

## APPLICATION FOR A CONVERSION OPTION CERTIFICATE

Please complete this form to apply for the certificate and submit to HR Service Centre Exits Team

### REASON FOR TERMINATION OF SERVICES

- Resignation/Withdrawal                       Death (In respect of voluntary spouses cover only)  
 Retrenchment                                       Retirement

### EMPLOYEE DETAILS

Staff Code: \_\_\_\_\_  
Title & Initials: \_\_\_\_\_  
Name & Surname: \_\_\_\_\_  
Identity No.: \_\_\_\_\_  
Spouse Full Name: \_\_\_\_\_  
Spouse ID. No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### DETAILS OF WHOM THE QUOTES SHOULD BE FAXED TO.

\*\*\*Please provide your contact details for when you are no longer in Old Mutual's employ or alternatively provide the contact details of your personal financial advisor or broker.

Name & Surname: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cellphone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### PLEASE TICK THE APPROPRIATE BOXES.

I wish to apply for a certificate for conversion of the following:  
(Please note that you may convert your full cover or lesser amount).

- My life Assurance Benefit  
 My Voluntary Top-Up Group Life Cover  
 My Voluntary Group Life Cover on my Spouse's Life

### SIGNATURE

I accept the terms and conditions as set out in Section D: Group Life Conversion Option and in the Rules of the Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

#### MULTIPLE OF COVER:

- My Voluntary Top-up Group Life Cover  
 My Voluntary Group Life cover on my Spouse's life

Date of exit: \_\_\_\_\_

Status: \_\_\_\_\_

(E.g., Office/Commission Field/Broker Manager/Broker Consultant etc.)

#### FOR GROUP SCHEMES & BROKER MANAGERS ONLY:

Pensionable bonuses over the past 2 years: \_\_\_\_\_

Annual Pensionable earnings to use for Conversion option calculation: \_\_\_\_\_

Age at 1 January 2015: \_\_\_\_\_

Category: \_\_\_\_\_

Date received: \_\_\_\_\_

Date sent to GAP: \_\_\_\_\_

