RSA

OLD MUTUAL INVEST

TAX FREE TRANSFER INVESTMENT VIA LSI

Old Mutual Life Assurance Company (South Africa) Limited, registration number 1999/004643/06 (Old Mutual), a licensed Financial Services Provider.

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 00 0201

This application form has been checked for completeness and accuracy by:

Name

Telephone number

Email address

IMPORTANT NOTES

1. Please attach a completed copy of the Transfer Request Form.
2. If you fail to comply with the above requirement it may, at the discretion of Old Mutual Life Assurance Company (South Africa) Limited, result in the rejection of this instruction, with delays in processing the request.
3. **Annual and lifetime allowance (Tax Free Plan only):**
   South African Revenue Services (SARS) has placed an annual and lifetime limit on contributions into tax free investments. If at any point you exceed these limits, SARS will levy a tax of 40% on your over contribution.
   Some examples that may exceed these limits are:
   a) If you have already set up the maximum regular investment and you decide to invest an additional lump sum.
   b) If you have already set up the maximum regular investment and your selected annual increase percentage causes the regular investment amount to exceed the maximum annual allowance.
   c) If you start your investment later in the tax year, you could select a higher regular investment to reach the maximum annual allowance.
   Old Mutual will monitor your contributions in an effort to assist you in not exceeding these limits. Your regular investments may have to be adjusted at the start of each tax year and/or during the tax year to ensure that these limits are not exceeded. However, this remains your responsibility. If you have a tax free product(s) with product providers other than Old Mutual, it is also your responsibility to ensure that you do not exceed these limits across all these tax free products.
   d) If you have invested your full tax allowance for this tax year, you may set up a regular investment or lump sum investment if you are within three months of the next tax year.
   e) If you are making a tax free transfer investment from another provider and exceed the annual allowance for this tax year.

SECTION 1 DETAILS OF CONTRACTING PARTY

Title Mr Ms Mrs Other Initials

Surname

First name

Previous surname (if applicable)

Identity number Are you a South African Yes No

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

Country of issue of passport

Date of birth D D M M Y Y Y Y Income tax number

Residential address

Postal code

Postal address

Postal code

Telephone (Work) Code No.

Telephone (Home) Code No.

Cellphone

Fax Code No.

Email address

SECTION 2 TRANSFER AMOUNTS

Transfer amount | | | | | | | |

SECTION 3 INVESTMENT FUND DETAILS

Please select the appropriate box for the investment fund options.

3.1 ☐ **pay into existing investment fund(s) proportionally (if applicable)**

OR

3.2 ☐ **must be invested in the following investment fund(s). The table below must be completed if this option is selected.**

INVESTMENT FUND DETAILS FOR OLD MUTUAL TAX FREE PLAN	
LIFE: Tax Free Plan	Transfer %
OLD MUTUAL FUNDS	
Old Mutual Albaraka Balanced Fund	
Old Mutual Albaraka Equity Fund	
Old Mutual Balanced Fund	
Old Mutual Core Diversified Fund	
Old Mutual Dynamic Floor Fund	
Old Mutual Flexible Fund	
Old Mutual Global Equity Fund	
Old Mutual Global FTSE RAFI All World Index Feeder Fund	
Old Mutual High Yield Opportunity Fund	
Old Mutual Interest Plus Fund	
Old Mutual Investors' Fund	
Old Mutual Maximised Interest Fund (LIFE)	
Old Mutual Maximum Return Fund of Funds	
Old Mutual Moderate Balanced Fund	
Old Mutual Money Market Fund	
Old Mutual Rafi 40 Tracker Fund	
Old Mutual Real Income Fund	
Old Mutual SA Quoted Property Fund	
Old Mutual Stable Growth Fund	
Old Mutual Top 40 Life Fund	
EXTERNAL FUNDS	
Allan Gray Tax Free Balanced Fund	
Coronation Strategic Income Fund	
Coronation Property Equity Fund	
Investec Cautious Managed Fund	
Investec Opportunity Fund	
Nedgroup Investments Flexible Income Fund	
Nedgroup Investments Managed Fund	
Nedgroup Investments Opportunity Fund	
Nedgroup Investments Rainmaker Fund	
Nedgroup Investments Stable Fund	
Prudential Balanced Fund	
Prudential Inflation Plus Fund	

- For detailed fund descriptions, please visit www.oldmutual.co.za
- The above fund list is correct as at the date of this form, but may change in future.
- The minimum allocation for each selected fund is R100.00.

