. Please include biological, adopted, foster or stepchildren; regardless of age.

Children of the Deceased where I am the Parent, Guardian or Caregiver.					
Child's full name	Child's date of birth	Child's ID number	Lives with me	I am the legal Guardian	Did the Deceased support the child financially?
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N
			Y/N	Y/N	Y/N



### Take Note:

Please fill in a Claim Form 3 (About any Children) for each child of the Deceased where you are the Parent, Guardian or Caregiver.

Are you aware of any <b>other biological children</b> of the Deceased (born in or out of marriage), <b>OR</b> <b>any other children who depended financially on the Deceased</b> (e.g. grandchild, niece or nephew)?	Y/N		
If YES: Please provide brief details.			
Child's full name	Child's date of birth	Child's ID number	Did the Deceased support the child financially?
			Y/N
			Y/N
			Y/N

<b>If you were the <u>Husband/Wife (Spouse)</u> of the Deceased:</b>	Please complete Section <b>G</b>
<b>If you were the <u>Permanent Life Partner (not married)</u> of the Deceased:</b>	Please complete Section <b>H</b>
<b>If you were the <u>Ex-Spouse</u> (i.e. divorced):</b>	Please complete Section <b>I</b>
<b>If you are the <u>Guardian</u> of one or more of the Deceased's children:</b>	Please complete Section <b>J</b>

### Marriage Types:



- > **Civil, in community of property:** The marriage is conducted by a marriage officer (who can also be a minister of religion), but there is no Ante-Nuptial Contract.
- > **Civil, with Ante-Nuptial Contract:** The marriage is conducted by a marriage officer (who can also be a minister of religion), and there is an Ante-Nuptial Contract.
- > **Civil Union Partnership:** A marriage or partnership registered in terms of the Civil Union Act.
- > **Customary Union:** A marriage negotiated, celebrated or concluded according to any of the systems of indigenous African customary law which exist in South Africa.
- > **Religious Union:** A marriage in terms of a widely recognised religion, but which was NOT conducted by a marriage officer.

**G**

## HUSBAND/WIFE OF THE DECEASED: DETAILS ABOUT YOUR MARRIAGE TO THE DECEASED

Date of marriage: \_\_\_\_\_

Nature of your marriage (Please tick the correct box):

Civil, in community of property  Civil, with Ante-Nuptial Contract  Civil Union Partnership  Customary Union  Religious Union

Which authority married you (e.g. Marriage Officer, Tribal Chief, Religious Leader) \_\_\_\_\_

If a Religious Union: In terms of which religion were you married? \_\_\_\_\_

<b>Were you living together at the date of death?</b>	Y/N	<b>If No: Since when were you living apart?</b>	(Date)
<b>Was the Deceased assisting you financially at the date of death?</b>	Y/N	<b>(If yes – please provide full details in Section C)</b>	
<b>If you were living apart:</b> Please tell us about your relationship with the Deceased. Why were you living apart? Were you living apart for work reasons?			
Was the Deceased involved in any other relationship(s)?			



## PERMANENT LIFE PARTNER: DETAILS ABOUT YOUR RELATIONSHIP WITH THE DECEASED

We need to determine whether you and the Deceased were Permanent Life Partners and how much you depended financially on the Deceased. We encourage you to provide as much information as possible to show that you and the Deceased were Life Partners.

<b>When did your relationship begin?</b>	(Date)	<b>Did you live together?</b>	Y/N
<b>How long were you in a relationship?</b>		<b>For how long did you live together?</b>	
<b>Were you living together at date of death?</b>	Y/N	<b>If No: Since when were you living apart?</b>	(Date)
<b>Was the Deceased assisting you financially at the date of death?</b>	Y/N	<b>(If yes – please provide full details in Section C)</b>	

### Where did you and the Deceased live?

Address \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_

Who owns this property? \_\_\_\_\_ Their phone number \_\_\_\_\_

### Did you and the Deceased do any of the following?

<b>1. Enter into any written agreement providing for the material, financial and/or other consequences of your relationship?</b>	Y/N
a. If Yes: Please supply us with a copy of the agreement.	
b. If No: Please supply any reasons why this was not done:	
<b>2. Have any kind of ceremony to publically confirm your relationship? If Yes: Please provide full information and all available proof.</b>	Y/N
<b>3. Get Engaged?</b>	Y/N
<b>4. If you got engaged: Did you let any people know about your engagement?</b>	Y/N
a. If yes: Who knew about your engagement?	
b. If No: Any reasons why you did not tell people about your engagement?	
<b>5. Share expenses such as rent or a home loan? If Yes: Please supply us with full details in C above.</b>	Y/N
<b>6. Jointly own or lease the Property where you lived at the time of Death?</b>	Y/N
a. If yes: Please provide documents as proof	
<b>7. Choose to be a Dependant on the Deceased's medical aid (or the other way around)?</b> If Yes: Please provide us with a copy of the statement signed by you and the Deceased where you declared your Life Partnership to the medical aid.	Y/N
<b>8. Take out life assurance policies on each other's' lives, or are you named as beneficiaries on each other's policies?</b>	Y/N
a. If Yes: Please supply full details and/or documentation	
<b>9. Open a Joint Bank Account, or regularly transfer money between your respective bank accounts?</b>	Y/N
a. If Yes: Please supply full details and/or documentation	
<b>10. Did the Deceased leave a will naming you as an heir? If Yes: Please supply us with a copy of the will</b>	Y/N
<b>11. Were you a nominated beneficiary on the Deceased's pension or provident fund (or vice versa)?</b> If Yes: Please provide documents as proof	Y/N
<b>12. Is there a family member of the Deceased who can confirm you were Permanent Life Partners at the time of death?</b> If Yes: Please give us full contact details:	Y/N
Name and Surname	Phone Number
Relationship to the Deceased	
Please obtain a sworn affidavit (a document signed in front of a Commissioner of Oaths) from this family member, where he or she provides details about the following:	
<ul style="list-style-type: none"> <li>• Did both Life Partners confirm their relationship as Permanent Life Partners?</li> <li>• How was this confirmed?</li> <li>• When was this confirmed?</li> </ul>	

## I EX-SPOUSE (DIVORCED): DETAILS ABOUT YOUR RELATIONSHIP TO THE DECEASED

Date of marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Nature of your marriage (Please tick the correct box)

Civil, in community of property  Civil, with Ante-Nuptial Contract  Civil Union Partnership  Customary Union  Religious Union

Which authority married you (e.g. Marriage Officer, Tribal Chief, Religious Leader) \_\_\_\_\_

