

AUTHORISED COLLECTION FORM

Please complete in BLOCK LETTERS using black or blue ink.

PLEASE SCAN AND EMAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Tel: 0860 009 007 Email: isasa@oldmutual.com

PARTICIPATING EMPLOYER DETAILS

| | | | |
|-----------------------------|--|-------------|--|
| Scheme code | | | |
| Company registration number | | | |
| Business' registered name | | | |
| Business' physical address | | Postal code | |
| Business' postal address | | Postal code | |
| Contact person's full name | | | |

Contact details

| | | | | | | | | | | | | | | | | | |
|------------------|------|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|
| Telephone number | Code | | | | | | | | | Number | | | | | | | |
| Cellphone number | | | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | | | | |

COLLECTION AUTHORISATION

| | | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Paypoint name | | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Payroll servicer's details

| | | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname | | | | | | | | | | | | | | | | | |
| First name(s) | | | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | | | | |

Payroll authoriser's details

| | | | | | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname | | | | | | | | | | | | | | | | | |
| First name(s) | | | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | | | | |

☐ New application **OR** ☐ Reactivation (payments have been made via authorised collection in the past) **OR** ☐ Notification of change in banking details

Collection date Monthly collection date* Is auto billing applicable?** YES ☐ NO ☐

* The above monthly collection date **cannot be later than the 6th** following the due month to allow Old Mutual sufficient time to process the authorised collection. The monthly data file must therefore be **submitted and authorised** online by no later than the above selected collection date.

** Old Mutual will automatically bill on the previous month's payroll data if there are no changes to the data. (New schemes will always require the submission of the first month's payroll data.)

Estimate of monthly contribution amount **R**

Note: If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form and supporting documentation with this form. The details of the bank account of the Participating Employer for purposes of this authorisation are as follows:

| | | | | | | | | | | | | | | | | | |
|-----------------------|--|---------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Account holder's name | | | | | | | | | | | | | | | | | |
| Bank name | | | | | | | | | | | | | | | | | |
| Branch name | | Branch code | | | | | | | | | | | | | | | |
| Account number | | Account type: | <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission | | | | | | | | | | | | | | |

Kindly provide **proof of banking details** (cancelled cheque OR copy of a bank statement stamped by your bank OR a stamped letter from your bank verifying the account details OR your bank signing and stamping this page). **Should there be more than one Paypoint, please complete page 2 of this form. The signed form must be received no later than the 10th of the month that the first/revised deduction is to be made, i.e. if the deduction is for the January due month, the form must be received by 10 January. This application can only be implemented if all payrolls are up to date.**

AUTHORISATION

- We, the Participating Employer, hereby authorise Old Mutual Life Assurance Company (South Africa) Limited [hereafter called Old Mutual], to collect any amounts that are due by the Participating Employer in terms of the Rules of the ISASA Pension Scheme and Provident Fund and in terms of the insurance policies from all the bank accounts. The amounts collected are to be paid to the respective bank accounts of the ISASA Pension Scheme and Provident Fund, in respect of retirement benefits, and to the specified insurer's bank account, in respect of risk benefits.
- We, the Participating Employer, understand that such collections will be processed on the instruction of Old Mutual. We also understand that no advice will be provided, but that details of each collection will be printed on the bank statement of the Participating Employer.
- We, the Participating Employer, understand that the ISASA Pension Scheme and Provident Fund must receive the contributions by no later than the 6th day of the month following the month for which they are due. As such, Old Mutual must receive the collection instruction (data file) no later than the collection date(s) as specified in this form. Late payment interest will be charged in terms of the Pension Funds Act for contributions received after the legislated date and will be collected without a collection instruction (data file). The Participating Employer will ensure that sufficient funds are available in the bank account, upon authorisation of the monthly bill. If a collection date falls on a **non-business day**, the collection will take place on the next business day following the specified collection date.
- We, the Participating Employer, understand that if we choose to change our banking details, we must inform Old Mutual in writing, within thirty (30) days of such change and we must complete a new Authorised Collection Form. We understand that this authority may be cancelled by giving thirty (30) days notice, in writing, to Old Mutual.

AUTHORISER DETAILS

| | |
|---|----------------------|
| Surname | <input type="text"/> |
| First name(s) | <input type="text"/> |
| Capacity | <input type="text"/> |
| ID/Passport number | <input type="text"/> |
| Signature | <input type="text"/> |
| Date | <input type="text"/> |
| Effective date of Authorised Collection | <input type="text"/> |

| 2. PAYPOINT NAME | 3. PAYPOINT NAME | 4. PAYPOINT NAME |
|------------------------------------|------------------------------------|------------------------------------|
| Payroll servicer's name | Payroll servicer's name | Payroll servicer's name |
| Payroll servicer's email address | Payroll servicer's email address | Payroll servicer's email address |
| Payroll authoriser's name | Payroll authoriser's name | Payroll authoriser's name |
| Payroll authoriser's email address | Payroll authoriser's email address | Payroll authoriser's email address |

The authorisation of access to the payroll system for Payroll Personnel is provided on separate form.