Existing contract number | | | | | | | | | | |

SECTION 4 INTERMEDIARY DETAILS (IF APPLICABLE)

Intermediary code | | Sales centre code

Distribution channel | | External reference number (Broker's proposal number)

Name of adviser

Telephone (W) Code No.

Fax Code No.

Cellphone

Email address

Please complete the Adviser Remuneration Sharing Form if remuneration is to be split among two or more advisers/brokers.

☐ **Please tick this box if the Adviser Remuneration Sharing Form is used and submit this form with this application.**

SECTION 5 ADVISER'S DECLARATION

I declare that:

- I understand and accept the debarment provisions under FAIS.
- I have explained to the contracting party that it may not be in their best interest to replace an insurance plan. I have explained the meaning and implications of the assurance replacement to the contracting party. I am fully aware of the consequences of the replacement of an investment.
- I attach the RPAR if applicable.
- I have told the contracting party about all advice fees, charges and fees on the investment.
- I understand that all advice/adviser fees are inclusive of VAT where applicable.
- If the contracting party cancels this contract, Old Mutual may recover advice fee/fees paid to me.
- I have established and verified the identity of the customer as required by law, (for independent brokers) or
- I have completed the Old Mutual FICA addendum and attached supporting documents such as a copy of the ID and proof of address (e.g. a utility bill) (for Old Mutual employees).
- I am duly authorised to give financial services for this product.

SECTION 6 ADVICE FEE RATES

TAX FREE (TRANSFER)

As-and-when advice fee ☐

Indicate what percentage (0-100%) ☐☐☐ **of the allowable as-and-when advice fee (0-3.42% of each amount payable) is agreed with the adviser.**

This fee is only for as-and-when advice fee, ongoing advice fees are paid in terms of your original application form and existing contract.

The sum of the scaling of the as-and-when advice fee and the ongoing advice fee must not equal to more than 100%.

SECTION 7 LEGAL DECLARATIONS/INSTRUCTIONS/CONFIRMATIONS FOR MY TAX FREE PLAN

MY WARRANTY

I warrant that all the information I have provided to Old Mutual in connection with this application, whether in my own handwriting or not, is true and correct.

I have been given, read and understood:

The fund fact sheets of the underlying investment funds that I selected.

MY DECLARATIONS

I understand and agree that

1. All the information that I gave to Old Mutual, whether telephonic, electronic or written, will form the basis of this application.
2. No statement that I (or anyone else) make is binding on Old Mutual, unless it is in writing and is accepted by Old Mutual and made part of the plan.
3. Old Mutual is entitled to delay the payment of any disinvestment or the processing of switches if any party holding assets on Old Mutual's behalf or any of their partners delay the payment of the proceeds to Old Mutual. If a restriction is placed on the sale of assets in the underlying investment fund, which can happen from time to time, the same restriction will apply to my underlying investment fund. This can significantly delay the processing of disinvestments or switches.
4. I am responsible to disclose all important facts. If I do not do this, the Plan may be invalid and I will only be paid back the amounts that I have paid, minus fees or any currency and investment losses.
5. Old Mutual will not have any obligations until I am informed that Old Mutual has accepted my application unconditionally and I have paid the first amount payable/investment amount.
6. I must keep Old Mutual informed of my contact details so that they can trace me to make payment to me when due.

MY RIGHTS

7. I have the right to ask for and receive copies of this application form within a reasonable time.
8. I have the right to ask for and receive past investment performance information, bearing in mind that past investment performance does not indicate future performance.

Existing contract number

DECLARATIONS ABOUT MY CONTRACT WITH OLD MUTUAL

9. I will not receive interest or any returns on funds that I deposited in any account of Old Mutual (in whichever way) before Old Mutual has accepted this application. Old Mutual will invest my first amount payable after it has received it and has accepted this application. This will take place at the first investment opportunity and at the price applicable at that time.
10. The value of the Plan is based on the disinvestment value of all investment options. The effective date and disinvestment value of each investment option depends on the terms and conditions of the investment options I have selected.

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 30994 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.