<b>Were you living together with the Deceased at the date of his/her death?</b>	Y/N	<b>If No: Since when were you living apart?</b>	(Date)
<b>Have you remarried?</b>	Y/N	<b>If not remarried: Are you living together with a partner?</b>	Y/N

### Did the Deceased pay maintenance, or had the Deceased agreed to pay maintenance?

<b>In terms of a maintenance order or agreement?</b>	Y/N	If Yes, please provide proof of the maintenance order/agreement
<b>Voluntarily?</b>	Y/N	If Yes, please details of the support and proof (e.g. bank statement showing deposits)
<b>Are there any claims against the Deceased's Estate for maintenance?</b>	Y/N	If Yes, please provide details and/or supporting documents
<b>What was the amount of monthly maintenance paid at date of death?</b>		
Ex-spouse:		
Children:		

<b>At the time of your divorce, was an order made by the court that the Fund must deduct an amount from the Deceased's benefit for your benefit?</b>	Y/N
<b>Has this divorce order amount been paid to you?</b>	Y/N

## J GUARDIAN: DETAILS ABOUT YOUR APPOINTMENT AS GUARDIAN

Please provide any relevant details about your appointment as Guardian of the child/children of the Deceased.


If you were also financially dependent on the Deceased: Please provide any relevant details.


## K ADDITIONAL DETAILS

Please provide any other details about your relationship with the Deceased that you think are relevant:




### SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, \_\_\_\_\_ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct.

I indemnify the ISASA Pension Scheme and Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

<b>Signed at (place)</b>		<b>Date signed</b>	
<b>Telephone</b>		<b>Cell phone</b>	
<b>Signature</b>		<b>Relationship to the Deceased</b>	



### STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

<b>Commissioner of Oaths:</b> Full Name & Surname			
<b>Telephone</b>		<b>Designation</b>	
<b>Signature of Commissioner of Oaths</b>		<b>Official Stamp</b>	



# DEATH BENEFIT CLAIM FORM

## 3

### ABOUT ANY CHILDREN

#### For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 3 provides us with information about any children of the Deceased, and any other children who depended financially on the Deceased. It should be completed by a Parent or Guardian. If the child is older than 18, they can complete the form themselves.

**A separate Claim Form 3 must be completed for EACH child.**

If you need help filling in this form, please call 011 217 1611.

Please return these forms to:

ISASA Pension Scheme and Provident Fund  
 PO Box 2444  
 Saxonwold  
 2132

Umnotho Building  
 Mutual Square  
 93 Grayston Drive  
 Sandton  
 2196



#### Please attach certified copies of the following to this form:

- Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
- A copy of the child's ID and Birth Certificate.
- If applicable: Proof of schooling/student status.
- If available: Proof of any income or financial support of child
- If applicable: Proof of any disability likely to affect the child's ability to work (Medical certificate or letter).



## A

### DETAILS ABOUT THE CHILD

Title \_\_\_\_\_ Surname \_\_\_\_\_

Full name(s) \_\_\_\_\_ Maiden/previous surname(s) \_\_\_\_\_

SA ID number

Date of birth

Passport number (if no id number)

Passport: country of issue \_\_\_\_\_

Residential address \_\_\_\_\_

Postal address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Cellphone \_\_\_\_\_ Email address \_\_\_\_\_

**Who is currently looking after the child?** Full Names, Surname and ID of the biological / adoptive parents of the child

Mother's Name and Surname	
Mother's ID Number	
Father's Name and Surname	
Father's ID Number	

**Please click the applicable box(es) about the child:**

Employed  Learner (at school)  Pre-school  Unemployed  Student (at university, college, FET or similar)  Disabled

**If disabled: Please provide proof of disability** (e.g. a letter from a doctor, or similar).

	YES	NO
Do you think the child will be able to work (due to the disability)?		
Is the disabled child receiving a social grant?		

**If the Child is employed:**

What is the child's Occupation?	
What is the highest grade passed?	
Details about the child's education and qualifications	

**What is the child's total monthly income?****What are the child's total monthly expenses?****B****RELATIONSHIP TO THE DECEASED**

<b>Biological child of the Deceased</b>	Y/N	<b>Adopted</b> (provide proof of adoption)	Y/N
<b>Foster child</b>	Y/N	<b>Stepchild</b>	Y/N
<b>Outside of marriage</b>	Y/N	<b>Other</b> (please describe)	Y/N

If the Deceased was not the biological or adoptive parent (e.g. a foster child, stepchild, nephew or niece, etc.):

Are the biological parents alive?	
Can the biological parents support the child? Please provide details.	

**C****FINANCIAL SUPPORT FROM THE DECEASED**

**What financial support did the Deceased provide to the child?** (Please tick all the options that applied).

Housing?  Food and clothing?  A regular amount of money?  Education?  Other?  If money: How much p/month?

**D****BANKING DETAILS**

**If the child is 18 or older, please provide the child's banking details:**

Name of account holder \_\_\_\_\_ Name of bank \_\_\_\_\_

Account number \_\_\_\_\_ Type of account \_\_\_\_\_

Branch name \_\_\_\_\_ Branch code \_\_\_\_\_

Account holder relationship: (Is the account your own, a joint account, or is it a third party's bank account?)

OWN

JOINT

THIRD PARTY

# E

## SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, \_\_\_\_\_ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is true and correct.

I indemnify the ISASA Pension Scheme and Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

<b>Signed at (place)</b>		<b>Date signed</b>	
<b>Telephone</b>		<b>Cell phone</b>	
<b>Signature</b>		<b>Relationship to the Deceased</b>	

# F

## STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

<b>Commissioner of Oaths:</b> Full Name & Surname			
<b>Telephone</b>		<b>Designation</b>	
<b>Signature of Commissioner of Oaths</b>		<b>Official Stamp</b>	

# DEATH BENEFIT CLAIM FORM

## 4

### OTHER FINANCIAL DEPENDANTS

#### For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

- This Claim Form 4 provides us with information about **anyone else who was financially dependent on the Deceased** (e.g. **parents, brother or sister, boyfriend or girlfriend, or similar**).
- It should be completed by anyone else who was financially dependent on the Deceased at the time of death.
- A separate Claim Form 4 needs to be completed for each person.

If you need help filling in this form, please call 011 217 1611.

Please return these forms to:

ISASA Pension Scheme and Provident Fund  
 PO Box 2444  
 Saxonwold  
 2132

Umnotho Building  
 Mutual Square  
 93 Grayston Drive  
 Sandton  
 2196



#### Please attach certified copies of the following to this form:

- Three (3) months Bank statement or letter from bank with banking details of each dependant who is older than 18. If three (3) months bank statement is not available, proof of when the bank account was opened is to be provided.
- A copy of your ID.
- If applicable, proof of your income.
- If applicable, proof of employment.



