

1. Please complete all the relevant sections and sign sections 6 and 8.
2. The completed form and supporting documentation (see below) can be scanned and emailed to **OMNAMUTTRANS@oldmutual.com**, or handed in at any Old Mutual branch. Illegible and incomplete forms may lead to delays. Contact our Service Centre at **(061) 239 513/522** for any queries.
3. Your investment will be made once we have received the completed form and supporting documentation and your money reflects in the correct bank account.
4. Once your account has been opened, you can register via **www.oldmutual.com.na** to view your portfolio.
5. Old Mutual Unit Trust Management Company Namibia Limited will henceforth be referred to as Old Mutual Unit Trust.

1. Account Holder Documentation

- Copy of Namibian ID document or Namibian Passport

- Copy of Foreign ID document or Passport
- Proof of Residential address (not older than 3 months)
(e.g. Utility bill in the account holder's name, Cell phone contract or Fixed line account, Formal lease agreement)

Contributions exceeding N\$ 250,000.00 or monthly contributions exceeding N\$ 6,000.00 p/m (per Investor)

- Payslip or Proof of Income (e.g. proof of incorporation of own business)

2. Documentation for person acting on behalf of Investor

- Proof of authority to act
(e.g. power of attorney, full birth certificate for minors)
- Copy of Namibian ID document or Namibian Passport

- Proof of Authority to Act
(e.g. power of attorney, full birth certificate for minors)
- Copy of Foreign ID document or Passport
- Proof of Residential address (not older than 3 months)

3. Proof of income for all clients investing with us.

PROCESSING TIMES

If all the requirements are met by 15h00 (13h00 for all transactions involving Money Market Unit Trusts), you will receive the same day's price. Otherwise the first working day's price will apply once all requirements have been met, with the same cut-off times applying. Processing time for all withdrawals/selling's will take approx. 2-3 working days dependent receiving bank account. Please complete this form using block letters and tick (✓) where appropriate.

1. TRANSFER FROM/TRANSFEROR (insert full names of the present unit holder(s) in block letters)

[illegible]



OLDMUTUAL

TRANSFER FORM

TRANSFER FROM (continued)

CONTACT INFORMATION

Tel. (Code) (Home) (Code) (Work)

Fax: (Code) (Fax) Cellphone

Language preference: Eng ☐ Afr ☐ Preferred method of communication: E-mail ☐ Postal ☐

E-mail address:

☐ I instruct Old Mutual Unit Trust to transmit all account related communications, including communications required to be transmitted to me by law, to the email address provided above.

Postal address:

Postcode:

Residential address:

Postcode:

TRANSACTION DETAILS

FUND NAME	UNIT TRUST NUMBER	TRANSFER DETAILS		Distributions** (to action)	
		No. of Units	or N\$ Value	Payout	or Reinvest

Reason for the transaction:

DECLARATION

I, the Transferor, hereby warrant that I have full power and authority to enter into and conclude this agreement.

Signed this day of (Year)

Witness

(SIGNATURE OF WITNESS)

(SIGNATURE OF TRANSFEROR)

Address

PRINT NAME
(CAPACITY, E.G. EXECUTOR/GUARDIAN/INSTITUTION/NOMINAL HOLDER)

NOTE: In the case of transfers from a minor child, the guardian hereby indemnifies Old Mutual Unit Trust against any claim by the minor child as a result of the transfer of units.

I hereby consent to Old Mutual Unit Trust transmitting the information or documentation provided by me in so far as may be needed to facilitate its day-to-day business, including sharing the information provided by me with national and international regulatory authorities and further consent to Old Mutual Unit Trust transmitting information required to discharge local or international regulatory obligations without further notice to me.



TRANSFER FORM

2. TRANSFER TO/TRANSFeree

I, the transferee, hereby agree to accept and take the said units subject to the provisions of the trust deed(s).

Do you already have an Old Mutual Unit Trusts investment? ☐ YES ☐ NO

If Yes, please provide Unit Trust number:

Relation to Transferor:

Surname and initials:

Previous names, if any:

Title and First Names:

ID/Passport number: Date of Birth:

Income tax number: Tax Residence:

Nationality: Country of Residence:

Country of Birth:

Nationality: Country of Residence:

Country of Birth:

SOURCE OF INCOME

Employer Name/Name of own business:

Occupation/Nature of own business:

Employer/Business Address:

CONTACT INFORMATION

Tel. (Code) (Home) (Code) (Work)

Fax: (Code) (Fax) Cellphone

Language preference: Eng ☐ Afr ☐ Preferred method of communication: E-mail ☐ Postal ☐

E-mail address:

☐ I instruct Old Mutual Unit Trust to transmit all account related communications, including communications required to be transmitted to me by law, to the email address provided above.