Please indicate whether this request is a:

| | | |
|---|---|---|
| <input type="checkbox"/> New application OR <input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR <input type="checkbox"/> Notification of change in banking details | <input type="checkbox"/> New application OR <input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR <input type="checkbox"/> Notification of change in banking details | <input type="checkbox"/> New application OR <input type="checkbox"/> Reactivation (payments have been made via authorised collection in the past) OR <input type="checkbox"/> Notification of change in banking details |
|---|---|---|

Collection date

| | | |
|--|--|--|
| <input type="text"/> Monthly collection date* | <input type="text"/> Monthly collection date* | <input type="text"/> Monthly collection date* |
| Is auto billing applicable?** Yes <input type="checkbox"/> No <input type="checkbox"/> | Is auto billing applicable?** Yes <input type="checkbox"/> No <input type="checkbox"/> | Is auto billing applicable?** Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Estimate of monthly contribution amount <input type="text"/> If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form. | Estimate of monthly contribution amount <input type="text"/> If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form. | Estimate of monthly contribution amount <input type="text"/> If this amount exceeds R1 million, please complete and submit the relevant bank's mandate form. |

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**Old Mutual will automatically bill on the previous month's payroll data. New schemes will always require the submission of the first month's payroll data.

Bank details. The details of the bank account of the Participating Employer for purposes of this authorisation are as follows:

| | | |
|--|--|--|
| Account holder's name | Account holder's name | Account holder's name |
| Bank name | Bank name | Bank name |
| Branch name | Branch name | Branch name |
| Branch code | Branch code | Branch code |
| Account number | Account number | Account number |
| Account type: <input type="checkbox"/> Current <input type="checkbox"/> Savings | Account type: <input type="checkbox"/> Current <input type="checkbox"/> Savings | Account type: <input type="checkbox"/> Current <input type="checkbox"/> Savings |

Kindly provide **proof of banking details** (cancelled cheque OR copy of a bank statement stamped by your bank OR a stamped letter from your bank verifying the account details OR your bank signing and stamping this page).

COMPLIANCE WITH THE PROTECTION OF PERSONAL INFORMATION ACT (PPI, POPI)

ISASA Pension Scheme and Provident Fund may collect, use and share your personal information for the following purposes:

- To administer your membership of the ISASA Pension Scheme and Provident Fund;
- To provide you with information about offerings that will support and enhance your retirement benefits;
- To provide products or services to you, to carry out the transaction you requested and to maintain our relationship;
- For underwriting purposes;
- To assess and process claims;
- To conduct credit reference searches or verification;
- To confirm and verify your identity, address or banking details;
- To verify that you are an authorised user for security purposes;
- For maintaining the accuracy of your personal information;
- For operational purposes, and where applicable, credit scoring and assessment and credit management;
- For purposes of claim checks (e.g. the Industry Life and Claims Register);
- For the detection and prevention of fraud, crime, money laundering or other malpractice;
- To trace you where you are uncontactable;
- To conduct market or customer satisfaction research or for statistical analysis;
- For audit and record keeping purposes;
- For social responsibility purposes;
- In connection with legal proceedings;
- Sharing information with your employer (its intermediary/broker), your intermediary/broker (when applicable), service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information;
- To comply with legal and regulatory requirements or industry codes or when otherwise allowed by law.

You agree that we may view, search and update your information and you further agree we may, where required, process your special personal information (and share this information with relevant third parties) in order to achieve a purpose set out above.

You warrant that when you give us personal information about third parties, this information is accurate and correct, and you have received their permission to share their personal information with us.

You confirm that if you are giving consent for a person under 18 (a minor) you have the required authority to do so.

We may transfer your personal information to another country for processing or storage. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.

You may access the personal information that we hold about you and may also request us to correct any errors or, under certain circumstances request us to delete this information. In certain circumstances, you have the right to object to the processing of your personal information. To do this, simply contact us at the numbers/addresses listed below and specify what information you would like or if you have any questions about this Notice, please contact us at:

- ISASA Pension Scheme and Provident Fund service centre 0860 455 455
- isasa@oldmutual.com

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

- www.justice.gov.za/infoereg/index.html
- General enquiries: enquiries@infoeregulator.org.za

Complaints (complete POPIA/PAIA form 5)

- paia.complaints@infoeregulator.org.za should your PAIA request be denied or there is no response from a public or private bodies for access to records you may use this email address to lodge a complaint.
- popia.complaints@infoeregulator.org.za should you feel that your personal information has been violated, you may use this email address to lodge a complaint.