## A

### PERSONAL DETAILS

Title \_\_\_\_\_ Surname \_\_\_\_\_

Full name(s) \_\_\_\_\_ Maiden/previous surname(s) \_\_\_\_\_

SA ID number

Date of birth

Passport number (If no ID number)

Passport: country of Issue \_\_\_\_\_

Residential address \_\_\_\_\_

Postal address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Cellphone \_\_\_\_\_ Email address \_\_\_\_\_

**What was your relationship to the Deceased?** For example: Parent / brother or sister / boyfriend or girlfriend / grandparent

Are you a Pensioner?	Y/N		
Do you receive a State Old Age Grant from the Government?	Y/N	Amount of pension received	
Do you have any disabilities or other health problems? (Please describe and provide proof, such as a medical certificate.)			

**Are you:**

Single	Y/N	Married	Y/N
Divorced	Y/N	Widowed	Y/N
Separated	Y/N	Life Partner	Y/N

**B**

**BANKING DETAILS**

We will need your bank details so that we can pay your benefit if you are due to receive a share of the Death Benefit.

Name of Account Holder \_\_\_\_\_ Name of Bank \_\_\_\_\_

Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

Branch Name \_\_\_\_\_ Branch Code \_\_\_\_\_

Account holder relationship: *(Is the account your own, a joint account, or is it a third party's bank account?)* OWN JOINT THIRD PARTY

**C**

**DETAILS ABOUT CHILDREN**

Please provide us with brief details of any children who depend on you financially.

Child's full name	Child's date of birth	Child's ID number	Biological Father	Biological Mother	Did the Deceased support the child financially?
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N

If the Deceased was the father or mother of any of these children: Please complete a Claim Form 3 (About any Children) for EACH child of the Deceased.

## D

### DETAILS OF DEPENDENCY

Please give reasons why you were financially dependent on the Deceased?

How did the Deceased support you?

How much money did the Deceased support you with?

How often did you receive money from the Deceased?

## E

### YOUR EMPLOYMENT

Were you employed at the date of the Deceased's death?	Y/N	Are you currently employed?	Y/N
Occupation		Who is your Employer?	
Monthly salary/income		How many years have you been working?	
Details about your education and qualifications			

If you are currently unemployed, please complete the following:

How long have you been unemployed?			
Were you previously employed?	Y/N	If Yes: For how long were you employed?	
Does anyone currently help you financially?	Y/N	If Yes: How much do you receive?	
If you are not being financially assisted: How do you cover your financial needs?			
What attempts have you made to find work or employment or to start a business?			

## F

### YOUR INCOME AND EXPENSES

What is your total monthly income?

What are your total monthly expenses?

# G

## YOUR ASSETS AND LIABILITIES

Please list all your assets (e.g. bank account, cash, property, motor vehicles, house contents, investments, policies).

Description of asset	Current value

Please list all your liabilities (e.g. debt, loans, credit card debt, bond, hire purchase).

Description of liability	Amount still owed

# H

## ADDITIONAL INFORMATION

Please provide any other details about your relationship with Deceased that you think are relevant:

# I

## SWORN STATEMENT BY THE PERSON WHO FILLED IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, \_\_\_\_\_ (full names and surname) declare under oath that the information in this form, and in the supporting documents that I signed, is **true and correct**.

I indemnify the ISASA Pension Scheme and Provident Fund and Old Mutual against any claim that may arise from any incorrect or false information provided in this form.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

<b>Signed at (place)</b>		<b>Date signed</b>	
<b>Telephone</b>		<b>Cell phone</b>	
<b>Signature</b>		<b>Relationship to the Deceased</b>	

# J

## STATEMENT by a COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

<b>Commissioner of Oaths:</b> Full Name & Surname			
<b>Telephone</b>		<b>Designation</b>	
<b>Signature of Commissioner of Oaths</b>		<b>Official Stamp</b>	

# DEATH BENEFIT CLAIM FORM

# 5

## DEPENDANTS WHO DO NOT WISH TO CLAIM

### For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 5 should be completed by an adult who is a dependant of the Deceased, but who **does not wish to claim or receive any benefits from the Fund.**

If you need help filling in this form, please call 011 217 1611.

Please return these forms to:

ISASA Pension Scheme and Provident Fund  
 PO Box 2444  
 Saxonwold  
 2132

Umnotho Building  
 Mutual Square  
 93 Grayston Drive  
 Sandton  
 2196



**Please note that for the allocation of death benefits, the following persons qualify as dependants in terms of the Pension Funds Act:**

- A spouse, who concluded a customary marriage, civil marriage, registered civil union or marriage in accordance with a widely recognised religion.
- Children (biological, legally adopted and children born outside of marriage).
- Anyone proven to be factually dependent on the Deceased for maintenance/financial support at date of death.
- Anyone to whom the Deceased was legally liable for maintenance/financial support (e.g. in terms of divorce agreements and maintenance orders) or would have become legally liable for maintenance, had the deceased not died (e.g. engaged to be married, unborn children).

**NB:** The definition of a "dependant" as it appears in the Pension Funds Act, is not set out here. Please consult the Pension Funds Act should you not be clear as to whether you are a dependant or not.



Please attach a **certified copy of your ID to this form:**

## A

### SWORN STATEMENT BY THE PERSON FILLING IN THIS FORM

This section must be signed in front of a Commissioner of Oaths.

I, \_\_\_\_\_ (full names and surname) declare under oath, in full knowledge of my rights, and having had the opportunity to take advice, that I do not want to claim from or be paid any benefit by the Fund arising from the death of the Deceased and waive any right I might have to such benefit. I confirm that I have been informed that I might qualify to be paid a portion of the death benefit. I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

<b>Identity number</b>		<b>Telephone</b>	
<b>Address</b>		<b>Email address</b>	
<b>Reason why I do not wish to receive any portion of the benefit:</b>			
<b>Signed at (place)</b>		<b>Date signed</b>	
<b>Signature of the person waiving their right to claim or be paid any benefit</b>			

## B

### STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

<b>Commissioner of Oaths:</b> Full Name & Surname			
<b>Telephone</b>		<b>Designation</b>	
<b>Signature of Commissioner of Oaths</b>		<b>Official stamp</b>	





Pension Scheme and Provident Fund



# DEATH BENEFIT CLAIM FORM

6

**ABOUT THE  
DECEASED'S EMPLOYER**
**For reference purposes:**

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 6 provides us with information about the **Deceased's Employer**. It should be completed by the Deceased's Employer – for example, an HR staff member or manager.

If you need help filling in this form, please call 011 217 1611.

