



### BENEFICIARY NOMINATION

This information is needed to assist the trustees in paying the benefits due in the event of your death

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First Name

Surname

Relationship

Sex

Date of birth

Benefits Share   %

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First Name

Surname

Relationship

Sex

Date of birth

Benefits Share   %

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First Name

Surname

Relationship

Sex

Date of birth

Benefits Share   %

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First Name

Surname

Relationship

Sex

Date of birth

Benefits Share   %

**TRANSFERRING FUND INFORMATION**

Registered name of transferring fund

If transferring fund is administered by Old Mutual, please state:

Member's reference number

Scheme Coder

Date of entry into transferring fund

Past service commencement date under transferring fund

If any past service was served outside Malawi, please state periods and territory of such service

Country

DDMMYY

DDMMYY

...anchmen... ble to the member by the transferring fund MK

Amount to be transferred to PROTEKTOR Pension fund

MK

On transfer to PROTEKTOR the following amount(s), if any were paid in cash to the member

MK

Transfer to retirement annuity fund

MK

No part of the amount transferred may be subject to any order of court in respect of the applicants divorce (if any) prior to the transfer into PROTEKTOR.

If the full amount transferred to PROTEKTOR is permitted to be paid as a withdrawal benefit from PROTEKTOR prior to age 50, please state:

(a) the portion of the amount transferred to be retained in PROTEKTOR until age 50

(b) Any other conditions

Any dispute arising from information contained in Section 3 must be resolved between the applicant and the transferring fund

Signature

Capacity

Date

Name

Telephone number

Email

Full Address

If any changes made to the information in part 3, such change(s) must be countersigned by the fund signatory

**EMPLOYER APPLICATION FOR PARTICIPATION**

I, the undersigned, duly authorized by the PROTEKTOR Pension fund (name of employer), hereby apply to participate in

Date:

Signature:

Capacity:

Telephone Number

Name:

Email:

Company:

Official stamp

**INTERMEDIARY DETAILS (To be completed by introducer)**

Field Staff/EB Manager <input type="text"/>	Intermediary Code <input type="text"/>
Broker consultant <input type="text"/>	Intermediary Code <input type="text"/>
Intermediary signature <input type="text"/>	Date D D M M Y Y Y Y
Contact telephone number <input type="text"/>	Email <input type="text"/>
Broker-Non with holding tax <input type="text"/>	Address <input type="text"/>
Broker-With holding tax <input type="text"/>	Address <input type="text"/>
With holding tax exemption number <input type="text"/>	

**DECLARATION BY APPLICANT**

I confirm that the information brochure that accompanies this application has been given to me, and I have afforded the opportunity to read through it in order to understand the nature of the investment made, and to ask questions on matters that are not clear to me.

I understand the contents of this application form

I understand that the amount that is available to me on withdrawal prior to retirement may be restricted in terms of conditions imposed by transferring fund, and that these conditions, if any have been explained to me.

In particular, I understand that subject to any restrictions from transferring fund, I may not make more than one withdrawal prior to retirement. Any remaining benefits will only be payable on my retirement or death

I understand that an administration fee, which includes the commission payable to the person marketing this product to me, is deducted from the amount that is invested in PROTEKTOR

APPLICANTS SIGNATURE  DATE

**FOR OFFICE USE**

I can confirm that the amount <input type="text"/>	<input type="text"/>	% payable has been paid to broker	
I can confirm that the amount <input type="text"/>	<input type="text"/>	% payable to Old Mutual Intermediary	
Approved Name	<input type="text"/>		
Signature	<input type="text"/>		
Designation	<input type="text"/>		
Email address	<input type="text"/>		
Certificate number	Officer	Date issued	To whom issued
<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y	<input type="text"/>

