

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

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

Claims Department
 Old Mutual SuperFund
 PO Box 728
 Cape Town 8000
 Fax: 0860 383 848

A. ON BEHALF OF TRANSFERRING FUND

1. Particulars of Transferring Fund

Full name of fund	<input type="text"/>		
PF registration number	<input type="text"/>		
SARS approval number	<input type="text"/>		
The Fund is a defined	<input type="checkbox"/> Pension Fund	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Retirement Annuity Fund
The Fund is a	<input type="checkbox"/> Defined Benefit Fund	<input type="checkbox"/> Defined Contribution Fund	

2. Particulars of Member

First names	<input type="text"/>																				
Surname	<input type="text"/>																				
Scheme code	<input type="text"/>										Reference	<input type="text"/>									
Identity number	<input type="text"/>										Date of birth	<input type="text"/>									
Income tax number	<input type="text"/>										Revenue office	<input type="text"/>									
Date of withdrawal from transferring fund	<input type="text"/>																				
Pensionable service to date of withdrawal	<input type="text"/>										<input type="text"/>										
Past service date	<input type="text"/>																				

3. Particulars of Benefit to be Transferred

Member's Gross Benefit	<input type="text"/>	Amount of Benefit to be transferred	<input type="text"/>
Penalty interest in terms of Section 13A(7) of the Pension Funds Act amounts to	<input type="text"/>		
Details of any Portion of Gross Benefit not being transferred are as follows:			
<input type="text"/>			
Total of Member's Own Contributions without interest if the Transferring Fund is an Approved Provident Fund	<input type="text"/>		
Total of Member's Own Contributions without interest not previously allowed as a deduction from taxable income if Transferring Fund is an Approved Pension Fund	<input type="text"/>		
The following restrictions or conditions apply in respect of the benefit being transferred:			
<input type="text"/>			
In terms of instructions received from or on behalf of the member the benefit to be transferred is to be applied as follows:			
<input type="text"/>			

4. Statement on behalf of Transferring Fund

- The amount to be transferred (as per 3. above) will be paid by means of Electronic Fund Transfer to the Receiving Fund's bank account as soon as –
- This Recognition of Transfer Form is returned, fully completed and signed, to the Contact Person as stated in 5 below, AND
 - The necessary authority to effect such transfer has been received from SARS.
 - Confirmation of payment will be provided as soon as this has been done.

5. Particulars of Contact Person

Name						
Company						
Telephone number		Fax number				
Email address						
Postal Address						
Signed at		this		day of		20
Signature (on behalf of Transferring Fund)						

Particulars of Member (FOR OLD MUTUAL USE)

First names																												
Surname																												
Scheme code									Reference																			

B. ON BEHALF OF RECEIVING FUND

1. Particulars of Receiving Fund

Full name of Fund			
PF registration number		SARS approval number	
Member's application no./policy no. or other reference			
The Fund is an approved	<input type="checkbox"/> Pension Fund	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Retirement Annuity Fund

2. Banking Details

Name of owner of bank account into which transfer benefit is to be paid																												
Account number																												
Name of bank																												
Name of branch															Branch code													

3. Particulars of Contact Person

Name			
Company			
Telephone number		Fax number	
Email address			
Postal Address			

4. Statement on behalf of Receiving Insurer

The transfer benefit as set out in **A3** above will be applied for the benefit of the person specified in **A2** above, in the insurer as specified in **B1** above.

If any request is received to deal with the benefit as set out in **A3** above in any manner other than that set out in **A3** above, including any request to cancel the transfer to the Receiving Insurer, such request shall not be implemented by the Receiving Insurer without the prior written consent of the Transferring Insurer.

Please fax the fully completed and signed Recognition of Transfer to the contact person in A5 above within 45 hours of receipt.

Signed at		this		day of		20
Print name						
Signature (on behalf of Receiving Fund)						



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