Please return these forms to:

ISASA Pension Scheme and Provident Fund  
PO Box 2444  
Saxonwold  
2132

Umnotho Building  
Mutual Square  
93 Grayston Drive  
Sandton  
2196

A

**DETAILS OF THE DECEASED'S EMPLOYER**

<b>Name of employer</b>	
<b>Contact person (name and surname)</b>	
<b>Email address</b>	
<b>Postal address</b>	
<b>Cellphone</b>	
<b>Telephone (W)</b>	
<b>Fax number</b>	

B

**DEDUCTIONS FROM THE BENEFIT**

Is there any amount of money which should be deducted from the Death Benefit to cover damage caused by the Employee as a result of theft, dishonesty, fraud or wrongdoing by the Deceased, where the Deceased has agreed this in writing with the Employer or where the Deceased has been found guilty in any court of law?

<b>Court case number</b>		<b>Written admission</b>	Y/N
--------------------------	--	--------------------------	-----



Please attach a **CERTIFIED COPY** of court judgement or Written Admission

**Are you aware of the member having any of the following?**

<b>Divorce Orders which need to be deducted from the Fund?</b>	Y/N	<b>Housing Loan Surety from the Fund?</b>	Y/N
<b>Was the death due to unnatural causes (e.g. accident, murder, or suicide)?</b>			Y/N

## C

### DETAILS ABOUT DEPENDANTS

Please provide us with brief details about any children of the Deceased (biological, adopted, foster or step-children) that you are aware of. Please ask colleagues or friends of the Deceased for information, to make sure you find out as much information as possible.

Children of the deceased				
Child's full name	Child's date of birth	Did the Deceased support the child financially?	Name of biological mother of the child	Name of biological father of the child
		Y/N		
		Y/N		
		Y/N		
		Y/N		

Please list anyone else who may have depended financially on the Deceased at the date of death. Please ask colleagues or friends of the Deceased for information.

Any other Dependants (e.g. husband or wife, partner, parent, brother or sister, or similar)		
Full name	Date of birth	Relationship to the deceased

## D

### DECLARATION BY EMPLOYER

Please provide us with brief details about any children of the Deceased (biological, adopted, foster or step-children) that you are aware of. Please ask colleagues or friends of the Deceased for information, to make sure you find out as much information as possible.

I, \_\_\_\_\_ (full names and surname) declare that

- all details provided in this document and the supporting documentation are true and correct; and
- the options in terms of the Rules of the Fund have been fully explained to the beneficiaries.

I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

<b>Signed at</b>		<b>Date</b>	
<b>Telephone</b>		<b>Job title</b>	
<b>Signature</b>		<b>Official stamp</b>	

## E

### STATEMENT BY A COMMISSIONER OF OATHS

The person mentioned above has signed this Form in front of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

<b>Commissioner of Oaths:</b> Full Name & Surname			
<b>Telephone</b>		<b>Designation</b>	
<b>Signature of Commissioner of Oaths</b>		<b>Official stamp</b>	



Pension Scheme and Provident Fund



# DEATH BENEFIT CLAIM FORM

# 7

## POLICE REPORT FOR UNNATURAL DEATHS

### For reference purposes:

Name and Surname of the Deceased (as per the ID book)	
ID Number or Passport Number of the Deceased	

This Claim Form 7 provides us with information about the Unnatural Cause of Death of the Deceased. **It only needs to be completed if the Deceased died as a result of Unnatural Causes (e.g. an accident, murder or suicide)**. It should be completed by the investigating officer at the police station where the Deceased's death was reported.

If you need help filling in this form, please call 011 217 1611.

Please return these forms to:

ISASA Pension Scheme and Provident Fund  
PO Box 2444  
Saxonwold  
2132

Umnotho Building  
Mutual Square  
93 Grayston Drive  
Sandton  
2196

## A

### INVESTIGATING OFFICER'S REPORT

#### 1. Date and details of death:

a. Date of death	
b. Date identified	
c. Place of death	
d. Who identified the deceased?	
e. What is this person's relationship to the deceased?	
f. Was the death due to an accident?	Y/N
g. If the death was not due to an accident: What was the cause of death?	

#### 2. Name of the police station where the death was reported.

a. Case reference number	
b. Investigating Officer	

#### 3. Have criminal proceedings been or will criminal proceedings be instituted?

	Y/N
a. What was the charge?	
b. Who was charged?	
c. If judgment has been given, what was the verdict?	
d. Is there any suspicion or probability of family involvement in the death of the deceased?	Y/N

**4. Please give a short description of the circumstances of death:**

**B**

**DETAILS OF THE INVESTIGATING OFFICER**

<b>Name of investigating officer</b>		<b>Rank</b>	
<b>Signed at (place)</b>		<b>Date signed</b>	
<b>Telephone</b>		<b>Cellphone</b>	
<b>Signature of investigating officer</b>		<b>Official stamp</b>	



## GROUP ASSURANCE FAMILY BENEFIT CLAIM FORM

### **GUIDELINES FOR COMPLETION OF THIS FORM**

**The following guidelines will help Old Mutual Group Assurance to process your claim quickly and accurately:**

1. These claim forms must be completed by an authorised representative of the employer.
2. Complete the application form fully and in detail as it gives us important information.
3. Write your answers in clear black or blue block letters so that it is easy to read.
4. If the form is completed electronically, please print, sign, stamp and scan the form to send to us.
5. Use the checklist below to ensure that you hand in all the necessary documents.

<b>Documents required</b>	<b>Tick</b>
Copy of death certificate, certified by a Commissioner of Oaths or the SAPS • If a handwritten abridged death certificate is submitted, this must be accompanied by a letter from the Department of Home Affairs with the reason why a handwritten abridged death certificate was provided.	
Notification of death/stillbirth form (DHA 1663/BI 1663)	
Police report for unnatural/accidental deaths	
Certified copy of employee's identity document	
Employee's latest payslip	
Bank statement and certified copy of beneficiary's identity document (ONLY if payable to beneficiary)	
Claim application form completed by the authorized representative of the employer	

<b>Additional documents required if the deceased is an insured family member</b>	<b>Tick</b>
Certified copy of insured family member's identity document/unabridged birth certificate	
Proof of relationship to the employee: • Certified copy of marriage certificate, or • Employer records, Beneficiary Nomination Form or Medical Aid Nomination Form, or • Declaration from a third party confirming the duration of the relationship, on a formal letterhead, signed and stamped, e.g. Tribal Chief, Minister of Religion (for an insured spouse – only if the above is not available). • Affidavit from the other parent/third party confirming the relationship between the child and the employee, e.g. biological, adopted or stepchild (only if the above is not available).	

