



OLD MUTUAL

DISINVESTMENT AND PLAN CANCELLATION FORM

OLD MUTUAL INVEST

Old Mutual Life Assurance Company (South Africa) Limited, registration number 1999/004643/06 (Old Mutual), a licensed Financial Services Provider.
Old Mutual Investment Services (Pty) Ltd, registration number 1996/00452/07 (OMIS), a licensed Administrative Financial Services Provider.

RSA

Existing contract number

Investment plan number (e.g. OMINV/1)

Adviser code (if applicable) (e.g. PFA: A123456
BROKER: 78870)

Please print in block letters using black or blue ink.

Please fax the completed application form:
If you are a customer: 0860 60 7500/9500
If you are an adviser: 0860 000 201

This application form has been checked for completeness and accuracy by: (only applicable to adviser)

Name

Telephone number

Email address

IMPORTANT NOTES

- ☐ Please attach proof of identity
- ☐ Please attach proof of banking details
- ☐ If a security cession has been recorded for this plan, we can only process your request for a part/full disinvestment or plan if we receive a letter from the cessionary with permission to proceed or to cancel the cession (Applicable to Flexible Plans only).
- ☐ FICA documents (e.g. proof of identity, FICA Addendum, FICA Declaration, utility bill) are required when you disinvest or cancel your plan within 3 years of the start of the policy where the annual total of recurring premiums paid is less than R25 000 or a single premium is less than R50 000.
- ☐ If the contracting party is a company, we require a letter from an authorised person stating which person or people may sign on behalf of the company. The letter must be on a company letterhead (Applicable to Flexible Plans only).
- ☐ If the contracting party is a trust, we require a resolution signed by all the trustees (Applicable to Flexible Plans only).
- We must receive completed instructions on any business day before 16:00 (South African time). We will process any instructions received after 16:00 on the next business day.
- If you fail to comply with the above requirements it may, at the discretion of Old Mutual Life Assurance Company (South Africa) Limited or Old Mutual Investment Services (Pty) Ltd, result in the rejection of this instruction, with resultant delays in processing the request.
- Old Mutual Life Assurance Company (South Africa) Limited/Old Mutual Investment Services (Pty) Ltd reserves the right to retain for a specific period, any amounts of money that require debit order or stop order clearance until we confirm the clearance.

PLEASE SELECT ONE RELEVANT BLOCK FOR REQUESTED TRANSACTION

- ☐ **Part disinvestment** – you will continue paying your regular investment into your plan (if applicable)
- ☐ **Full disinvestment** – you will continue paying your regular investment into your plan (if applicable)
- ☐ **Plan cancellation** – you will no longer pay your regular investment into your plan and your plan will cease to exist.

SECTION 1 DETAILS OF CONTRACTING PARTY

Title: Mr ☐ Ms ☐ Mrs ☐ Other Initials

Surname/Name of institution

First names/Contact person

Previous surname (if applicable)

Identity number/Institution registration number Company registration date

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

Country of issue of passport

Date of birth Income tax number

continued on page 2

APPLICATION FOR A PLAN CANCELLATION: OLD MUTUAL AND OLD MUTUAL INVESTMENT SERVICES

- Old Mutual Investment Services (Pty) Ltd**

I warrant that:

- 3.5 My/the contracting party's estate has not been sequestrated/liquidated; and

I understand that:

- ## SECTION 4 PAYMENT DETAIL

Please credit my bank account below with the nett amount.

NB: We will not make payments into offshore bank accounts or to third parties.

The banking details below must be in the name of the contracting party.

Name of bank																									
Branch name																			Branch code						
Name of account holder																									
Account number																									
Account type:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission																						

SECTION 5 COMMUNICATION

I hereby instruct Old Mutual Life Assurance Company (South Africa) Limited/Old Mutual Investment Services (Pty) Ltd to send me, the contracting party, confirmation of the actual values available via the communication medium indicated by myself below. Email or fax will be used as the preferred medium of communication. Postage is not an option.

☐ Email

OR

☐ Fax Code No.

Existing contract number

[illegible]

SECTION 6 DECLARATIONS

Financial Advisory and Intermediary Services Act

- It is my responsibility to ensure that this form is fully completed and accurate before I sign it.
- I will on request be provided with a copy or a printed record of this transaction.

Tax

- Disinvestments from LISP (Linked Investment Service Provider) plans are subject to Capital Gains Tax.

I understand that:

- My bank has to verify my banking details and Old Mutual has the right to request such account confirmation in writing. For amounts over R50 000 Old Mutual may confirm the details with me telephonically.
- The transaction will only be processed once Old Mutual has received the required confirmation.

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 & 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.

I confirm that I have read this declaration and the disinvestment terms and conditions. I understand the content and implications thereof.

I declare that I have full power/authority to apply for and enter into this transaction.

Signed at (place) on (date)

D	D	M	M	Y	Y	Y	Y
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Signature of contracting party/authorised person

Signature of legal guardian

SECTION 7 IDENTIFICATION

Old Mutual/Old Mutual Investment Services requests this identification as a precaution to safeguard the interests of the contracting party/ies. It must be completed by a commissioner of oaths, an Old Mutual administrative officer, Old Mutual financial adviser or Old Mutual contracted broker. For customers outside South Africa a justice of the peace, solicitor or local police must complete this.

The contracting party(ies)/authorised person whose signature/s I witnessed, was/were identified as follows:

Identity number

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Signed at (place) on (date)

D	D	M	M	Y	Y	Y	Y
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Signature of person who identifies

Full name in print of person who identifies

Designation

**OFFICIAL STAMP OF
SIGNATORY**

Existing contract number

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