



TO BE COMPLETED BY THE CONTRACT HOLDER(S)

After completing this form, please send it to email details above. If your residential address has changed, please include proof of this new address, dated within the last three months (for example, an original utility or landline telephone bill; please note that cell phone bills are not acceptable).

Old Mutual Life Assurance Company South Africa (OMLACSA) has provided details of all our Privacy Notices to you via our literature and General terms and conditions. Our full Privacy Policy can be viewed at www.omi-int.com/privacyPolicy.html or can be obtained by requesting a copy from our Data Protection Officer at enquiries@impactiom.com.

Change of Personal Details

TO: OLD MUTUAL GUERNSEY

2022

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|--|------------------------------|---------------------------|----------------------------|--------------------------|--|----------------------------|----------------------|----------------------|
| Plan number(s) | <input type="text"/> | | | | | | | |
| | FIRST CONTRACT HOLDER | | | | SECOND CONTRACT HOLDER (if any) | | | |
| Title (✓) | <input type="radio"/> Mr | <input type="radio"/> Mrs | <input type="radio"/> Miss | <input type="radio"/> Mr | <input type="radio"/> Mrs | <input type="radio"/> Miss | | |
| | <input type="radio"/> Other: | | | | <input type="radio"/> Other: | | | |
| If Company or Other, please indicate | <input type="text"/> | | | | | | | |
| Full forename(s) | <input type="text"/> | | | | <input type="text"/> | | | |
| Surname | <input type="text"/> | | | | <input type="text"/> | | | |
| Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| New residential address | <input type="text"/> | | | | | | | |
| Stand/Plot/Erf number | <input type="text"/> | | | | | | | |
| Postcode | <input type="text"/> | | | | | | | |
| Correspondence address (must be completed) | <input type="text"/> | | | | | | | |
| Postcode | <input type="text"/> | | | | | | | |
| Telephone number including area code | <input type="text"/> | | | | | | | |
| Cell number | <input type="text"/> | | | | | | | |
| E-mail address | <input type="text"/> | | | | | | | |





Update Personal Details

I/We understand that Old Mutual Guernsey will normally correspond using the correspondence address. There may, however, be circumstances where correspondence will be sent to the residential address.

I/We undertake to advise Old Mutual Guernsey should the residential or correspondence address change.

If the correspondence or residential address /personal details for the contract(s) is to be changed, all Contract Holders must confirm the change of correspondence address by signing and dating this form.

Any amendments to the form must be signed and dated by all authorised signatories.

| | |
|------------------|------------------|
| Signature | Full name |
|------------------|------------------|

Capacity (✓) Contract Holder Trustee Authorised Signatory Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| | |
|------------------|------------------|
| Signature | Full name |
|------------------|------------------|

Capacity (✓) Contract Holder Trustee Authorised Signatory Date

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|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| | |
|------------------|------------------|
| Signature | Full name |
|------------------|------------------|

Capacity (✓) Contract Holder Trustee Authorised Signatory Date

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|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| | |
|------------------|------------------|
| Signature | Full name |
|------------------|------------------|

Capacity (✓) Contract Holder Trustee Authorised Signatory Date

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|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| | |
|------------------|------------------|
| Signature | Full name |
|------------------|------------------|

Capacity (✓) Contract Holder Trustee Authorised Signatory Date

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|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|



Please provide the documents indicated below (✓)

1. **VERIFICATION OF IDENTITY**

A suitably certified copy of a valid Passport OR a bar-coded Identity Document (ID) OR Smart Card ID (front and back) for each Contract Holder with visually clear and legible photo likeness. The certifier must certify that the ID **is a true likeness of the person represented and that it is a true copy of the original document.**

A photograph of the client which clearly shows the person's face, holding the relevant identity document containing the same picture to demonstrate this actually belongs to the client. A clear scanned copy of the document itself is also to be provided.

2. **VERIFICATION OF PROOF OF RESIDENCE**

An original document, electronic copy of a document or a suitably certified copy of the proof of residential address, **not older than three months from date of issue**, for each applicant (Postal or P.O. Box addresses will not be accepted unless a supply address is shown).

Acceptable documents:

- A recent utility, rates or council tax bill (cell phone bills not acceptable)
- A recent mortgage statement, evidencing the residential address
- A state pension, benefit or other government produced document showing benefit entitlement
- A recent tax assessment document
- A recent account statement from bank or credit card (store cards not acceptable)
- Proof of ownership or rental of the residential address

Note: If the statement or bill is in an e-format it must clearly show the address of the property.

3. **IMPORTANT – CERTIFICATION REQUIREMENTS**

The Certifier is required to see the client and the original documents at the time of the certification.

Any photocopies showing photographs and signatures should be clearly legible and photographically clear.

In the certification, preferably but not necessarily in the form of a stamp, the certifier must:

- state that he/she is a Commissioner of Oaths, Advocate, Lawyer, Solicitor, Accountant or Notary Public,
- certify that he/she has met the person represented in the document and that the photograph is a true likeness.
- certify that he/she has seen the original document, and that the copy is a true copy of the original,
- sign and date the certification, and
- provide his/her full name and contact details in the form of a physical address and contact number or e-mail address. Original or suitably certified copy of proof of residential address, for example: utility bill or bank statement, not older than three months from date of issue, for each Contract Holder (Postal or P.O. Box addresses will not be accepted unless a supply address is shown).

4. **TRUST/CORPORATE CONTRACT HOLDERS**

- Original or suitably certified copy of proof of residential address, for example: utility bill or bank statement, not older than three months from date of issue, for all named persons on the Trust Deed or Company documentation or any documentation evidencing changes to the Deed or documentation.
- A suitably certified copy of the Trust Deed (or relevant extract thereof) and any change documentation if applicable.
- Authorised signatory list with specimen signatures and signing powers.