SIGNATURE AND ACCEPTANCE

I confirm that
- I have read and understood the description of the products and the charges and fees payable.
- Old Mutual may change the charges from time to time. The actual charges on my plan will be those that apply on the date that these charges are deducted.
- My financial adviser has satisfied me that he/she is authorised to give me financial services for this product.
- My selected investment funds do not provide any guarantee, unless such a guarantee is specifically shown in the fund fact sheet.

I, the undersigned contracting party, confirm that I have read the declaration, instructions and confirmations and understand their implications.

Signed at (place) ____________________ on (date) D D M M Y Y Y Y

Signature of contracting party

Signature of contracting party

Signature of legal guardian/parent (if applicable) of contracting party

Signature of authorised person (on behalf of contracting party)

Existing contract number

OLDMUTUAL

OLDMUTUAL

RSA

Existing contract number

Proposal number – **Check digit**

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

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

OLD MUTUAL INVEST

TAX FREE TRANSFER REQUEST FORM

Old Mutual Life Assurance Company (South Africa) Limited, registration number 1999/004643/06 (Old Mutual), a licensed Financial Services Provider.

Please print in block letters using black or blue ink.

Please fax the completed application form.
If you are a new customer: 0860 639 287
If you are an existing customer: 0860 60 7500/9500
If you are an adviser: 0860 000 201

This application form has been checked for completeness and accuracy by:

Name

Telephone number

Email address

SECTION A INVESTOR DETAILS (TO BE COMPLETED BY THE INVESTOR)

Title Mr Ms Mrs Other Initials

Surname

First name(s)

South African ID number

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

Passport country

Tax reference number (if applicable)

Country of tax registration

PRODUCT TO BE TRANSFERRED FROM

Product provider name

Tax free savings account product name

Tax free savings account number to be transferred from

Estimated value of transfer

Contact person at transferring product provider

Contact number

Email address

Transfer type **Rand value**

Transfer amount: 100%/Full transfer or Partial transfer

If partial transfer is selected, please specify the amount to be transferred below:

Unit Trust Portfolio/Exchange Traded Fund	Rand amount*	Or % Allocation*

*Confirm any minimum or maximum amount or percentage with transferring product provider.

Note: Please ensure that all of the transferring provider's requirements are met when submitting the Tax Free Savings Account Transfer Request Form to them. If these requirements are not met the transfer process cannot be commenced.

ACTING ON BEHALF OF THE INVESTOR

Guardian/person with Power of Attorney acting on behalf of the investor. Proof to be provided. (Additional information can be requested based on business requirements.)

Title Mr ☐ Ms ☐ Mrs ☐ Other ☐ Initials ☐

Surname

First name(s)

South African ID number

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

Relationship to investor

INVESTOR/GUARDIAN/PERSON WITH POWER OF ATTORNEY DECLARATION

- I hereby request that the above mentioned Tax Free Savings Account be transferred to the Product Provider and Product detailed in Section B below.
- I confirm that all the information provided above is true and correct.

Signature of investor

Date D D M M Y Y Y Y

SECTION B TRANSFER TO (TO BE COMPLETED BY THE RECEIVING PRODUCT PROVIDER)

Product provider name	**Old Mutual Life Assurance Company (South Africa)**
Company registration number	**1999/004643/06**
Tax reference number	**9600145719**
Tax Free Savings Account product name	**Old Mutual Invest Tax Free Plan**
Tax Free Savings Account number to be transferred into (if applicable)	
Contact person	**Old Mutual Servicing**
Telephone number	**0860 50 60 70**
Email address	**service@oldmutual.com**
Email address for receipt of Tax Free Savings Account Transfer certificate	**admin@oldmutual.com**
Reference number for transfer	

BANKING DETAILS OF RECEIVING PRODUCT PROVIDER (IF APPLICABLE)

Name of Bank	
Account number	
Branch name	
Branch code	
Name of account holder	
Payment reference number (optional)	

ON BEHALF OF RECEIVING PRODUCT PROVIDER

- We will accept the above Tax Free Savings Account transfer and confirm that:
  - The above transfer request will be processed in terms of the Regulations published in terms of Section 12T(8) of the Income Tax Act; and
  - The account to be transferred into is a Tax Free Savings Account as defined in Section 12T of the Income Tax Act.

Signed at Mutual Park on ___ /___ /20___ (date) by ______________________________ (name & surname) as duly authorised by Old Mutual Life Assurance Company (South Africa):

Signature

Existing contract number

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