Postal address:

Postcode:

Residential address:

Postcode:



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TRANSFER FORM

3. MONTHLY INVESTMENT PLANS Please tick (✓) and complete relevant option(s).

Current monthly investment(s) (select one option):

FUND NAME	ACCOUNT NUMBER	OPTIONS		
		Remain	Cancel	Transfer To Transferee*

***Note:** All future monthly deductions will be made from the Transferee's bank account (as detailed below):

Activate new monthly Investment(s):

Please activate a new monthly investment, debiting the Transferee's bank account (as detailed) with a total of

N\$

PLEASE ALLOW AT LEAST 10 DAYS' NOTICE

Debit order dates (select one):

☐ 1 ☐ 3 ☐ 7 ☐ 15 ☐ 20 ☐ 27

Commencing month:

☐ D ☐ D ☐ M ☐ M ☐ C ☐ C ☐ Y ☐ Y

FUND NAME	MONTHLY INVESTMENT AMOUNT	Distributions** (to action)	
		Payout	Reinvest

(Please allow at least 10 days' notice before the debit order date to amend a debit order)

4. TRANSFEREE'S BANK DETAILS

Please note that we will use these bank details to make all future deductions and payments to you. Persons acting on behalf of the investor must complete section 5 of the form.

Surname of account holder: Initials:

Bank and Branch:

Branch code: Account number:

Account type: Current ☐ Savings ☐ Cheque ☐



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TRANSFER FORM

5. DETAILS OF PERSON ACTING ON BEHALF OF INVESTOR (PARENT/GUARDIAN)

Surname and Initials:	<input type="text"/>																										
Previous names, if any:	<input type="text"/>																										
Title and First Names:	<input type="text"/>																										
ID/Passport number	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical address:	<input type="text"/>																										
	<input type="text"/>												Postcode:	<input type="text"/>													
Postal address	<input type="text"/>																										
	<input type="text"/>												Postcode:	<input type="text"/>													
Tel:	(Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Home)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax:	(Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Fax)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellphone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relation to Investor:	Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>	Executor	<input type="checkbox"/>																			

6. DECLARATION (TRANSFeree)

I, the Transferee, hereby warrant that I have full power and authority to enter into and conclude this agreement. I agree to accept the number of units transferred to me by virtue of this application and I warrant that I have full power and authority to enter into and conclude this transaction, with the necessary assistance where such assistance is a legal requirement. I am aware that this product offers no cooling-off rights. I know that there are no guarantees on my capital. I acknowledge that there are further allowable deductions from the fund (e.g. an annual service fee) that impact on the value of my investment. I am satisfied that the facts provided are accurate and complete. I am aware of the fund(s) objectives, risk factors, the charges and income distributions, as set out in the fund fact sheet(s). I acknowledge that Old Mutual Unit Trust may borrow up to 10% of the portfolio to bridge insufficient liquidity. I hereby consent to Old Mutual Unit Trust transmitting the information or documentation provided by me in so far as may be needed to facilitate its day-to-day business, including sharing the information provided by me with national and international regulatory authorities and further consent to Old Mutual Unit Trust transmitting information required to discharge local or international regulatory obligations without further notice to me. I have read and fully understood all pages of this form. I further authorise Old Mutual Unit Trust to accept instructions from me via facsimile.

Signed this	<input type="text"/>	day of	<input type="text"/>	<input type="text"/>	(Year)
Witness	<input type="text"/>		<input type="text"/>		
	(SIGNATURE OF WITNESS)		(SIGNATURE OF TRANSFEE)		
Address	<input type="text"/>		<input type="text"/>		
	<input type="text"/>		PRINT NAME (CAPACITY, E.G. EXECUTOR/GUARDIAN/INSTITUTION/NOMINAL HOLDER)		

7. DECLARATION (ADVISER/BROKER)

I, the undersigned, hereby declare and warrant that I am duly authorised to render financial services in respect of this product. All parties concerned have been identified and verified and all relevant documentation has been obtained and appropriate procedures have been applied in accordance with the Financial Intelligence Act, Act 13 of 2012.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Introducer	Branch	Intermediary/Broker code	Tel. no.
<input type="text"/>		<input type="text"/>	
Introducer's e-mail address		Signature of Introducer	



TRANSFER FORM

PLEASE NOTE

• Buying and selling requests

For requests to be processed on the same day as submitted, all requirements must be met by 15h00 (13h00 for the Old Mutual Nedbank Namibia Money Market and Old Mutual Nedbank Namibia Corporate Funds). Such investments will be valued on the day after processing.