### **Submit the form electronically, by fax or post:**

Email gapdeathclaims@oldmutual.com  
 Fax 021 509 4669  
 Address Group Assurance  
 Death Claims Team (6M)  
 Old Mutual  
 PO Box 2386  
 Cape Town  
 8000

**You are welcome to contact us at 021 509 4351 should you require assistance with completing and submitting this form.**

References in this application form to "Old Mutual Group Assurance" actually refer to "Old Mutual Life Assurance Company (South Africa) Limited".

## **SCHEME DETAILS**

Scheme name

Scheme code

Employer name

## **EMPLOYEE DETAILS**

First name(s)

Surname

Identity number

Date of birth

Date of joining employer

Date of joining scheme

Employee date of death

Main cause of death

## **DECEASED PERSON'S DETAILS – COMPLETE ONLY IF THE DECEASED IS AN INSURED FAMILY MEMBER**

First name(s)

Surname

Identity number

Date of birth

Gestational age of foetus  weeks

Relationship to the employee

Date of death

Main cause of death

## **PAYMENT DETAILS**

- In terms of the Family Benefit policy contract, Old Mutual must pay the benefits strictly in accordance with the written confirmation and instruction from the Employer/Proposer.
- The benefit will be electronically transferred to the relevant bank account in terms of the Policy Contract.
- Benefit payable to:
- If the benefit is payable to an international bank account, please provide the International Bank Account Number (IBAN) and SWIFT Bank Identifier Code (SWIFTBIC).

### **Bank account details**

Name of account holder

Identity number

Name of bank

Account number

Branch/SWIFT code

### **Beneficiary contact details for confirmation of payment**

Email address

Cellphone

**EMPLOYER DECLARATION AND AUTHORITY TO PAY CLAIM**

I,  the undersigned, in my capacity as  and duly authorised to make this declaration, hereby declare:

- a) That the information provided in this claim is true and correct, and that no information has been omitted or withheld.
- b) That the insured person whose death gave rise to this claim has in fact died.
- c) That payment of the proceeds, due in respect of the above insured person in terms of the aforementioned scheme, shall represent the full and final discharge of Old Mutual Group Assurance’s liability in respect of this insured person.

I indemnify Old Mutual Group Assurance against any claim that may arise from any incorrect information provided in this form.

I hereby instruct Old Mutual Group Assurance to pay the Family Cover benefit due to the person above.

Signed at  on this  day of  20

Name

Telephone code  number

Email address

Signature

**OFFICIAL  
COMPANY  
STAMP**





## GROUP ASSURANCE APPLICATION FOR DISABILITY BENEFITS

### **GUIDELINES**

Please help Old Mutual Group Assurance to assess your claim correctly, and faster, by using these guidelines.

1. Complete the application form in detail as it gives us important information.
2. Write your answers in clear black or blue block letters so that it is easy to read.
3. Use this checklist to ensure that you hand in all the necessary documents.

Checklist	Tick
Employer section completed and signed	
Claimant section completed and signed	
Copy of the claimant's identification document	
Claimant's full job description or performance contract	
Comprehensive specialist report or completed medical questionnaire	
Sick leave records, with available reasons for absence	
Latest payslip with full salary (please supply the Total Guaranteed Package/Total Cost to Company)	
For the commission earners: Salary records for the last 12 months	
Payment to Bank	

Submit the claim electronically, by fax or post.

#### SOUTH AFRICA

Email [newclaims@oldmutual.com](mailto:newclaims@oldmutual.com)

Fax 021 509 6855

Group Assurance: Disability Claims (6M)

Old Mutual

PO Box 1659

Cape Town 8000

You are welcome to contact us at telephone 021 509 3059 if you are unsure about any aspect of submitting a claim.

#### NAMIBIA

Email [nam-gapnewclaims@oldmutual.com](mailto:nam-gapnewclaims@oldmutual.com)

Fax 061 299 3729

Employee Benefits:

Old Mutual

PO Box 25548

Windhoek

#### SUPERFUND

Email [superfunddisabilityqueries@oldmutual.com](mailto:superfunddisabilityqueries@oldmutual.com)

Fax 021 509 5770/1

Telephone 0860 20 30 40

Old Mutual SuperFund:

PO Box 728

Cape Town 8000



Please print in block letters using black or blue ink.

**SECTION 1 TO BE COMPLETED BY THE EMPLOYER**
**1.1 CLAIM INFORMATION**

Fund name	<input type="text"/>											
Scheme code	<input type="text"/>											
Employee's surname	<input type="text"/>											
Employee's first name(s)	<input type="text"/>											
Employee number	<input type="text"/>				Employee tax number	<input type="text"/>						
Employment date	<input type="text"/>											
Date insurance cover began	<input type="text"/>											
Normal retirement age	<input type="text"/>											

**1.2 EMPLOYER CONTACT DETAILS**

Employer name	<input type="text"/>											
Physical address	<input type="text"/>											
											Province	
Postal address	<input type="text"/>											
					Code				Province			
Name of contact person	<input type="text"/>											
Telephone code	<input type="text"/>			number	<input type="text"/>							
Cellphone	<input type="text"/>											
Email	<input type="text"/>											
Name of line manager	<input type="text"/>											
Telephone code	<input type="text"/>			number	<input type="text"/>							

**1.3 EMPLOYEE INCOME INFORMATION**

When was the person last at work?	<input type="text"/>										
On what basic annual income was the premium based at this date?	R	<input type="text"/>									
Please supply the Total Guaranteed Package Salary/Total Cost to Company in order to calculate the tax in respect of the Group Income Protection benefit.	R	<input type="text"/>									
When did this salary become effective?	<input type="text"/>										
What was the employee's basic annual income for the previous three years?	20	<input type="text"/>			,	R	<input type="text"/>				
	20	<input type="text"/>			,	R	<input type="text"/>				
	20	<input type="text"/>			,	R	<input type="text"/>				
During which month is the annual salary increase granted?	<input type="text"/>										
Did the employee receive an increase after absence from work began?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
If "Yes", when?	<input type="text"/>										

### 1.4 EMPLOYEE JOB DESCRIPTION

Job title

What are the main tasks that the employee must perform?

### 1.5 EMPLOYEE WORK PERFORMANCE

Is the employee currently on sick leave?

Yes  No

If "Yes", when did sick leave begin?

--	--	--	--	--	--	--	--	--	--

If "Yes", when is the employee expected back at work?

--	--	--	--	--	--	--	--	--	--

1.5.1 How did the employee perform *before* the onset of the health condition?

1.5.2 How did the employee perform *after* the onset of the condition? Alternatively, what prevents full productivity?

1.5.3 What accommodations have been made to remove obstacles to productivity, e.g. changes to the employee's duties, work hours, environment or equipment used?

