



# Change of Address

Investment Portfolio

Investment Portfolio+

## TO BE COMPLETED BY THE CONTRACT HOLDER(S)

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](http://www.omi-int.com/privacyPolicy.html) or can be obtained by requesting a copy from our Data Protection Officer at [enquiries@impactiom.com](mailto:enquiries@impactiom.com)

## TO: OLD MUTUAL ISLE OF MAN

Plan number(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
Title (✓)	<table><thead><tr><th colspan="3">FIRST CONTRACT HOLDER</th><th colspan="3">SECOND CONTRACT HOLDER (if any)</th></tr></thead><tbody><tr><td><input type="radio"/> Mr</td><td><input type="radio"/> Mrs</td><td><input type="radio"/> Miss</td><td><input type="radio"/> Mr</td><td><input type="radio"/> Mrs</td><td><input type="radio"/> Miss</td></tr><tr><td colspan="3"><input type="radio"/> Other:</td><td colspan="3"><input type="radio"/> Other:</td></tr></tbody></table>	FIRST CONTRACT HOLDER			SECOND CONTRACT HOLDER (if any)			<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:		
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<input type="radio"/> Other:			<input type="radio"/> Other:																
If Company or Other, please indicate	<input type="text"/>																		
Full forename(s)	<input type="text"/>																		
Surname	<input type="text"/>																		
Date of Birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
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"/>																		



## Change of Address

I/We understand that Old Mutual Isle of Man 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 Isle of Man should the residential or correspondence address change.

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

<div>Signature</div>		<div>Full name</div>	
Capacity (√)	<input type="radio"/> Contract Holder <input type="radio"/> Trustee	Authorised Signatory	<div></div>
<div>Signature</div>		<div>Full name</div>	
Capacity (√)	<input type="radio"/> Contract Holder <input type="radio"/> Trustee	Authorised Signatory	<div></div>
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Capacity (√)	<input type="radio"/> Contract Holder <input type="radio"/> Trustee	Authorised Signatory	<div></div>
<div>Signature</div>		<div>Full name</div>	
Capacity (√)	<input type="radio"/> Contract Holder <input type="radio"/> Trustee	Authorised Signatory	<div></div>



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

**Please provide the documents indicated below (✓)**

1. ☐ A suitably certified copy of a valid passport OR a bar-coded ID for each Contract Holder with clear and recognisable photo likeness.

**NB:** ID must not be older than 10 years from date of issue. If the ID is older than 10 years (maximum 20 years) an originally certified clear and recognisable copy of a Driver's Licence must accompany the suitably certified copy of the ID. Alternatively the certifier must certify that the ID is a **true likeness of the person represented and that it is a true copy.**

2. ☐ 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).

Should the policy be jointly owned by a married couple and one of the owners is unable to produce proof of residential address due to all correspondence being addressed to their spouse, Old Mutual Isle of Man will accept the following:

- Original or suitably certified copy of residential address for the correspondent party,
- Suitably certified copy of a marriage certificate, and
- A letter signed by the servicing financial adviser confirming that the clients are currently married and cohabiting.
- Where there is no financial adviser, a letter signed by both spouses confirming that they are currently married and cohabiting.

3. ☐ Trust/Corporate Contract Holders

- A suitably certified copy of a valid passport OR a bar-coded ID for all named persons on the Trust Deed or Company documentation or any documentation evidencing changes to the Deed or documentation with clear and recognisable photo likeness.

**NB:** ID must not be older than 10 years from date of issue. If the ID is older than 10 years (maximum 20 years) a suitably certified clear and recognisable copy of a Driver's Licence must accompany the suitably certified copy of the ID or the certifier must certify that the ID is a **true likeness of the person represented and that it is a true copy.**

- 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.

**Old Mutual International (OMI) Service Support -**  
General contact email address: [ominternationalservice@omwealth.co.za](mailto:ominternationalservice@omwealth.co.za)

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**INTERNATIONAL**

[www.omi-int.com](http://www.omi-int.com)

Old Mutual Isle of Man, Branch of Old Mutual Life Assurance Company (South Africa) Limited, is registered in the Isle of Man under number 005664F and whose principal place of business is 5A Village Walk, Onchan, Isle of Man, IM3 4EA, British Isles.

Permitted to carry on long-term Insurance Business in and from the Isle of Man by the Isle of Man Financial Services Authority.

Old Mutual Life Assurance Company (South Africa) Limited, Registration Number 1999/004643/06. A licensed FSP and Life Insurer. Registered office: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, South Africa.

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