

Please print in block letters using black or blue ink if not completed electronically.

Name of Retirement Fund Entity Number

Proposed date of Withdrawal Partial Termination Termination

If Disinvestment, please indicate reason for the Disinvestment **** Claim Section 14 transfer

If Termination, please supply reason for Termination

Old Mutual Multi-Managers Fund				
Fund Name	Client Account Number	Unit / Cash*		Number/ Amount
Max 28 Fund		U	C	
Absolute Balanced Fund		U	C	
Absolute Defensive Fund		U	C	
Absolute Cautious Fund		U	C	
Money Market Fund		U	C	
Managed Fund		U	C	
Long Short Equity Hedge		U	C	
Inflation Plus 1-3%		U	C	
Inflation Plus 3-5%		U	C	
Inflation Plus 5-7%		U	C	

ForLife Horizon Fund								
Year**	Migration Path***				Client Account Number	Unit / Cash*		Number/ Amount
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	
	C	B	LA	WP		U	C	

TOTAL

* Please tick applicable box: unit withdrawal (U) or cash withdrawal (C).

** Please write down the applicable horizon fund year.

*** Please tick appropriate migration path: cash (C), guaranteed annuity / long bond (B), living annuity (LA) or with profit (WP).

Kindly ensure that the Entity and Client Account Number fields are completed. Completion of these fields are compulsory.

Payments are to be made to the bank account as set out in the Confirmation of Mandate, please confirm:

Bank	<input type="text"/>	Account Name	<input type="text"/>
Branch	<input type="text"/>	Account Number	<input type="text"/>
Branch Code	<input type="text"/>	Account Type	<input type="text"/>

Client Authorisation - Please ensure that at least two of the authorised signatory(ies) sign for any disinvestment requests.

Authorised Signatory	<input type="text"/>	Print Name	<input type="text"/>	Date	<input type="text"/>
Authorised Signatory	<input type="text"/>	Print Name	<input type="text"/>	Date	<input type="text"/>
Authorised Signatory	<input type="text"/>	Print Name	<input type="text"/>	Date	<input type="text"/>
Authorised Signatory	<input type="text"/>	Print Name	<input type="text"/>	Date	<input type="text"/>

Kindly email or fax this instruction to: **ommmclientcorr@ommm.co.za** or Fax: **(021) 509 3592**. The cut off time for receiving daily instructions is 4pm.

If you have any queries please contact **Jo-Ann de Klerk on (021) 524 4835**.

Completed By: Date

Name Designation Contact Number

For Old Mutual Multi-Managers' use only:

Remarks

CONFIRMATION OF RECEIPT

Transaction Number	<input type="text"/>	Date Received	<input type="text"/>
Matched By	<input type="text"/>	Date Received	<input type="text"/>

**** Claim includes retirement, death, disability and withdrawal benefits.
 Switch relates to the Fund switching to another Old Mutual Multi-Managers product.
 Termination refers to the client terminating its policy with Old Mutual Multi-Managers