If none are in place, state what accommodations are planned for the future.

### 1.6 OCCUPATIONAL INJURIES AND DISEASES

Has the employee been injured on duty or developed an occupational disease?

Yes  No

Does this claim relate to an accident?

Yes  No

If "Yes", please supply details of the injury, illness or accident.

Please note that the **Insured Claims** process is separate from the **Injury On Duty** process.

### 1.7 DECLARATION BY EMPLOYER

I declare that the above information is true and correct, and that no information has been withheld or omitted.

#### Line Manager

Name

Telephone code  number

Fax code  number

Signature

Date

#### Human Resource Consultant

Name

Telephone code  number

Fax code  number

Signature

Date

## SECTION 2 TO BE COMPLETED BY THE EMPLOYEE

### 2.1 PERSONAL INFORMATION

Surname	<input type="text"/>																					
Name(s)	<input type="text"/>																					
Identity number	<input type="text"/>						Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Gender	<input type="checkbox"/> Female						<input type="checkbox"/> Male						Employee tax number	<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"/>
Physical address	<input type="text"/>														Province	<input type="text"/>						
Postal address	<input type="text"/>														Code	<input type="text"/>			Province	<input type="text"/>		
Telephone																						
Work	code	<input type="text"/>				number	<input type="text"/>															
Home	code	<input type="text"/>				number	<input type="text"/>															
Cellphone	<input type="text"/>																					
Email	<input type="text"/>																					

### 2.2 ALTERNATIVE CONTACT DETAILS (Please include the details of a family member, friend or colleague)

Surname	<input type="text"/>																		
Name(s)	<input type="text"/>																		
Relationship	<input type="text"/>																		
Telephone	code	<input type="text"/>				number	<input type="text"/>												
Cellphone	<input type="text"/>																		
Email	<input type="text"/>																		

### 2.3 AUTHORISATION

Accepting that I am thereby curtailing my right to privacy, but to facilitate the assessment and review of my disability claim under a group policy, I authorise Old Mutual

- a) to obtain from any medical practitioner, health professional, hospital, employer, insurer or other person who may be in possession of, or later acquire, any information concerning my health, occupation and earnings at their request, and
- b) to share this information with other parties, i.e. health professionals, the employer, fund or insurers for the sole purpose of the assessment or review of my disability claim.

I understand that Old Mutual needs this information to assess the validity of my disability claim.

Old Mutual will use your information or obtain information about you to verify your identity, for assessment of your disability claim, check claim/medical history on the ASISA Life and Claims register, fraud prevention and detection, market research and statistical analysis, audit and record keeping purposes, and compliance with legal and regulatory requirements.

You may access the personal information that we hold and request us to correct any errors or to delete this information. To view our full privacy notice, please visit our website on [www.oldmutual.co.za](http://www.oldmutual.co.za).

Signature of employee	<input type="text"/>	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"/>
Signature of witness	<input type="text"/>	Name of witness	<input type="text"/>								

### 2.4 INSURANCE

Complete this question if you have other disability insurance cover.

Insurer	<input type="text"/>	Policy number	<input type="text"/>
	<input type="text"/>		<input type="text"/>

## 2.5 EDUCATION AND TRAINING

Qualification	Year

## 2.6 WORK EXPERIENCE DURING THE PAST TEN YEARS

Employer	Job title	Period	Reason for leaving

## 2.7 WHAT OTHER JOBS COULD YOU DO WITH YOUR QUALIFICATIONS AND WORK EXPERIENCE?

## 2.8 HEALTH SERVICES

Where do you go for healthcare? Please tick all the applicable options.

Private healthcare
  State hospitals and clinics
  Alternative medicine
  Traditional healer

Name of medical aid

Membership number

### Contact details of your doctor(s) or other health professionals

Name of doctor, therapist or clinic	Speciality	Telephone number	Patient number

### Details about your health situation

a) How does the condition affect your self-care (washing, dressing and eating); use of transport; ability to work and enjoy free time?

b) Describe your ability to walk, stand, sit, bend, lift and carry.

c) What is your greatest difficulty at present?

## 2.9 DECLARATION BY THE EMPLOYEE

I hereby declare that the above information is true and correct, and that no information has been withheld or omitted.

Signature of employee

Date

Signature of witness

Name of witness



Old Mutual is a Licensed Financial Services Provider



GROUP ASSURANCE  
PAYMENT TO BANK

Please print in block letters using black or blue ink.

**FUND DETAILS**

Name of fund   
Fund code

**PAYEE'S DETAILS**

Surname of payee   
Initials   
Identity number

**DETAILS OF ACCOUNT**

Name of bank   
Address   
 Code  Province  
Branch   
Branch code  Code at place where account is kept will be supplied by bank.  
Account number   
Type of account  Cheque  Savings  Transmission

Please note that it is important that all details submitted on this form are correct as Old Mutual can accept no responsibility for any loss or damage arising out of the supply of incorrect details.

Signature of employee

Date

Countersigned by bank





## GROUP ASSURANCE NOMINATION FORM FOR THE CASH4♥ONES

Please print in block letters using black or blue ink.

If your monthly income claim is accepted and you have completed the full term of the Waiting Period as set out in the Policy Contract, you will be covered for the cash4♥ones benefit, which is an amount that Old Mutual pays to one nominated person when you as the claimant passes away.

Please complete this form to state who should receive this benefit and give a copy to the beneficiary.

### DETAILS OF THE EMPLOYEE

Surname	<input type="text"/>		
Name	<input type="text"/>		
Identity number	<input type="text"/>		
Telephone			
Work code	<input type="text"/>	number	<input type="text"/>
Home code	<input type="text"/>	number	<input type="text"/>
Cellphone number	<input type="text"/>		
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

### DETAILS OF THE PERSON WHO SHOULD RECEIVE THE CASH4♥ONES

Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Relationship	<input type="text"/>		
Identity number	<input type="text"/>		
Address	<input type="text"/>		
	Code	Province	

### Banking details

Name of bank	<input type="text"/>		
Branch code	<input type="text"/>	Account number	<input type="text"/>
Type of account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Telephone			
Work code	<input type="text"/>	number	<input type="text"/>
Home code	<input type="text"/>	number	<input type="text"/>
Cellphone number	<input type="text"/>		

Signature of employee	<input type="text"/>	Date	<input type="text"/>
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#### Disclaimer

This nomination form will only be valid and binding in terms of the relevant policy. Should Old Mutual not be in receipt of the completed nomination form at the date of the claimant's death, Old Mutual will not be liable to pay this benefit. The onus is on the claimant to return the nomination form and Old Mutual does not follow up.

