

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
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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	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
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	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Amount of debt	R <input type="text"/>
D	D	M	M	Y	Y	Y	Y				

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

D	D	M	M	Y	Y	Y	Y
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 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	



Old Mutual is a Licensed Financial Services Provider