

DECLARATION OF NON-RECEIPT

To complete this form:

- Use BLOCK LETTERS only
- Use blue or black ink
- Do not use correction fluids; any amendments should be crossed out and initialled by all contract holders

Contract number from to

Contract holder(s) full name(s) 1 2

3 4

5 6

Contract holder 1 postal address

Contact details for any queries relating to this request

Email address

Telephone/cell number

I/We did not receive the Plan Summary numbered above, have no knowledge of the whereabouts of the document and therefore request that a replacement is issued.

INDEMNITY AND UNDERTAKING TO BE COMPLETED

In consideration of the issue of the replacement Plan Summary mentioned in the declaration above, I/we hereby undertake and agree that if at any time the original Plan Summary be found, I/we will immediately return it to Old Mutual Guernsey (the Company).

I/We agree to indemnify and hold harmless the Company from and against any loss, liability, demand, claim or proceedings arising from the retention of the Plan Summary in contravention of the terms agreed above.

continued

Authorised signature(s) of Contract Holder(s). All signatures must be dated.

	Signature	Print name	Date								
1.	<input type="text"/>	<input type="text"/>	<table border="1"><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				
2.	<input type="text"/>	<input type="text"/>	<table border="1"><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				
3.	<input type="text"/>	<input type="text"/>	<table border="1"><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				
4.	<input type="text"/>	<input type="text"/>	<table border="1"><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				
5.	<input type="text"/>	<input type="text"/>	<table border="1"><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				
6.	<input type="text"/>	<input type="text"/>	<table border="1"><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				

www.oldmutualinternational.com

Old Mutual Guernsey is the trading name of Old Mutual Life Assurance Company (South Africa) Limited, Guernsey Branch.

Old Mutual Guernsey, whose principal place of business is Albert House, South Esplanade, St Peter Port, Guernsey, GY1 1AW, is a branch of Old Mutual Life Assurance Company (South Africa) Limited, which is incorporated in South Africa (reg no. 1999/04643/06). Registered Office: Mutualpark, Jan Smuts Drive, Pinelands, Cape Town, South Africa.

Old Mutual Guernsey is licensed by the Guernsey Financial Services Commission under The Insurance Business (Bailiwick of Guernsey) Law, 2002 to carry on long term insurance business. Old Mutual Life Assurance Company (South Africa) Limited is a registered long-term insurer and a licensed financial services provider.