#### How to apply for the benefit

The beneficiary first phones our Careline on 0860 103 659 and then sends us a death certificate on fax number 021 509 6855 or by post to:

Old Mutual Group Assurance  
Disability Claims  
PO Box 1659  
Cape Town 8000

#### OFFICE USE

Claimant	<input type="text"/>		
Scheme code	<input type="text"/>	Reference number	<input type="text"/>



Pension Scheme and Provident Fund



## APPLICATION FOR SETTLEMENT OF DIVORCE BENEFITS BY NON-MEMBER SPOUSE

Please complete in **BLOCK LETTERS** using **black or blue ink**.

**PLEASE FAX OR EMAIL AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:**

Old Mutual Corporate Retirement Fund Administration (ISASA)  
Address PO Box 422  
Howard Centre 7405  
Fax 021 504 6545  
Email isasaclaims@oldmutual.com

**TO BE COMPLETED BY THE NON-MEMBER SPOUSE IN THE EVENT OF A DIVORCE SETTLEMENT CLAIM**

**Note:** An application by the non-member spouse for the settlement of a divorce award will only be deemed to have been received once all the required documents and information are in the possession of this office.

The following documents must accompany this application (please tick appropriate box):

	Already supplied	Attached	N/A
■ Original certified copy of non-member spouse identity document	<input type="checkbox"/>	<input type="checkbox"/>	
■ Original certified copy of the Divorce Court Order	<input type="checkbox"/>	<input type="checkbox"/>	
■ Original certified copy of any Settlement Agreement that has been made an order of court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Application forms for transfer to another approved fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 1 DETAILS OF MEMBER

1. Scheme name	<input type="text"/>
2. Scheme code	<input type="text"/>
3. Reference number	<input type="text"/>
4. Member full names and surname	<input type="text"/>
5. Date of birth	<input type="text" value="D D M M Y Y Y Y"/>
6. ID number	<input type="text"/>

### SECTION 2 DETAILS OF NON-MEMBER SPOUSE

Title*	<input type="text"/>	Initials*	<input type="text"/>
Surname*	<input type="text"/>		
First names*	<input type="text"/>		
RSA ID number*	<input type="text"/>	Income tax number*	<input type="text"/>
Passport number* (if not a South African citizen)	<input type="text"/>		
Country of issue* of passport	<input type="text"/>		
Date of marriage*	<input type="text" value="D D M M Y Y Y Y"/>	Date of divorce*	<input type="text" value="D D M M Y Y Y Y"/>
Residential address*	<input type="text"/>		
Complex number and name	<input type="text"/>		
Street number and name	<input type="text"/>		
Suburb	<input type="text"/>	City/Town	<input type="text"/>
		Code	<input type="text"/>
Postal address (complete only if different from residential address)*	<input type="text"/>		
		Postal code	<input type="text"/>
Contact details (at least one contact detail must be supplied)*	<input type="text"/>		
Work telephone number	Code <input type="text"/>	No. <input type="text"/>	Cellphone number <input type="text"/>
Fax number	Code <input type="text"/>	No. <input type="text"/>	
Email	<input type="text"/>		

\* Mandatory fields to complete.

**SECTION 3 PAYMENT OPTIONS**

**Notes:**

- The divorce award may be taken in cash, and/or transferred to another approved pension, provident, pension preservation, provident preservation or retirement annuity fund. Transfer of benefits to a preservation fund can only be to one preservation fund and cannot be split amongst more than one.
- As from 1 March 2012 the non-member is the taxpayer when claiming a divorce award - this applies to all divorce orders, irrespective of the date of divorce.
- Where the divorce order was granted before 13 September 2007, the award is tax-free, whether taken in cash or transferred to another fund. If you transfer the divorce award to another fund, this tax-free award will be taxed when you eventually leave such fund.
- It is strongly recommended that you preserve your benefit. To ensure that you make an informed decision, you should talk to a financial adviser. If you do not have your own financial adviser, contact 0860 388 873 (Sharecall) or email membersupportservices@oldmutual.com.

**Benefit Options – select one of these options [indicate choice with a tick (✓)]**

**1. Transfer full benefit to another approved Fund.** Attach copy of proposal or application form.  
 Full name of approved Fund:

**2. Part Cash/Part Transfer**  
**Insert Cash Amount or percentage required to be encashed.**  
**Please note: Any cash amount requested will be reduced by any tax payable on it.**  
 R  OR  %  
**Transfer the remainder of the benefit to another approved Fund.** Attach copy of proposal or application form.  
 Full name of approved Fund:

**3. Cash Lump Sum.** If Cash option elected, complete the Method of Payment option below.

**Non-member Spouse’s Bank Account Details (for cash payments) (This must be your own bank account.)**

Name of account holder   
 Bank   
 Branch name   
 Account number   
 Branch code   
 Type of account (✓) Cheque  Savings  Transmission

**Transfer Scheme Details**

Full name of approved Scheme   
 Type of approved Scheme: Pension Scheme  Provident Scheme  Retirement Annuity Scheme

**Transfer Scheme Contact Person Details**

Name and surname   
 Telephone number Code  No.   
 Fax number Code  No.   
 Email

**Transfer Scheme Bank Account Details**

Name of account holder   
 Bank   
 Branch name   
 Account number   
 Branch code   
 Type of account (✓) Cheque  Savings  Transmission

Signature of non-member spouse

Date





Pension Scheme and Provident Fund



## PRIOR CLAIM FORM

Please complete in **BLOCK LETTERS** using black or blue ink.

### PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Old Mutual Corporate Retirement Fund Administration (ISASA)  
PO Box 422  
Howard Centre  
7405

### DECLARATION BY EMPLOYER

I hereby certify that all particulars furnished in this form and accompanying documentation are true and correct.

\_\_\_\_\_  
Name in print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Official  
Company  
Stamp

**NOTE: The deductions currently allowed from a member's benefit are determined by section 37D of the Pension Funds Act, and this form provides for ONLY these deductions.**

### MEMBER'S PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>
Full names	<input type="text"/>		
Identity number	<input type="text"/>		
Date of birth	<input type="text"/>		
Fund name	<input type="text"/>		
Fund code	<input type="text"/>		
Employee number	<input type="text"/>		
Old Mutual reference number	<input type="text"/>		

### HOUSING LOAN/GUARANTEE

Name of loan provider	<input type="text"/>		
Date debt incurred by employee	<input type="text"/>	Amount of debt	R <input type="text"/>

### COMPENSATION FOR DAMAGE CAUSED BY EMPLOYEE

Indicate applicable option with (✓): Theft  Dishonesty  Fraud  Misconduct

Attach an original certified copy of:

- the ISASA Admission of Liability and Acknowledgement of Debt form - completed by the employee, or
- court order.