Direct Deposits/EFTs: Kindly email all proof of deposits to OMNAMUTTRANS@oldmutual.com and then contact the Service Centre to obtain your account number. This account number must appear on the electronic fund transfer or Standard Bank deposit slip. To obtain the same day's value, email confirmation of transfer or direct deposit to OMNAMUTTRANS@oldmutual.com before 15h00 (13h00 for Old Mutual Nedbank Namibia Money Market and Old Mutual Nedbank Namibia Corporate Funds).

• Monthly and lump sum debit orders

No debit order payments will be allowed on behalf of another person - except where parents/grandparents are investing on behalf of a minor, or where an investment is made on behalf of a spouse. The amount/s you specify will be deducted from your bank account automatically by debit order (please note that credit cards are not accepted). Old Mutual Unit Trust is under no obligation to accept debit orders below the stipulated minimums. Old Mutual Unit Trust reserves the right to cease debiting your account under certain circumstances.

• Distributions

Historical income distributions are available on each fund fact sheet.

• Annual Adviser Fee

This annual fee is calculated as a percentage of the value of your entire unit trust portfolio. The fee is deducted monthly, through the sale of units from the nominated fund/funds. If this fee is being paid from a single fund and there is at any time an insufficient number of units in the fund, the fee will automatically be deducted from the largest fund in your Namibia portfolio.

You will receive confirmation of the implementation of this fee, any adjustments made to the annual percentage or to the fund, as well as the cancellation thereof.

This fee is based on an agreement between the client and the intermediary. Old Mutual Unit Trust is not a party to the agreement and will cancel the fee on the written instruction of either party. The fee will further be cancelled by a change in servicing intermediary. Old Mutual Unit Trust will change any erroneous instructions received, but will not rectify prior payments based on erroneous instructions.

STATUTORY INFORMATION

Unit trusts are generally medium to long term investments. Past performance is no indication of future growth. It is important that you are prepared for some shorter term fluctuations as your investment moves in line with the markets. Fluctuations or movements in exchange rates may cause the value of underlying international investments to go up or down. An initial charge (from 0,25% to maximum 5% of the investment amount) is included in the buying price of units. This charge may include commission (up to 3% of the investment amount). An annual service fee (from 0,6% to 1,5%) is calculated on the market value of the fund's assets (excluding income and permissible deductions) and deducted from the portfolio on a monthly basis. Further fees that may be deducted from the fund's portfolio are compulsory and bank charges, brokerage, marketable securities tax, other taxes and levies, custodian and trustee fees and audit fees. A schedule of fees and charges and maximum commissions is available from the company/intermediary. The daily price is based on the current value of the fund's assets plus income (minus expenses) divided by the number of units in issue. You can easily sell your investment at the ruling price of the day (calculated at 15h00 on a forward pricing basis). The Old Mutual Nedbank Namibia Money Market and Old Mutual Nedbank Namibia Corporate Funds unit prices are static and interest is declared daily at 13h00. The Namibia Enhanced Income Fund and Namibia Dynamic Floor Fund may be capped in order to be managed in accordance with their mandates.

CONTACT DETAILS
Old Mutual Unit Trust Management Company Namibia Limited

(Registration no. 94/288)
PO Box 165, Windhoek, Namibia

Telephone: 061 239 513/522
Compliance Department: 061 299 8000
www.oldmutual.com.na
Email: NamibiaUnitTrust@oldmutual.com

Professional indemnity and fidelity insurance cover is in place.

JTC Fund Solutions RSA (PTY) Limited

Registration – 2006/028378/07
Block B Century Falls,
Century Boulevard Milnerton,
Century City, 7441

CONDENSED DISCLOSURE

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 may be suitable to meet your financial needs. The Old Mutual Group may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches
- Verifying your identity
- Verifying and/or updating your personal information
- Claims checks (Industry Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection (including anti-money laundering screening)
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You agree that Old Mutual may view, search and update your information.

You agree that your medical information and the answers to the Health and Lifestyle questionnaire may be shared with relevant third parties (including the adviser involved in this application). If, as a result of your health, a decision is taken to increase premiums, not to cover certain conditions or not to accept the application for cover, you agree to the reasons for this decision being shared with the adviser. You understand that if you do not agree this application for cover will not be processed.

You may access your personal information that we hold and may, under certain circumstances, also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

To view our full privacy notice and to exercise your preferences, please visit our website on
www.oldmutual.com.na/about-old-mutual/how-we-do-business/legal/privacy-policy