Date debt incurred by employee  Amount of debt R

### OTHER

Indicate applicable option with (✓) Divorce court order  Maintenance court order

An original certified copy of the Divorce and/or Maintenance Court Order must accompany this form if it has not already been supplied to Old Mutual.

### PAYMENT INSTRUCTION 1

---

Payment in favour of

#### Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

### PAYMENT INSTRUCTION 2

---

Payment in favour of

#### Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	

### PAYMENT INSTRUCTION 3

---

Payment in favour of

#### Account Details

Name of Bank	
Name of Branch	
Branch Code	
Account Number	
Type of Account	
Account Holder Name	



## DEPENDANTS INFORMATION AND BENEFICIARY NOMINATION

Please complete in **BLOCK LETTERS** using black or blue ink.

This information is needed to assist the Trustees in paying the lump sum benefits due in the event of your death before retirement.

### PLEASE NOTE THE FOLLOWING:

The benefits are required, in terms of section 37C of the Pension Funds Act, to be paid by the Trustees of the Fund to your dependants (as defined by the Act) and/or the persons you have nominated (a summary of these provisions is provided overleaf for your convenience).

You may nominate any persons to receive any part of the benefit payable. This includes your dependants as well as persons unrelated to you and not dependent on you for support. The trustees, in exercising their discretion, may override your nomination if they consider it appropriate.

The Trustees have a duty in terms of the Act to apportion the benefits equitably between your dependants and nominees **at their discretion**. Your nomination will serve to assist the Trustees in making these decisions and also help the Trustees trace your dependants.

You may indicate whether you wish the benefit to be payable to a trust, although the final decision rests with the Trustees.

As your circumstances may change, it is recommended that you review your nomination from time to time. You may alter your nomination at any time by notifying the Fund in writing or by completing a Beneficiary Nomination Form and returning it to the Bursar/Secretary at your School.

As a guide to the Trustees, the following persons are my dependants either through a legal relationship (example marriage) or due to the fact that I support them:

Full name and address of dependant	Date of birth	Relationship to member

I nominate the following persons to receive the benefits payable on my death:

Full name and address of nominee	Date of birth	Relationship to member	Share (%) of benefit

**NOTE:** Total proportion to equal 100%.

In the event of any of the above persons dying before me and who are not regarded as my dependants in terms of the Pension Funds Act, I direct that their shares as indicated above, be allocated proportionately to the remaining nominees subject always to the provisions of the Pension Funds Act.

Member's full name

Staff number

Signature

Date



# AUTHORISATION OF EMPLOYER PERSONNEL

Please complete in **BLOCK LETTERS** using black or blue ink.

The following form must be completed to grant access to the employee listed below to the role as indicated, this will enable the employee to complete the relevant process as per the role applied for.

## DETAILS OF SCHEME

Scheme name

Scheme code

Number of Authorisers

For security reasons, you might want to impose a 2nd or even 3rd or 4th level of authorisation to finalise your monthly submissions to Old Mutual. Please note, if more than 1 authoriser is selected all authorisers are required to authorise every monthly submission. (A separate Authorisation of Payroll Personnel form must be submitted for each authoriser for registration purposes).

## ACCESS DETAILS

Select with an X

Please indicate whether this request is a NEW  CHANGE  DELETION

## DETAILS OF EMPLOYEE

- Role:
- Payroll Servicer: Submits Payroll Data
  - View Only: Views scheme and member data
  - Payroll Authoriser: Authorise Payroll Data & Collection of Contributions
  - eClaims Servicer: Submits claim documentation electronically

Please attach an addendum listing all Scheme Names and Numbers where access to multiple pay points are required.

Bill group name

Bill group number

Title  Initials  Designation  Gender  M  F

Surname

First name

ID number  Date of birth

Passport number  (where no South African ID number is available)

Country of issue of passport

Business tel. Code  No.  Cellphone number

Email address

Business physical address  Postal code

## THE FOLLOWING MUST BE COMPLETED FOR A DELETION OF A SERVICER/AUTHORISER/VIEWER ACCESS

Please cancel the access for the existing Servicer/Authoriser/Viewer/eClaims Servicer:

Name

Surname

Effective date

## AUTHORISATION BY EMPLOYER (HR MANAGER)

In my capacity as authorised signatory for the Employer, I hereby authorise the access of the parties listed above to the indicated bill groups in the Web Enabled Payroll and/or eClaims Application roles as specified in this document.

By signing this form, I confirm that:

1. I understand that the Fund will rely on the information or communication received from the employer and/or its authorised staff.
2. I accept that Old Mutual and the Fund will not be liable for any loss which may arise as a result of the fund's reliance on any information or communication conveyed to it by the employer and/or its authorised staff.
3. The granting of access to the systems mentioned above is in the sole discretion of Old Mutual.
4. Old Mutual reserves the right to suspend access to all systems pertaining to the parties listed above at any time, without notice.
5. I understand that I will be held liable for any loss or damage caused as a result of the unauthorised access to or obtaining of information by a third party due to negligence on behalf of those authorised.

Without limiting generality, negligence will be presumed where

- i. Access rights are shared with any other person;
  - ii. Browser windows are left unattended while in an active session;
  - iii. Failure to log off after each session, and clearing browser history.
6. I undertake to furnish Old Mutual with a revised written instruction should there be any change to the personnel requiring access.

Name	<input type="text"/>
Surname	<input type="text"/>
Designation/job title	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>



**(NB: Forms received without an official company stamp, will not be processed).**

## PROTECTION OF PERSONAL INFORMATION (PPI) NOTICE

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 are suitable to your financial needs. Please sms your ID number to 45600 if you do not want to receive such 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
- Claims checks (ASISA Life and Claims Register)
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- To comply with legal and regulatory requirements
- Verifying your identity
- Sharing with service providers we engage to process information on our behalf

You may access the information that we hold about you and ask us to correct any errors or delete the information we have about you. To view our full privacy notice and to exercise preferences, visit our website on [www.oldmutual.co.za](http://www.oldmutual.co.za).

### FOR OLD MUTUAL USE:

Access type	<input type="text"/>
Client ID	<input type="text"/>

### Disclaimer

Old Mutual will not be held responsible and disclaims all liability for any loss, liability and damage, whether direct or consequential, or expense of any nature whatsoever which may be suffered as a result of or which may be attributable, directly or indirectly, to the use or reliance upon any information, links or service provided by the Web Enabled Payroll and/or eClaims Application by personnel for which registration is authorised.



Old Mutual is a Licensed Financial Services Provider

